Directory of Approved Internships and Residencies

1972-73

THE NATIONAL INTERN MATCHING PROGRAM FOR 1973
ESSENTIALS OF AN APPROVED INTERNSHIP
ESSENTIAL OF APPROVED RESIDENCIES
REQUIREMENTS FOR CERTIFICATION BY AMERICA SPECIALTY BOARDS
ANNUAL REPORT ON GRADUATE MEDICAL EDUCATION IN THE UNITED STATES

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OF
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INCLUDES:

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Directory of Approved Internships and Residencies

Compiled by the Staff of the Division of Medical Education, under the editorial direction of Rose Tracy, M.B.A., with technical assistance by Cameron Brown

TABLE OF CONTENTS

The information published in this DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES as pp. 1-38 appears in the November 20, 1972 (Education Number) of *The Journal of the American Medical Association*, and will be listed under the appropriate Journal page numbers in the Index Number of JAMA dated December 26, 1972.

The other material published in this Directory does not appear in the November 20, 1972, issue of JAMA but will be indexed in the December 26 issue of JAMA with the reference abbreviation of "Dir." The DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES can thus be bound as a part of the November 20 issue, along with the regular copies of JAMA that make up Volume 222.

For assistance in preparing material for publication, the Department of Graduate Medical Education is especially indebted to Miss Valeda Carbonneau of the Department; to James Schneider of the EDP Services Section; to Herbert Salinger, Special Projects Section; and to the staff of the National Intern and Resident Matching Program.

Annual Report on Graduate Medical Education in the United States

This is the 45th report on graduate medical education in the United States, which analyzes the distribution and performance of approved graduate training programs for the academic year 1971-72. Except as otherwise specified, the data reported here were obtained from hospitals as of September 1, 1971, and therefore the data are one year old when published. Most of the tables contain a column stating the number of positions that will be offered in these programs for the academic year 1973-74.

The Education Number of *The Journal* for November 20, 1972, will also include most of the information in this annual report as well as in the two following sections on Special Studies, and on Special Reports, Announcements, and Notices. The reminder of the *Directory of Approved Internships and Residencies* requires too much space to be included in *The Journal*, so that only the above three portions are available in *The Journal* and in a reprint made available about six weeks after the publication date of the Education Number.

The Directory of Approved Internships and Residencies, a complete manual of information on graduate medical education includes a Consolidated List of Hospitals approved for graduate training, a detailed list of approved internship programs, detailed lists of residency programs by specialties, the Essentials of an Approved Internship, the Essentials of Approved Residencies, information on the National Intern and Resident Matching Program (NIRMP), the requirements of American Specialty Boards, and an excerpt of medical licensure requirements which had been published partially in the State Board Number of The Journal for June 19, 1972.

The Directory of Approved Internships and Residencies also serves as the Directory for the National Intern and Resident Matching Program (NIRMP). The Directory is sent to all fourth year medical students in the United States for use in the NIRMP; in addition, it is sent to all third year students to enable them to become familiar, by the time they enter the last year of undergraduate medical education, with the approved programs and the policies pertaining to graduate medical education. About 40,000 copies of the Directory are published. Beginning with the 1971-72 edition, the book has been sold at a charge of $2.00 per copy, sent prepaid within the United States. Copies are provided for administrative use to the hospitals with approved graduate training programs. Copies are also sent to United States Department of State for its information centers in overseas locations, and to each recognized foreign medical school listed in the World Directory of Medical Schools, published by the World Health Organization. In this manner, a copy of the Directory should be available in each medical school library in the United States and elsewhere throughout the world, and could be bound with the library's copy of *The Journal*.

The Educational Council for Foreign Medical Graduates (ECFMG) performs a valuable service in furnishing tear sheets of lists of the approved internships and residencies upon request to physicians in foreign countries who have registered for its examination.

Two additional sections follow the Annual Report. The first consists of Special Studies, containing information on the distribution of foreign medical graduates in the United States, of osteopaths in graduate medical education, of negro physicians who are U.S. citizens and are serving in internships and residencies, of women in graduate education, and of graduates going directly into residency programs.

The second section, Special Reports, Announcements, and Notices, summarizes changes in policy of the Council on Medical Education, the various residency review committees, specialty boards, revisions in the Essentials, new Guides to residency programs, residency appointment procedures, and other topics of interest in the field of graduate education.

Graduate Education in Canada

The performance data in the Directory of Approved Internships and Residencies are limited to programs in the United States, Puerto Rico, and the Canal Zone. Information is not included on graduate training opportunities in other countries, and, beginning with this edition, a list of junior rotating internships in Canada formerly included in the Directory, has been discontinued. The list was discontinued because there seem to be widespread misunderstanding of the fact that it was published as a courtesy only, and was not intended to indicate approval of such internships by an agency in this country. Internships in Canada are approved by the Canadian Medical Association and their acceptability for purpose of 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 1972-73 Directory, for the second year, is being issued by means of computerized printouts. Much of the information published was gathered prior to January 1, 1972, although the book does include all graduate training programs (internships and residencies) that had been approved by the Internship Review Committee or one of the residency review committees through June 30, 1972. For this reason, some tables may not reflect the current number of programs or the number of persons serving in programs, but the listing should include all approved programs. Some programs which had lost approval during the academic year 1971-72 will have been dropped from the listing for such programs, although the person serving in the programs may be credited as serving an approved program until their appointment current at the time of withdrawal of approval has been completed.

Because of the complex nature of the material that must be computerized, some errors inevitably creep into the listings, and are often difficult to detect until after the book has been published. Program directors, when supplying the requested information for the next edition of the Directory, are asked to call attention to any listing that is inaccurate or incomplete. In some cases, for newly approved programs, time did not permit requesting statistics, and these are listed with the bare minimum data to indicate at least approval of the program.

Next Edition of The Directory

Information forms for the next edition will have been sent to program directors by the time a copy of the 1972-73 Directory reaches them. Information will need to be submitted by December 30, 1972, for publication in the 1973-7 issue. If program directors are contemplating the co nation of two or more facilities, especially with relati to the integration of the internship and residency p agreement should be reached upon a uniform l teaching complexes. If the facilities of one hos be integrated with one or more hospitals, the rector should refer to the Consolidated List the overall heading currently used to training programs approved for these

Table 2.—Number of Internships, by Type of Service

Type of Internship	Affiliated Status	No. of Approved Programs	Number of Internships: Total Positions Offered Sept. 1, 1971	Number of Internships: Total Positions Filled Sept. 1, 1971	Number of Internships: Positions Vacant Sept. 1, 1971	Number of Internships: Percentage Filled	Number of Interns on Duty: Graduates U.S., Canada Sept. 1, 1971	Number of Interns on Duty: Foreign Graduates Sept. 1, 1971	Number of Interns on Duty: Percentage Foreign Grads. in Filled Positions	Number of Interns on Duty: Total Internship Positions Offered 1973-1974
ROTATING—NO MAJOR EMPHASIS	Affiliated	327	2,686	2,028	658	76	1,299	729	36	2,062
	Non-Affiliated	172	1,453	1,133	320	78	164	969	86	1,330
	Total	**499**	**4,139**	**3,161**	**978**	**76**	**1,463**	**1,698**	**54**	**3,392**
ROTATING—MAJOR EMPHASIS ON: Internal Medicine	Affiliated	253	1,043	874	169	84	585	289	33	859
	Non-Affiliated	99	384	320	64	83	81	239	75	341
	Total	**352**	**1,427**	**1,194**	**233**	**84**	**666**	**528**	**44**	**1,200**
Surgery	Affiliated	259	985	733	252	74	489	244	33	851
	Non-Affiliated	107	452	379	73	84	86	293	77	444
	Total	**366**	**1,437**	**1,112**	**325**	**77**	**575**	**537**	**48**	**1,295**
Obstetrics-Gynecology	Affiliated	189	414	284	130	69	207	77	27	352
	Non-Affiliated	60	105	73	32	70	12	61	84	100
	Total	**249**	**519**	**357**	**162**	**69**	**219**	**138**	**39**	**452**
Pediatrics	Affiliated	169	401	294	107	73	227	67	23	309
	Non-Affiliated	45	80	54	26	68	11	43	80	68
	Total	**214**	**481**	**348**	**133**	**72**	**238**	**110**	**32**	**377**
Pathology	Affiliated	105	154	84	70	55	53	31	37	116
	Non-Affiliated	29	35	17	18	49	7	10	59	26
	Total	**134**	**189**	**101**	**88**	**53**	**60**	**41**	**41**	**142**
Psychiatry	Affiliated	100	296	205	91	69	168	37	18	269
	Non-Affiliated	16	27	19	8	70	5	14	74	16
	Total	**116**	**323**	**224**	**99**	**69**	**173**	**51**	**23**	**285**
Radiology	Affiliated	98	136	77	59	57	50	27	35	110
	Non-Affiliated	25	28	15	13	54	5	10	67	21
	Total	**123**	**164**	**92**	**72**	**56**	**55**	**37**	**40**	**131**
Anesthesiology	Affiliated	102	158	86	72	54	66	20	23	174
	Non-Affiliated	22	25	16	9	64	3	13	81	14
	Total	**124**	**183**	**102**	**81**	**56**	**69**	**33**	**32**	**188**
All of Above Specialties	Affiliated	49								667
	Non-Affiliated	10								153
	Total	**59**								**820**
Total Rotating (Major Emphasis)	Affiliated	1,324	3,587	2,637	950	74	1,845	792	30	3,707
	Non-Affiliated	413	1,136	893	243	79	210	683	76	1,183
	Total	**1,737**	**4,723**	**3,530**	**1,193**	**75**	**2,055**	**1,475**	**42**	**4,890**
STRAIGHT Internal Medicine	Affiliated	289	3,098	2,736	362	88	2,434	302	11	3,351
	Non-Affiliated	33	146	105	41	72	78	27	26	180
	Total	**322**	**3,244**	**2,841**	**403**	**88**	**2,512**	**329**	**12**	**3,531**
Surgery	Affiliated	232	1,583	1,237	246	78	1,018	219	18	1,651
	Non-Affiliated	30	72	40	32	56	9	31	78	92
	Total	**262**	**1,655**	**1,277**	**378**	**77**	**1,027**	**250**	**20**	**1,743**
Pediatrics	Affiliated	173	1,045	909	136	87	791	118	13	1,142
	Non-Affiliated	11	48	41	7	85	31	10	24	54
	Total	**184**	**1,093**	**950**	**143**	**87**	**822**	**128**	**13**	**1,196**
Pathology	Affiliated	148	354	195	159	55	160	35	18	383
	Non-Affiliated	9	14	5	9	36	1	4	80	14
	Total	**157**	**368**	**200**	**168**	**54**	**161**	**39**	**20**	**397**
Obstetrics-Gynecology	Affiliated	83	186	100	86	54	79	21	21	227
	Non-Affiliated	10	14	7	7	50	1	6	86	20
	Total	**93**	**200**	**107**	**93**	**54**	**80**	**27**	**25**	**247**
Total Straight	Affiliated	925	6,266	5,177	1,089	83	4,482	695	13	6,754
	Non-Affiliated	93	294	198	96	67	120	78	39	360
	Total	**1,018**	**6,560**	**5,375**	**1,185**	**82**	**4,602**	**773**	**14**	**7,114**
nd Totals	Affiliated	**2,576**	**12,539**	**9,842**	**2,697**	**78**	**7,626**	**2,216**	**23**	**12,523**
	Non-Affiliated	**678**	**2,883**	**2,224**	**659**	**77**	**494**	**1,730**	**78**	**2,873**
	Total	**3,254**	**15,422**	**12,066**	**3,356**	**78**	**8,120**	**3,946**	**33**	**15,396**

be able to provide accurate statistics, it is necessary for the Department of Graduate Medical Education to use arbitrarily shortened titles for some programs, to facilitate computerization, and to make it possible to combine the statistics meaningfully in the Consolidated List.

Review of Internship Programs

During the past academic year, the review of internship programs has been carried on by the Internship Review Committee, and in a number of cases by the Residency Review Committees in the various specialties. The residency review committees have, during the past year or more, reviewed straight internships in their specialties, and, in one or two instances the rotating internship with emphasis on their specialty. The Internship Review Committee, which has representation from the Council on Medical Education, the Association of American Medical Colleges, the American Hospital Association, the Federation of State Medical Boards, and the field of general practice, has continued to evaluate rotating internships with final authorization for their approval being reserved to the Council on Medical Education.

It is expected that, by June 30, 1975, all internships—rotating and straight—will have been coordinated with residency programs, and therefore the evaluation of such programs will have become, by that time, the responsibility of the appropriate residency review committee. During the past year the residency review committee for pediatrics has translated the approval of straight internships in pediatrics to "pediatric levels" of training, in conjunction with the evaluation of the residency programs. Hospitals, therefore, whose programs were evaluated during the past year will no longer be listed in the internship list as offering straight internships in pediatrics; their listing will appear in the residency section of the Directory, and the level of approval will indicate whether the hospital has approval to offer a program that includes the elements of the straight internship in pediatrics.

In a similar manner, the Conference Committee on Graduate Education in Surgery, in evaluating residencies in surgery has indicated to program directors that, with the authorization to offer "dual appointments" (which provide that the candidate may serve simultaneously as a straight intern in surgery and as a first-year resident in surgery), the listing of the straight internship in surgery was discontinued, and a matching code number placed in the residency listing for that surgical program.

These changes are commented upon at this time because they may have affected to some extent the statistics in this edition; the real effect, however, will be felt in the next year's statistics.

Number of Internships

Table 1 is a ten-year record on internship supply and demand. As of September 1, 1971, although the number of hospitals offering internship programs has decreased, the number of positions offered has increased, as has the number of positions filled. Each year the number of positions offered has increased over the number for the previous year; in this reporting period, however, although the number of positions offered did increase over those offered in the previous academic year, the rate of increase was lower, despite an increase in the percentage of positions filled.

Table 2 indicates that 8,120 U.S. and Canadian graduates and 3,946 graduates of foreign medical schools were serving as interns on September 1, 1971. For September 1, 1970, the comparable figures were 8,213, and 3,339. Thus the number of U.S. and Canadian graduates serving internships decreased in 1971 by 93, while the number of foreign graduates increased by 607 over the previous year. The decrease in the number of U.S. and Canadian graduates can be accounted for by the information supplied in Table V-B under Special Studies. This table, which lists the number of U.S. graduates appointed directly from medical school to a residency, indicates that 698 such appointments were made in 239 hospitals. The three specialties in which the largest number of appointments were made directly from medical schools to the first year of the residency were family practice, general surgery, and psychiatry. Family practice is planned as a three-year unit, the first year of which may be credited as an internship if the candidate does not complete the three-year program; general surgery, through its dual appointment mechanism, will be increasing the number of such appointments; psychiatry last year announced that programs could be planned to include the desirable elements of an internship during the first year of the residency.

Table 1.—Number of Internships, 1962-1971

	Number of Hospitals	Number of Internship Positions Offered	Number of Internship Positions Filled	Percentage of Positions Filled
1962-1963	789	12,024	8,805	73
1963-1964	765	12,229	9,636	79
1964-1965	757	12,728	10,097	79
1965-1966	772	12,954	9,670	75
1966-1967	816	13,569	10,366	76
1967-1968	853	13,761	10,419	76
1968-1969	821	14,112	10,464	75
1969-1970	900	15,003	10,808	72
1970-1971	896	15,354	11,552	75
1971-1972	797	15,422	12,066	78

The total number of graduates from U.S. medical schools for the academic year 1970-71, was 8,974. At the end of December, 1971, the biographical records of the AMA listed 56 Canadian graduates serving internships in the United States; this number subtracted from the 8,120 listed as U.S. and Canadian graduates in internship programs, would leave a net number of 8,064 U.S. graduates as interns. Hospitals reported that 32 U.S. graduates had been appointed to an internship program before they have received the M.D. degree, so that the net number of U.S. graduates in internship programs as of September 1, 1971, was about 8,032. This number subtracted from the total of 8,974 U.S. graduates would indicate that 942 did not enter internships, or at least were not serving in such programs on September 1, 1971. The 698 serving in residencies directly after graduation from medical school should be subtracted from the 942; this would leave 244 who apparently had not entered an internship, and were not, as of September 1, 1971, enrolled in a graduate training program.

Internships by Type of Service

Table 2 identifies internships by type of service and also by medical school affiliation, and indicates the number and

Table 3.—Types of Internship Programs Offered 1962-1971

	Types of Programs								
	Rotating—No Major Emphasis		Rotating with Emphasis on a Specialty*		Straight		Family and General Practice		Totals
Academic Year	No.	%	No.	%	No.	%	No.	%	
1962-63	697	56	133	11	391	32	14	1	1
1963-64	661	52	153	12	432	34	17	1	
1964-65	658	50	189	14	467	35	14		
1965-66	641	45	251	17	531	37	17		
1966-67	568	24	1,211	51	582	24			
1967-68	563	20	1,502	54	687	25			
1968-69	581	21	1,504	54	703	25			
1969-70	504	17	1,675	57	714	25			
1970-71	523	17	1,665	53	963	30			
1971-72	499	15	1,737	53	1,018	31			

*Listed in tables previous to 1966-67 as "mix
**Now listed only under residency programs i

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

Control	No. of Hospitals	No. of Approved Programs	Number of Internships: Total Positions Offered Sept. 1, 1971	Number of Internships: Total Positions Filled Sept. 1, 1971	Number of Internships: Positions Vacant Sept. 1, 1971	Number of Internships: Percentage Filled	Number of Interns on Duty: Graduates U.S., Canada Sept. 1, 1971	Number of Interns on Duty: Foreign Graduates Sept. 1, 1971	Number of Interns on Duty: Percentage For. Grads. in Filled Positions	Total Internship Positions Offered 1973-1974
Combined Hospitals	38	364	2,705	2,208	497	82	1,892	316	14	2,792
Totals	**38**	**364**	**2,705**	**2,208**	**497**	**82**	**1,892**	**316**	**14**	**2,792**
Federal										
U.S. Air Force	7	36	118	84	34	71	84			127
U.S. Army	7	38	213	195	18	92	194	1	1	203
U.S. Navy	8	70	212	148	64	70	148			193
U.S. Public Health Service	7	17	101	73	28	72	73			103
Veterans Administration	36	10	99	43	56	43	38	5	12	117
Other Federal	2	3	28	27	1	96	26	1	4	28
Totals	**67**	**174**	**771**	**570**	**201**	**74**	**563**	**7**	**1**	**771**
Governmental Non-Federal										
State	46	167	999	765	234	77	728	37	5	1,033
County	37	148	1,099	965	134	88	812	153	16	1,090
City	27	97	501	391	110	78	179	212	54	546
City-County	11	53	309	249	60	81	212	37	15	300
Hospital District	8	22	161	158	3	98	94	64	41	165
Totals	**129**	**487**	**3,069**	**2,528**	**541**	**82**	**2,025**	**503**	**20**	**3,134**
Non-Governmental Non-Profit										
Church Related	162	683	2,205	1,536	669	70	699	837	54	2,161
Non-Profit Corporation	392	1,524	6,542	1,527	1,415	78	2,900	2,227	43	6,407
Totals	**554**	**2,207**	**8,747**	**6,663**	**2,084**	**76**	**3,599**	**3,064**	**46**	**8,568**
Proprietary										
Corporation	9	22	130	97	33	75	41	56	58	131
Totals	**9**	**22**	**130**	**97**	**33**	**75**	**41**	**56**	**58**	**131**
Grand Totals	**797**	**3,254**	**15,422**	**12.066**	**3,356**	**78**	**8,120**	**3,946**	**33**	**15,396**

percentage of positions filled by U.S. and Canadian graduates and by foreign graduates. The number of straight internship programs and the number of positions offered increased in September 1971, compared with one year earlier, while rotating internships declined, with the traditional rotating 0 internship showing the greatest change. The number of positions filled showed the same trend, with 82% of these positions filled, followed by 75% of the rotating internship with emphasis on a specialty, and 76% of the traditional rotating 0 internships filled. The straight internships again this year were filled primarily with U.S. and Canadian graduates, and only 14% of the filled positions went to foreign graduates. Of the rotating internships with emphasis on a specialty, 42% of the filled positions went to foreign graduates, and 54% of the filled rotating 0 internships went to foreign graduates. The proportion of foreign graduates in the affiliated hospitals increased slightly in all categories, whereas in the non-affiliated hospitals the percentage of foreign graduates in filled positions increased in the rotating internships but decreased in the straight internships.

Table 3 shows that the trend toward rotating internships with emphasis on a specialty has now changed, and that the proportion of all rotating internships is now decreasing. Although rotating internships with emphasis on a specialty make up 53% of the total programs offered, they obtained only 29% of the available interns. The rotating 0 internships, which are 15% of the total programs offered, obtained 26% of the available interns, while the straight internships, 31% of the total programs, obtained 45% of the interns available.

Two types of internships are currently approved by the Council on Medical Education; (1) rotating internships, which include training of 12 to 24 months on two or more clinical services, one of which must consist of not less than 4 months on internal medicine; in 12-month internships, the remaining time may be devoted to two or more services, such as surgery, pediatrics and obstetrics-gynecology, or a specific service of major emphasis may be identified if it provides four to eight months of training. Internships listed as rotating internships may identify the following fields as areas of emphasis: Internal medicine, surgery, pediatrics, pathology, obstetrics-gynecology, psychiatry, radiology, and anesthesiology.

Straight internships, which provide training on a single service, may be approved in internal medicine, surgery, pediatrics, obstetrics-gynecology, or pathology provided the hospital in which such internships are offered holds full approval for a residency program in that specialty. During the academic year 1971-72, the Residency Review Committee for Pediatrics began reevaluating residencies, and eliminating the designation of straight internships in pediatrics in favor of new designations of "pediatric levels."

For 1971-72, the average number of internship positions available per hospital was 19, and the average number of interns on duty was 15. These statistics show a slight increase over those for the preceding three years, during which years the average number of positions offered was 17 per hospital and the average number of interns on duty per hospital was 12.

Table 3 also indicates that in previous year statistics were included on family practice and general practice programs. The former pilot programs in family practice and in general practice were discontinued several years ago. Statistics on the number of persons in the family practice residencies (currently approved) are included in the information given concerning all types of residencies.

Two-Year Internships

In accord with the wishes of the AMA House of Delegates, the Council staff has continued to advise hospitals that it is possible to establish a two-year internship in institutions already approved to offer a one-year internship. Hospitals approved on this basis are listed in the Directory with a "rotating 00" internship to designate the hospitals that offer some appointments of longer than 12 months' dura-

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

			Number of Internships				Number of Interns on Duty			
	No. of Hospitals	No. of Approved Programs	Total Positions Offered Sept. 1, 1971	Total Positions Filled Sept. 1, 1971	Positions Vacant Sept. 1, 1971	Percentage Filled	Graduates U.S., Canada Sept. 1, 1971	Foreign Graduates Sept. 1, 1971	Percentage For. Grads. in Filled Positions	Total Internship Positions Offered 1973-1974
Affiliated										
Combined Hospitals	33	335	2,528	2,042	486	81	1,848	194	10	2,615
Less than 200 Beds	38	60	322	241	81	75	196	45	19	339
200-299	67	158	701	566	135	81	305	261	46	686
300-499	223	1,892	3,356	2,437	919	73	1,576	861	35	3,315
500-Over	215	1,077	5,632	4,556	1,076	81	3,701	855	19	5,568
Totals	**576**	**2,576**	**12,539**	**9,842**	**2,697**	**78**	**7,626**	**2,216**	**23**	**12,523**
Non-Affiliated										
Combined Hospitals	5	29	177	166	11	94	44	122	73	177
Less than 200 Beds	14	21	121	95	26	79	8	87	92	121
200-299	59	122	524	430	94	82	39	391	91	531
300-499	106	650	1,371	1,020	351	74	135	885	87	1,359
500-Over	37	181	690	513	177	74	268	245	48	685
Totals	**221**	**678**	**2,883**	**2,224**	**659**	**77**	**494**	**1,730**	**78**	**2,873**
Grand Totals	**797**	**3,254**	**15,422**	**12,066**	**3,356**	**78**	**8,120**	**3,946**	**33**	**15,396**

tion. These hospitals are not required to offer a specific number of two-year internships, nor to offer a full 12-month appointment following the initial 12-month internship, if the trainee should desire a shorter appointment. At the present time only a handful of hospitals offer such appointments, and usually only to one or two of their interns.

Internship by Type of Hospital Control

Table 4 uses the term "Combined Hospitals," to record the number of programs using the resources of two or more hospitals that would fall in more than one of the categories of type of hospital control. The number of such combinations has varied from year to year, and sometimes the changes may be the result of different methods of processing the statistics rather than an indication of an actual trend. In the statistics gathered as of September 1, 1970, for example, 100 hospitals were listed in this category with 266 programs and a total of 1,918 positions; for September 1, 1971, only 38 hospitals were listed, but they offered 364 programs with 2,705 positions. Although only 11% of the total programs were in these hospitals, they offered 17% of all internship positions, obtained 18% of all interns available, and obtained 23% of the graduates of U.S. and Canadian schools available for internships.

Although the number of federal hospitals remained almost the same as a year earlier, making up 9% of the total hospitals, they offered, as of September 1, 1971, only 5% of the approved programs, and obtained 5% of the available interns. Practically all of their internship positions were filled with U.S. or Canadian graduates. As in previous years, the combined hospitals group probably includes a number of Veterans Administration Hospitals that are related to medical schools.

As has been true for the past several years, the governmental, non-federal hospitals proved most attractive. Although they represented 16% of the hospitals offering internship and 15% of the total programs offered, they obtained 21% of the available interns, and 25% of the available U.S. and Canadian graduates. The non-governmental, non-profit group of hospitals, which included the church-related and other non-profit institutions, comprised 70% of the hospitals offering internships, but offered only 57% of the total positions. They obtained 55% of all interns available, but only 44% of the available graduates of the United States or Canadian medical schools, and filled their positions with 78% of the total pool of foreign graduates. In 1970 distribution was similar, with the non-governmental, non-profit category of hospitals comprising 64% of the hospitals, obtaining 56% of the interns available, made up of 47% of the United States and Canadian graduates, and 78% of the foreign graduates. The federal hospitals, in 1971, filled a smaller percentage of their available positions than the other categories, although they also recruited the smallest proportion of foreign graduates. The combined hospitals filled 82% of their positions, compared with 79% in September, 1970; the federal hospitals filled 74% of their positions compared with 79% a year earlier; the governmental non-federal hospitals filled 82% of their positions compared with 79%; the non-governmental non-profit hospitals filled 76% of their positions compared with 72% a year earlier, and the overall percentage of filled positions for 1971 was 78%, in contrast to 75% a year earlier.

The hospitals with the poorest record for recruitment have been the church-related hospitals, in the category of non-governmental non-profit institutions. In previous years, they filled only 61% of the positions they offered, and 49% of such positions were filled with foreign graduates. As of September 1, 1971, they filled 70% of their positions, and 54% of these were filled with foreign graduates. The recruitment record, however, of the Veterans Administration Hospitals was considerably below this, as only 43% of their positions were filled. The Navy, Air Force, and Public Health Service filled only 70%, 71%, and 72%, respectively, of their positions as of September 1, 1971. The interns recruited, however, were all U.S. or Canadian graduates.

Despite the fact that vacancies exist in currently authorized internships, and despite the expectation that internships will be coordinated with residencies and in some cases will not be needed, the number of positions to be offered for academic year 1973-74 is almost equal to the number offered on September 1, 1971.

Internship by Medical School Affiliation and Bed Capacity

Table 5 confirms the trend toward affiliation with medical schools, with 72% of the hospitals affiliated in 1971 with medical schools as compared with 69% as of September 1, 1970, 63% in 1969, and 52% in 1968. The hospitals not affiliated with medical schools were, in general, smaller in size with 83% having less than 500 beds. The largest single gr of nonaffiliated hospital, 106 hospitals with 300 to 4 comprised 48% of the total number of nonaffiliat For the affiliated hospitals, 63% had less than 5 37% had 500 beds or more. The largest gro between 300 and 499 beds with 39% of the this group.

Both the affiliated and the nonaffiliat about the same proportion of their inter

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: Total Positions Offered Sept. 1, 1971	Number of Internships: Total Positions Filled Sept. 1, 1971	Number of Internships: Positions Vacant Sept. 1 1971,	Number of Internships: Percentage Filled	Number of Interns on Duty: Graduates U.S., Canada Sept. 1, 1971	Number of Interns on Duty: Foreign Graduates Sept. 1, 1971	Number of Interns on Duty: Percentage For. Grads. in Filled Positions	Total Internship Positions Offered 1973-1974
NORTHEAST										
New England										
Connecticut	20	89	334	259	75	78	115	144	56	333
Maine	1	5	16	15	1	94	15			16
Massachusetts	36	95	537	458	79	85	333	125	27	556
New Hampshire	1	2	29	29		100	29			30
Rhode Island	5	17	91	86	5	95	34	52	60	100
Vermont	1	4	30	29	1	97	29			24
Totals	**64**	**212**	**1,037**	**876**	**161**	**84**	**555**	**321**	**37**	**1,060**
Middle Atlantic										
New Jersey	36	146	553	429	124	78	90	339	79	536
New York	103	430	2,357	2,015	342	85	1,096	919	46	2,350
Pennsylvania	73	320	1,140	821	319	72	489	332	40	1,107
Totals	**212**	**896**	**4,050**	**3,265**	**785**	**81**	**1,675**	**1,590**	**49**	**3,993**
NORTH CENTRAL										
East North Central										
Illinois	47	185	977	804	173	82	302	502	62	928
Indiana	16	37	232	171	61	74	157	14	8	194
Michigan	40	196	677	516	161	76	246	270	52	691
Ohio	49	237	932	686	246	74	345	341	50	893
Wisconsin	13	62	256	173	83	68	120	53	31	258
Totals	**165**	**717**	**3,074**	**2,350**	**724**	**76**	**1,170**	**1,180**	**50**	**2,964**
West North Central										
Iowa	8	28	111	78	33	70	68	10	13	112
Kansas	5	36	91	62	29	68	53	9	15	106
Minnesota	10	36	220	205	15	93	186	19	9	263
Missouri	20	80	428	291	137	68	208	83	29	406
Nebraska	11	27	112	63	49	56	63			111
North Dakota	1	1	12	6	6	50		6	100	12
South Dakota	3	4	18	15	3	83	15			
Totals	**58**	**212**	**992**	**720**	**272**	**73**	**593**	**127**	**18**	**1,026**
SOUTH										
South Atlantic										
Delaware	1	10	26	14	12	54	6	8	57	25
District of Columbia	20	57	351	295	56	84	214	81	27	354
Florida	13	63	314	263	51	84	178	85	32	331
Georgia	12	31	228	152	76	67	137	15	10	238
Maryland	21	102	479	369	110	77	178	191	52	453
North Carolina	8	38	215	157	58	73	146	11	7	242
South Carolina	4	21	103	57	46	55	57			99
Virginia	12	54	281	209	72	74	186	23	11	279
West Virginia	4	30	70	38	32	54	23	15	39	70
Totals	**95**	**406**	**2,067**	**1,554**	**513**	**75**	**1,125**	**429**	**28**	**2,091**
East South Central										
Alabama	11	30	161	78	83	48	74	4	5	182
Kentucky	10	19	132	91	41	69	77	14	15	139
Mississippi	3	20	60	50	10	83	48	2	4	70
Tennessee	12	60	279	196	83	70	188	8	4	282
Totals	**36**	**129**	**632**	**415**	**217**	**66**	**387**	**28**	**7**	**674**
West South Central										
Arkansas	3	22	79	40	39	51	40			79
Louisiana	10	48	270	154	116	57	133	21	14	255
Oklahoma	8	37	109	72	37	66	69	3	4	118
Texas	30	136	655	510	145	78	419	91	18	658
Totals	**51**	**243**	**1,113**	**776**	**337**	**70**	**661**	**115**	**15**	**1,110**
WEST										
Mountain										
Arizona	8	40	136	100	36	74	89	11	11	139
Colorado	12	34	197	168	29	85	147	21	13	209
New Mexico	2	7	33	33		100	33			27
Utah	4	13	80	67	13	84	66	1	1	80
Totals	**26**	**94**	**446**	**368**	**78**	**83**	**335**	**33**	**9**	**455**
Pacific										
California	59	268	1,515	1,365	150	90	1,308	57	4	1,540
Hawaii	5	11	89	79	10	89	60	19	24	81
Oregon	6	20	95	87	8	92	81	6	7	95
Washington	11	27	147	134	13	91	131	3	2	143
Totals	**81**	**326**	**1,846**	**1,665**	**181**	**90**	**1,580**	**85**	**5**	**1,859**
POSSESSIONS										
Territories & Possessions										
Canal Zone	1	1	16	16		100	16			16
Puerto Rico	8	18	149	61	88	41	23	38	62	148
Totals	**9**	**19**	**165**	**77**	**88**	**47**	**39**	**38**	**49**	**164**
Grand Totals	**797**	**3,254**	**15,422**	**12,066**	**3,356**	**78**	**8,120**	**3,946**	**33**	**15,396**

the positions filled in the nonaffiliated hospitals showed a significantly larger proportion of foreign graduates. Although the nonaffiliated hospitals comprised only 28% of the hospitals offering internships, and offered only 19% of the positions available, they obtained 44% of the foreign graduates appointed to internship positions. In the nonaffiliated categories, hospitals with 500 beds or more had the lowest proportion of foreign graduates, with 48% of their interns as of September 1, 1971, listed as graduates of foreign medical schools; the 500 bed hospitals in the affiliated group had only 19% of their interns listed as foreign graduates. For the nonaffiliated hospitals, foreign graduates filled 92% of the positions in hospitals of less than 200 beds, and 91% of the positions in hospitals with 200 to 299 beds. In the affiliated hospitals these numbers were 19% and 46% for the same categories. The 2,116 foreign graduates in affiliated hospitals comprised 56% of all foreign graduates serving as interns, but only 23% of the interns in the affiliated hospitals. The data for 1971, as for 1970, showed an increased number of foreign graduates serving in affiliated hospital programs, but also an increased number of U.S. and Canadian graduates, giving the affiliated hospitals an increased share of the total intern population available.

Thus, in approximate terms, the trend toward increased activity in affiliated hospitals has continued so that affiliated hospitals now have 9.5 times as many U.S. and Canadian graduates as nonaffiliated hospitals. Affiliated hospitals have 3.4 times as many U.S. and Canadian graduates as they have foreign graduates. In September 1970, affiliated hospitals had nine times as many U.S. and Canadian graduates, and in September, 1968, 4.5 times as many U.S. and Canadian graduates as the nonaffiliated hospitals. The ratio of foreign medical graduates on duty to U.S. and Canadian graduates in the nonaffiliated hospitals is 4 to 1; the ratio of foreign graduates to U.S. and Canadian graduates in the affiliated hospitals is 1 to 3. In 1970, the ratio in nonaffiliated hospitals was 2 to 1; in the affiliated hospitals, it was 1 to 4.

Internships by Census Region and State:

Table 6 indicates that the comparative performance of each of the census divisions improved, except for the West South Central region of the South Census Division which remains stationary, and the Mountain Region of the West Census Division which dropped from 85% to 83%, and the census region comprising the Canal Zone and Puerto Rico which dropped from 75% to 47%.

In the largest census region, the Middle Atlantic, the three states of New Jersey, New York and Pennsylvania showed a total gain in the number of internships filled, with a proportionate gain in the number of foreign graduates in these positions. The number of interns on duty in this region increased from 3,151 as of September 1, 1970, to 3,265 as of September 1, 1971; these states filled 77% of the positions offered in 1970 and filled 81% of the positions offered in 1971. The total number of foreign graduates in the three states increased from 1,441 as of September 1, 1970, to 1,590 as of September 1, 1971. New Jersey filled 79% of its internship positions with foreign graduates as of September 1, 1971, in the preceding 12-month period 84% of these positions had been filled by foreign graduates. It also bettered its total recruitment of interns, filling, for September 1, 1971, 78% of the positions offered, as compared with 68% one year earlier. For New York State, the percentage of positions filled increased in 1971 to 85% from 83% in 1970 and 81% in 1968; the number of foreign graduates remained about the same. For Pennsylvania, a percentage of filled positions increased in 1971 to 72%, compared with 69% in 1970 and 72% in 1968; and the percentage of foreign graduates in filled positions increased to 40% in 1971, from 31% in 1970 and 34% in 1968. The Middle Atlantic census region, with 212 hospitals, had 26% of the total positions offered, obtained 27% of the interns available, including 21% of the U.S. graduates, and 40% of the foreign graduates. This represents a slight decrease in the proportion of foreign graduates, which had been 43% in 1970.

In the next largest census region, the East North Central, 165 hospitals offered 20% of the total positions available, obtained 19% of the interns available, appointed 14% of the total U.S. and Canadian graduates available, and 30% of the available foreign graduates. In this group, each state improved its percentage of filled positions, but each state also increased the percentage of foreign graduates serving in such filled positions. In this group, Illinois decreased the total number of positions being offered, but increased the number of positions filled, so that 82% of the positions were filled as compared with 73% in 1970; in the filled positions for 1971, 62% were filled with foreign graduates, whereas in 1971, 53% were filled by foreign graduates. Ohio also improved its recruitment percentage, offering approximately the same number of positions, but filling 74% in 1971, as compared with 67% in 1970, although at the expense of increasing the percentage of foreign graduates from 41% in 1970 to 50% in 1971.

The third largest census region, the South Atlantic, which included 95 hospitals, offered 13% of the total number of positions and filled 13% as it did the year previously; this year it recruited 11% of the available U.S. and Canadian graduates and obtained 23% of the available foreign graduates.

The census region with the best recruitment record was again the Pacific region, which included California, Hawaii, Oregon, and Washington. This region, which offered 12% of the total number of positions available, recruited 14% of the total internship population, with 19% of the available U.S. and Canadian graduates and only 2% of the available foreign graduates. The census region filled 90% of its internships, with California increasing its percentage of filled positions from 88% to 90%, but with Hawaii dropping from the 1970 percentage of 93% to 89% as of September 1, 1971.

The states with foreign graduates in 50% or more of their filled internship positions were Rhode Island, New Jersey, Illinois, Michigan, Ohio, Delaware, North Dakota, and Puerto Rico. All of the census regions except the region with Canal Zone and Puerto Rico filled at least 65% of the available positions, but several individual states fell below this number, including Nebraska, North Dakota, Delaware, South Carolina, West Virginia, Alabama, Arkansas, Louisiana, and Puerto Rico. The states which fell below 60% as of 1970, but have now increased their recruitment to above 65% of the positions offered are Iowa, Missouri and Oklahoma.

Internship Salaries

The information on salaries for members of the house staff is generally eight months out of date by the time of publication of the Directory, because of the deadlines established to process the information. Most hospitals report salaries as of September 1 of the reporting year, and then may take action just prior to the beginning of the next academic year to increase salaries for those who will begin an appointment as of July 1. Some institutions do notify the Department of Graduate Medical Education of such changes, and, when the information has received prior to the actual processing of the reports, it becomes a part of the statistical material reported in Table 7. For the most part, however, the salaries used in the statistics and those published in the list of approved internships and residencies are already out of date and are probably lower than the actual salary offered.

Table 7 lists the information processed from the annual questionnaire and indicates that 7% of the programs did not report a salary that could be used in compiling the information. The usable data indicate that the average annual salary offered interns was $9,096. In the affiliated hospitals, the average was $8,838, and in the nonaffiliated hospitals,

Table 7.—Annual Salaries Offered Interns*

Annual Salary Offered	Programs in Affiliated Hospitals	Programs in Non-Affiliated Hospitals	Total Programs
Data not available	188	32	220
0— 3,500	1		1
5,001— 5,500	5		5
5,501— 6,000	12	5	17
6,001— 6,500	1		1
6,501— 7,000	54	13	67
7,001— 7,500	93	6	99
7,501— 8,000	73	58	131
8,001— 8,500	252	97	349
8,501— 9,000	454	101	555
9,001— 9,500	354	55	409
9,501—10,000	514	133	647
10,001—10,500	236	35	271
10,501—11,000	114	53	167
11,001—11,500	39	3	42
11,501—12,000	27	11	38
12,001—12,500	77	31	108
12,501—13,000	16	17	33
13,001—13,500	2	13	15
13,501—14,000	64	6	70
Over 20,000		9	9
Total Programs	**2,576**	**678**	**3,254**
Mean -Annual Salary	$8,838	$10,076	$9,096
Median-Annual Salary	$9,001- 9,500	$9,001- 9,500	$9,001- 9,500
Mode -Annual Salary	$9,501-10,000	$9,501-10,000	$9,501-10,000

*Data collected prior to July 1, 1972

$10,076. The latter figure may be skewed because of the number of programs reporting an unusually high range of salaries over $11,000. In this report, 10% of the programs listed salaries from $11,001 to over $20,000, with 225 programs, or 9%, in the affiliated hospital reporting salaries in these ranges, and 90 programs, or 14%, in the nonaffiliated hospitals reporting in these ranges. In the previous reporting period, based on data received as of September 1, 1970, only 40 programs or about 1% reported salaries over $11,000.

The median for all hospitals, affiliated and nonaffiliated, was in the range of $9,001 to $9,500, and the mode, or most popular salary offered, was in the range $9,501 to $10,000 in both groups of programs.

Because of the great diversity of arrangements in hospitals, no attempt is made to determine the value of room and board or other perquisites, and no information is sought as to extra-curricular activities that might produce additional income for members of the house staff. These averages, subject to the stated limitations, do afford a comparison of the change from those reported for the two preceding periods. Table 16 under the information for residency salaries indicates that for the previous reporting period the average salary for interns was $8,073 in affiliated hospitals, $7,910 in nonaffiliated hospitals, and an average of $8,031 in all hospitals.

Residency Programs

Since 1962, because of the expressed interest of the House of Delegates, additional information is included in these annual reports on the evaluation and approval of residency programs. A detailed description of the process carried on was included in the "Special Reports, Announcements, and Notices" section of the 1971-72 Directory.

During the past year a Residency Review Committee for Pathology was organized, so that now all of the specialties for which Essentials have been written and for which there are approved residency programs use this mechanism for the evaluation of graduate training. Previously the residencies

Table 8.—Activities of the Residency Review Committee, July 1, 1971 to June 30, 1972

Specialty	No. of Meetings Held	Programs added to Approved List	Programs granted Continual 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	7	43	9	9	8	10	10	5	101
Aerospace Medicine*	2	—	—	—	1	—	—	1	1	3
Colon & Rectal Surgery	1	2	5	—	—	1	—	1	—	9
Child Psychiatry**	2	7	24	8	3	9	2	2	—	55
Dermatology	1	4	32	—	9	5	6	—	—	56
Family Practice	4	45	15	—	17	13	1	1	27	119
General Practice	1	—	12	—	1	1	9	10	—	33
General Preventive Med.*	2	—	—	—	—	7	—	—	—	7
Internal Medicine	3	19	87	26	27	42	21	21	16	259
Neurological Surgery	2	2	21	2	8	—	1	—	2	36
Neurology**	2	7	24	4	5	2	4	1	1	48
Obstetrics-Gynecology	3	9	180	5	18	34	11	5	11	273
Occup. Med. (Academic)*	2	1	3	2	—	3	—	1	—	10
Occup. Med. (In-Plant)*	2	—	—	—	—	—	—	—	—	—
Ophthalmology	2	10	39	5	3	6	2	1	—	66
Orthopedic Surgery	2	14	36	23	19	9	8	4	4	117
Otolaryngology	2	6	23	6	3	16	2	2	4	62
Pathology	1	3	18	3	4	8	19	8	1	64
Pediatric Allergy†	2	4	11	6	5	1	2	6	—	35
Pediatric Cardiology†	2	2	16	4	2	1	—	4	3	32
Pediatrics†	2	8	89	14	14	41	16	9	10	201
Phys. Med. & Rehab.	2	2	10	3	5	4	6	5	1	36
Plastic Surgery	2	8	28	3	7	10	4	—	4	64
Psychiatry**	2	11	66	13	14	4	10	4	1	123
Public Health*	2	1	5	1	1	13	—	1	—	22
Radiology (General)††	2	14	14	15	1	29	1	12	1	87
Diagnostic Radiology††	2	23	3	1	2	—	—	—	4	33
Therapeutic Radiology††	2	19	—	4	1	—	—	1	2	27
Surgery†††	3	8	105	30	17	34	11	24	1	230
Thoracic Surgery	2	7	18	8	12	5	2	3	6	61
Urology	2	7	42	20	14	15	9	4	2	113
Totals*	**43**	**250**	**969**	**215**	**222**	**321**	**157**	**141**	**107**	**2,382**

*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 Pediatrics
††Programs evaluated by the Residency Review Committee for Radiology
†††A subcommittee of the Council on Medical Education reviews one-to-two year residencies in General Surgery

in pathology, after survey by a field representative of the Department of Graduate Medical Education, were reviewed in round-robin fashion by a committee of the American Board of Pathology and then by staff and members of the Council on Medical Education. The new residency review committee for pathology also evaluates straight internships in pathology.

Table 8 indicates the volume of activity carried on by the residency review committees during the year July 1, 1971, to June 30, 1972. During this period, the 21 residency review committees held 43 meetings. Each committee met one to three times a year, with the meetings held at various locations throughout the country.

The actions of the committees are communicated by letter from the committee's secretary directly to the program director and the hospital administrator concerned. No public announcement is made by any of the committees on their actions, so that an adverse recommendation remains confidential to the hospital staff involved.

By comparing the published list in the annual Directories, deletions and additions may be noted. The interests of those in training in the programs are safeguarded by careful recording in the files of the AMA as well as the specialty boards concerned, so that the board may determine whether credit may be extended in individual cases for up to one year for those persons under contract at the time approval of a program is withdrawn.

During the year ending June 30, 1972, 2,382 programs were reviewed, with over 200 each in internal medicine, obstetrics-gynecology, pediatrics, and surgery. Over 100 programs each were reviewed in anesthesiology, family practice, orthopedic surgery, psychiatry, and urology. The total number of programs reviewed during the year ending June, 1972, showed a slight decrease over the number of 2,406 reviewed during the previous academic year.

Table 9.—Survey Activities of Field Representatives

Year Ending June 30	1966	1967	1968	1969	1970	1971	1972
Internships Reviewed	278	77	252	220	203	288	187
Residencies Reviewed	1,827	1,829	1,822	1,702	1,961	2,182	2,160
Total Programs Rev.	**2,105**	**1,906**	**2,074**	**1,922**	**2,164**	**2,470**	**2,347**
Hospital Visits	1,020	953	923	807	900	1,012	1,001

Table 9 summarizes the survey activities of the Field Representatives of the Department of Graduate Medical Education for the past several years. It has been the policy to have all approved programs reviewed approximately every three years, so that about one third of all programs should be reviewed each year by the Field Representatives or by specialists appointed by the individual review committees.

For the year ending June 30, 1972, approximately the same number of hospitals were visited, but the number of survey visits dropped slightly from the number in the preceding 12-month period. The number of programs surveyed during the past two years, however, showed a sharp increase from the number in the preceding periods, and is related to an increase in the availability of personnel, rather than an increase in the need for surveys. Currently 10 physicians are Field Representatives of the Department of Graduate Medical Education, and conduct surveys of internships and residencies. Their surveys are augmented by surveys carried out by specialists assigned by the residency review committees. The Field Representatives, regardless of their own specialty training, survey all types of residency programs in the hospitals visited. They are recruited from the relatively small group of physicians who have an adequate background in medical education, are willing to undergo an intensive orientation period, and have the physical stamina and appropriate family circumstances to enable them to be away from their home base much of the year.

Residencies by Specialty

As in previous editions, Tables 10 and 27 are the only tables that include statistics on residencies in the fields of preventive medicine. These tables therefore cover 78 programs and 500 positions not included in other tables related to residencies.

Table 10 indicates that the number of positions offered and the number of positions filled have continued to increase, and that the number of positions vacant also have continued to increase. As of September 1, 1971, 15% of the positions offered were vacant; this was also true September 1, 1970. For the current reporting period, 13 specialties offered over 1,000 positions each, representing 87% of the positions offered; they obtained 86% of the residents available, and also 87% of the U.S. and Canadian graduates. Three of these specialties, however, surgery, pathology and psychiatry, each had more than 1,000 vacant positions. Twelve specialties filled 90% or more of the residency positions they offered, which was a decrease from the 14 specialties that had achieved this level of recruitment as of September 1, 1970. Their recruitment percentages varied from 90% for plastic surgery and general radiology to 99% for ophthalmology. Dermatology and Orthopedic Surgery each filled 96% of their positions.

The hospital residencies with the lowest percentage of filled positions were general practice residencies with 46%, family practice residencies with 57%, physical medicine and rehabilitation residencies with 68% and pathology residencies with 69%. The relatively small number of residents serving in the family practice program can be attributed to the fact that, by September 1, 1971, many of the programs had not had a full three-year period of activity, with the initial appointees not yet reaching the third-year level of the program in a number of instances.

In the residencies offered in the field of Preventive Medicine, the percentage of positions filled averaged only 44%, with the best recruitment record only at 47% for general preventive medicine and at 46% for public health. All of these programs, however, had a very low percentage of foreign graduates in the filled positions, with an average of only 10%. Except for family practice, which had only 11% of its filled positions covered by foreign graduates, the lowest proportions of foreign graduates were in the same specialties that had the highest proportion of filled positions, namely, ophthalmology with only 8% of its filled positions covered by foreign graduates, dermatology with 8%, diagnostic radiology with 9%, orthopedic surgery, 9%, and otolaryngology 16%. In four residencies, anesthesiology, general practice, pathology, and physical medicine, more than 50% of the residents serving were graduates of foreign medical schools.

Table 11 is a refinement of Table 10, omitting the programs in preventive medicine, and separating the programs into those with and without medical school affiliations. A study of these tables over a series of years indicates not only the more favorable recruitment success of programs in hospitals having an affiliation with a medical school, but also an increasing number of hospitals with such affiliations. Although the total number of programs approved remain approximately the same, the affiliated hospitals offered 88% of the total number of positions, obtained 90% of the available residents, of which they also obtained 94% of the available graduates of U.S. and Canadian schools and 80% of the available foreign graduates. A year earlier, the affiliated hospitals offered 78% of the total programs, and the ratio of the residency programs in affiliated hospitals to those in the non-affiliated hospitals was a little more than 3 to 1. The affiliated hospitals filled 86% of the programs offered, whereas the nonaffiliated hospitals filled only 75%. Graduates from medical schools in the United States and Canada comprised 78% of all residents on duty, with 94% of these graduates

Table 10.—Number of Residencies, by Specialty

Specialty	No. of Approved Programs	Number of Residencies: Total Positions Offered Sept. 1, 1971	Number of Residencies: Total Positions Filled Sept. 1, 1971	Number of Residencies: Positions Vacant Sept. 1, 1971	Number of Residencies: Percentage Filled	Number of Residents on Duty: Graduates U.S., Canada Sept. 1, 1971	Number of Residents on Duty: Foreign Graduates Sept. 1, 1971	Number of Residents on Duty: Percentage For. Grads. in Filled Positions	Total Residency Positions Offered 1973-1976
Anesthesiology	180	2,193	1,844	349	84	852	992	54	2,426
Child Psychiatry	136	738	528	210	72	394	134	25	810
Colon and Rectal Surgery	16	28	25	3	89	14	11	44	28
Diagnostic Radiology	64	839	792	47	94	721	71	9	951
Dermatology	87	649	621	28	96	569	52	8	660
Family Practice	103	1,109	632	477	57	564	68	11	1,877
General Practice	91	537	246	291	46	75	171	70	576
Surgery	513	7,866	6,410	1,456	81	3,990	2,420	38	7,801
Internal Medicine	421	8,599	7,869	730	92	5,098	2,771	35	9,434
Neurological Surgery	95	640	595	45	93	466	129	22	662
Neurology	111	993	854	139	86	602	252	30	1,117
Obstetrics and Gynecology	346	3,177	2,800	377	88	1,686	1,114	40	3,384
Ophthalmology	164	1,424	1,403	21	99	1,287	116	8	1,481
Orthopedic Surgery	192	2,678	2,572	106	96	2,338	234	9	2,318
Otolaryngology	108	1,018	960	58	94	802	158	16	1,070
Pathology	576	3,653	2,534	1,119	69	1,133	1,401	55	3,819
Forensic Pathology	23	53	20	33	38	12	8	40	53
Pediatrics	250	3,086	2,844	242	92	1,760	1,084	38	3,446
Pediatric Allergy	49	110	98	12	89	81	17	17	127
Pediatric Cardiology	51	162	127	35	78	78	49	39	160
Physical Medicine	67	455	311	144	68	126	185	59	513
Plastic Surgery	100	309	279	30	90	220	59	21	371
Psychiatry	264	5,131	4,085	1,046	80	2,987	1,098	27	5,621
Radiology	263	2,606	2,333	273	90	1,839	494	21	2,739
Therapeutic Radiology	51	230	185	45	80	131	54	29	340
Thoracic Surgery	86	298	277	21	93	158	119	43	327
Urology	182	1,112	1,049	63	94	790	259	25	1,182
Totals	**4,589**	**49,693**	**42,293**	**7,400**	**85**	**28,773**	**13,520**	**32**	**53,293**
Other than Hospitals:									
Aerospace Medicine	5	132	54	78	41	51	3	5	131
General Preventive Medicine	21	199	106	93	47	97	9	11	224
Occupational Medicine (Academic)	7	47	13	34	30	11	2	15	47
Occupational Medicine (In-Plant)	21	30	4	26	14	2	2	50	28
Public Health	24	92	42	50	46	36	6	14	91
Totals	**78**	**500**	**219**	**281**	**44**	**197**	**22**	**10**	**521**
Grand Totals	**4,667**	**50,193**	**42,512**	**7,681**	**85**	**28,970**	**13,542**	**32**	**53,814**

serving in affiliated hospitals, as compared with 92% for the previous reporting period.

For the current reporting period, 32% of all trainees were graduates of foreign medical schools and 62% of these were in positions in non-affiliated hospitals. In the previous year, as of September 1, 1970, 33% of all trainees had been graduates of foreign medical schools and 75% of these had been recruited by affiliated hospitals. The final column of Table 11, listing total positions offered for the academic year beginning July 1, 1973, indicates that the affiliated hospitals contemplate offering 3,027 more positions (7%) than they offered as of September 1, 1971, and the non-affiliated hospitals expect to offer 5,773 more positions (10%) than they were offering as of September 1, 1971. Somewhat surprisingly, residencies in non-affiliated hospitals in the following fields filled a larger percentage of their positions than their counterparts in affiliated hospitals: Diagnostic radiology, neurological surgery, pediatric allergy, pediatric cardiology, and thoracic surgery, all filling 100% of their positions; in some of these specialties, however, only a few positions were involved. Other specialties filling larger proportions of the positions offered in nonaffiliated hospitals than in affiliated hospitals were general practice and surgery.

First-Year Positions

Table 11A shows the distribution of first-year positions by specialty. It provides a measure of possible trends in the acceptability of various residencies. In the development of this table, however, first-year positions are listed in specialties even though it may not be possible for a candidate to begin a residency in this field without prior residency training. An example is the listing of programs in child psychiatry, which are offered to candidates who have had two years of residency training in general psychiatry; it is necessary to list "first-year" residencies in child psychiatry in order to determine the number entering this field of training each year. The table could also provide an estimate of the number of specialists likely to seek certification in about 5 years. Approximately the same specialties again recruited candidates for more than 90% of their positions, in both the affiliated and the nonaffiliated hospitals.

The specialties in the affiliated group that filled more than 90% of their positions were diagnostic radiology, dermatology, internal medicine, neurological surgery, neurology, obstetrics-gynecology, ophthalmology, orthopedic surgery, otolaryngology, pediatrics, pediatric allergy, plastic surgery, therapeutic radiology, thoracic surgery, and urology. In the nonaffiliated hospitals, more than 90% of the positions were filled in diagnostic radiology, internal medicine, neurological surgery, neurology, ophthalmology, pediatric allergy, pediatric cardiology, and plastic surgery. Of the 15,181 first-year positions filled, 10,306 (68%) were filled by U.S. and Canadian graduates. These U.S. and Canadian graduates comprised 36% of the total appointed for all years of residency out of the pool of U.S. and Canadian graduates. The percentage for 1970 was 39%; this comparison would seem to indicate that, with a larger number of residents serving in graduate programs as of September 1, 1971, some are spending a longer time in graduate programs than their counterparts did during

the preceding years. Of the foreign graduates, 4,875 out of 13,520, or 36%, were in first-year positions; for the previous year, 4,357 foreign graduates were serving in first-year programs out of the total of 12,943, or 34%. Although affiliated hospitals appointed more U.S. and Canadian graduates to first-year residencies, they also appointed more foreign

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

Specialty	No. of Approved Programs	Number of Residencies: Total Positions Offered Sept. 1, 1971	Number of Residencies: Total Positions Filled Sept. 1, 1971	Number of Residencies: Positions Vacant Sept. 1, 1971	Number of Residencies: Percentage Filled	Number of Residents on Duty: Graduates U.S., Canada Sept. 1, 1971	Number of Residents on Duty: Foreign Graduates Sept. 1, 1971	Number of Residents on Duty: Percentage For. Grads. in Filled Positions	Total Residency Positions Offered 1973-1974
Affiliated									
Anesthesiology	162	2,052	1,725	327	84	835	890	52	2,275
Child Psychiatry	96	536	405	131	76	313	92	23	610
Colon and Rectal Surgery	12	18	17	1	94	7	10	59	18
Diagnostic Radiology	60	806	759	47	94	694	65	9	915
Dermatology	84	632	606	26	96	554	52	9	643
Family Practice	78	870	513	357	59	477	36	7	1,563
General Practice	42	228	96	132	42	49	47	49	242
Surgery	378	6,847	5,553	1,294	81	3,770	1,783	32	6,697
Internal Medicine	357	7,774	7,132	642	92	4,846	2,286	32	8,527
Neurological Surgery	93	627	582	45	93	460	122	21	650
Neurology	108	977	840	137	86	598	242	29	1,099
Obstetrics and Gynecology	274	2,758	2,442	316	89	1,563	879	36	2,910
Ophthalmology	146	1,304	1,286	18	99	1,184	102	8	1,359
Orthopedic Surgery	164	2,493	2,416	77	97	2,226	190	8	2,116
Otolaryngology	102	976	922	54	94	782	140	15	1,028
Pathology	428	3,109	2,228	881	72	1,076	1,152	52	3,247
Forensic Pathology	8	21	10	11	48	6	4	40	21
Pediatrics	223	2,894	2,678	216	93	1,709	969	36	3,218
Pediatric Allergy	46	108	96	12	89	80	16	17	119
Pediatric Cardiology	50	160	125	35	78	78	47	38	158
Physical Medicine	62	432	308	124	71	125	183	59	488
Plastic Surgery	91	285	257	28	90	206	51	20	341
Psychiatry	190	4,092	3,386	706	83	2,696	690	20	4,474
Radiology	225	2,419	2,194	225	91	1,761	433	20	2,541
Therapeutic Radiology	47	219	176	43	80	124	52	30	312
Thoracic Surgery	82	283	262	21	93	154	108	41	309
Urology	163	1,037	989	48	95	760	229	23	1,104
Totals	**3,771**	**43,957**	**38,003**	**5,954**	**86**	**27,133**	**10,870**	**29**	**46,984**
Non-Affiliated									
Anesthesiology	18	141	119	22	84	17	102	86	151
Child Psychiatry	40	202	123	79	61	81	42	34	200
Colon and Rectal Surgery	4	10	8	2	80	7	1	13	10
Diagnostic Radiology	4	33	33		100	27	6	18	36
Dermatology	3	17	15	2	88	15			17
Family Practice	25	239	119	120	50	87	32	27	314
General Practice	49	309	150	159	49	26	124	83	334
Surgery	135	1,019	857	162	84	220	637	74	1,104
Internal Medicine	64	825	737	88	89	252	485	66	907
Neurological Surgery	2	13	13		100	6	7	54	12
Neurology	3	16	14	2	88	4	10	71	18
Obstetrics and Gynecology	72	419	358	61	85	123	235	66	474
Ophthalmology	18	120	117	3	98	103	14	12	122
Orthopedic Surgery	28	185	156	29	84	112	44	28	202
Otolaryngology	6	42	38	4	90	20	18	47	42
Pathology	148	544	306	238	56	57	249	81	572
Forensic Pathology	15	32	10	22	31	6	4	40	32
Pediatrics	27	192	166	26	86	51	115	69	228
Pediatric Allergy	3	2	2		100	1	1	50	8
Pediatric Cardiology	1	2	2		100		2	100	2
Physical Medicine	5	23	3	20	13	1	2	67	25
Plastic Surgery	9	24	22	2	92	14	8	36	30
Psychiatry	74	1,039	699	340	67	291	408	58	1,147
Radiology	38	187	139	48	74	78	61	44	198
Therapeutic Radiology	4	11	9	2	82	7	2	22	28
Thoracic Surgery	4	15	15		100	4	11	73	18
Urology	19	75	60	15	80	30	30	50	78
Totals	**818**	**5,736**	**4,290**	**1,446**	**75**	**1,640**	**2,650**	**62**	**6,309**
Grand Totals	**4,589**	**49,693**	**42,293**	**7,400**	**85**	**28,773**	**13,520**	**32**	**53,293**

graduates to these positions. In 1971, 28% of all foreign graduates were serving in such appointments, compared with 26% in 1970. At the same time the proportion of first-year positions filled by U.S. and Canadian graduates, although showing an increase of 314 over the preceding year, decreased in the affiliated hospitals. As of September 1, 1970,

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

Specialty	No. of Approved Programs	Number of Residencies: Total Positions Offered Sept. 1, 1971	Total Positions Filled Sept. 1, 1971	Positions Vacant Sept. 1, 1971	Percentage Filled	Number of Residents on Duty: Graduates U.S., Canada Sept. 1, 1971	Foreign Graduates Sept. 1, 1971	Percentage For. Grads. in Filled Positions	Total Residency Positions Offered 1973-1974
Affiliated									
Anesthesiology	162	827	719	108	87	345	374	52	840
Child Psychiatry	96	227	175	52	77	141	34	19	322
Colon and Rectal Surgery	12	9	8	1	89	5	3	38	15
Diagnostic Radiology	60	256	248	8	97	234	14	6	266
Dermatology	84	212	202	10	95	183	19	9	209
Family Practice	78	349	251	98	72	239	12	5	554
General Practice	42	117	49	68	42	29	20	41	118
Surgery	378	2,458	2,058	400	84	1,384	674	33	2,609
Internal Medicine	357	3,113	2,873	240	92	2,028	845	29	3,426
Neurological Surgery	93	148	138	10	93	117	21	15	141
Neurology	108	365	331	34	91	243	88	27	383
Obstetrics and Gynecology	274	867	783	84	90	533	250	32	955
Ophthalmology	146	416	412	4	99	384	28	7	430
Orthopedic Surgery	164	492	469	23	95	419	50	11	613
Otolaryngology	102	252	236	16	94	201	35	15	309
Pathology	428	972	695	277	72	338	357	51	942
Forensic Pathology	8	16	6	10	38	5	1	17	19
Pediatrics	223	1,295	1,192	103	92	799	393	33	1,412
Pediatric Allergy	46	51	46	5	80	39	7	15	66
Pediatric Cardiology	50	76	64	12	84	43	21	33	78
Physical Medicine	62	154	109	45	71	48	61	56	177
Plastic Surgery	91	134	122	12	91	96	26	21	161
Psychiatry	190	1,362	1,140	222	84	913	227	20	1,456
Radiology	225	785	725	60	92	579	146	20	817
Therapeutic Radiology	47	87	71	16	82	48	23	32	103
Thoracic Surgery	82	137	127	10	93	73	54	43	160
Urology	163	289	274	15	95	213	61	22	336
Totals	**3,771**	**15,466**	**13,523**	**1,943**	**87**	**9,679**	**3,844**	**28**	**16,917**
Non-Affiliated									
Anesthesiology	18	56	50	6	89	8	42	84	56
Child Psychiatry	40	75	39	36	52	26	13		104
Colon and Rectal Surgery	4	4	2	2	50	2			10
Diagnostic Radiology	4	10	10		100	8	2	20	11
Dermatology	3	6	5	1	83	5			6
Family Practice	25	87	50	37	57	30	20	40	111
General Practice	49	164	97	67	59	20	77	79	168
Surgery	135	447	342	105	77	90	252	74	488
Internal Medicine	64	325	293	32	90	110	183	62	354
Neurological Surgery	2	3	3		100	1	2	67	3
Neurology	3	7	7		100	2	5	71	6
Obstetrics and Gynecology	72	147	128	19	87	47	81	63	152
Ophthalmology	18	43	42	1	98	36	6	14	40
Orthopedic Surgery	28	53	46	7	87	33	13	28	61
Otolaryngology	6	12	9	3	75	3	6	67	14
Pathology	148	197	107	90	54	11	96	90	208
Forensic Pathology	15	21	5	16	24	5			23
Pediatrics	27	85	70	15	82	22	48	69	104
Pediatric Allergy	3	3	3		100	1	2	67	5
Pediatric Cardiology	1	1	1		100		1	100	1
Physical Medicine	5	11	1	10	9		1	100	12
Plastic Surgery	9	13	12	1	92	7	5	42	14
Psychiatry	74	360	256	104	71	114	142	55	391
Radiology	38	66	54	12	82	34	20	37	66
Therapeutic Radiology	4	3	2	1	67	1	1	50	8
Thoracic Surgery	4	7	6	1	86	1	5	83	9
Urology	19	21	18	3	86	10	8	44	25
Totals	**818**	**2,227**	**1,658**	**569**	**74**	**627**	**1,031**	**62**	**2,450**
Grand Totals	**4,589**	**17,693**	**15,181**	**2,512**	**86**	**10,306**	**4,875**	**32**	**19,367**

88% of residents serving in filled first-year positions in affiliated hospitals were U.S. or Canadian graduates; in 1971, 87% were U.S. or Canadian graduates. In the nonaffiliated hospitals, the actual number of first-year residents decreased, with only 1,658 positions filled as of September 1971, the percentage of filled positions being 74%, as compared with 75% the previous year, but in 1971, the total number of positions offered also decreased by 463. The number of positions filled by U.S. graduates decreased from 884 to 627, and the number of positions filled by foreign graduates also decreased from 1,130 in September 1970 to 1,031 in 1971. Because of the smaller number of filled first-year positions, the percentage of positions filled by foreign graduates increased so that, for 1971, 62% of the physicians recruited for residencies were foreign graduates; in 1970, the percentage was 56. The overall number of first-year positions offered showed an increase for 1971, nevertheless, because the affiliated hospitals offered 1,250 more positions than the previous year. Of the 10,306 U.S. and Canadian graduates in first-year positions, 94% were in affiliated hospitals; of the total of 4,875 foreign graduates in first year positions, 79% were in affiliated hospitals. In 1970, 91% of the U.S. and Canadian graduates were in first-year positions in affiliated hospitals, and 74% of the foreign graduates were in these hospitals.

Residencies By Type Of Hospital Control

Table 12 lists the category of "combined hospitals" to designate residency programs supported through a combination of resources of several hospitals under different types of control. The 57 hospitals in this group as of September 1, 1971, were only 4% of the total number of hospitals, but offered 26% of the approved programs, with 37% of all positions. These groups of hospitals appointed 39% of all available residents, with 45% of the available U.S. and Canadian graduates, and 29% of the foreign graduates in residencies. Although the number of hospitals in this group was smaller than the previous year, the percentage of approved programs increased from 21% last year to the 26% of this year, and from 34% of the available positions last year to 37%. Their recruitment performance also improved in 1971, as they recruited 36% of all available residents last year and 40% of the U.S. and Canadian graduates. Although foreign graduates filled only 23% of the positions in these hospitals, the combined hospitals obtained 29% of these graduates, as compared with 27% in 1970. The federal services, with 10% of the hospitals and 7% of the total number of programs, were able to recruit 7% of the available residents obtaining 8% of the available U.S. and Canadian graduates and 5% of the available foreign graduates. The governmental (non-federal) hospitals also obtained their share of the available residents, having 17% of the approved programs with 17% of the available positions. They obtained 17% of the available residents, also 17% of the available U.S. graduates and 17% of the available foreign graduates. In 1970, they offered 18% of the programs available, filling their positions with 19% of the available residents, and recruiting 19% of the available U.S. and Canadian graduates. The group of non-governmental, non-profit hospitals, with 59% of all hospitals offering residencies, offered 49% of the approved programs. These hospitals, however, offered only 39% of the total positions: they recruited only 37% of the available residents. Of this number, only 31% were obtained from the pool of available U.S. graduates; 49% were obtained from the pool of available foreign graduates.

Several categories of hospitals, within the several groups, had a high percentage of filled positions, but a correspondingly high percentage of foreign graduates in the filled positions. The Veterans Administration, for example, filled 86% of its positions, but 58% of the residents serving were foreign graduates; the group of city hospitals filled 84% of their

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

Control	No. of Hospitals	No. of Approved Programs	Number of Residencies: Total Positions Offered Sept. 1, 1971	Total Positions Filled Sept. 1, 1971	Positions Vacant Sept. 1, 1971	Percentage Filled	Number of Residents on Duty: Graduates U.S., Canada Sept. 1, 1971	Foreign Graduates Sept. 1, 1971	Percentage For. Grads. in Filled Positions	Total Residency Positions Offered 1973-1974
Combined Hospitals										
(Integrated Programs)	57	1,187	18,446	16,696	1,750	91	12,815	3,881	23	19,900
Totals	**57**	**1,187**	**18,446**	**16,696**	**1,750**	**91**	**12,815**	**3,881**	**23**	**19,900**
Federal										
U.S. Air Force	6	28	265	233	32	88	233			288
U.S. Army	7	82	844	794	50	94	765	29	4	818
U.S. Navy	10	71	632	562	70	89	553	9	2	762
U.S. Public Health Service	12	32	213	154	59	72	149	5	3	195
Veterans Administration	96	113	1,232	1,062	170	86	443	619	58	1,437
Other Federal	3	10	69	50	19	72	37	13	26	69
Totals	**134**	**336**	**3,255**	**2,855**	**400**	**88**	**2,180**	**675**	**24**	**3,569**
Governmental Non-Federal										
State	198	413	4,524	3,601	923	80	2,567	1,034	29	5,133
County	69	211	2,504	2,169	335	87	1,579	590	27	2,770
City	42	84	855	722	133	84	230	492	68	929
City-County	13	34	297	232	65	78	158	74	32	321
Hospital District	12	28	334	272	62	81	223	49	18	336
Totals	**334**	**770**	**8,514**	**6,996**	**1,518**	**82**	**4,757**	**2,239**	**32**	**9,489**
Non-Governmental Non-Profit										
Church Related	200	498	3,355	2,490	865	74	1,223	1,267	51	3,684
Non-Profit Corporation	590	1,771	15,952	13,132	2,820	82	7,747	5,385	41	16,484
Totals	**790**	**2,269**	**19,307**	**15,622**	**3,685**	**81**	**8,970**	**6,652**	**43**	**20,168**
Proprietary and Miscellaneous										
Individual	1	1	2		2					2
Partnership	3	2	5	2	3	40	1	1	50	5
Corporation	13	24	164	122	42	74	50	72	59	160
Totals	**17**	**27**	**171**	**124**	**47**	**73**	**51**	**73**	**59**	**167**
Grand Totals	**1,332**	**4,589**	**49,693**	**42,293**	**7,400**	**85**	**28,773**	**13,520**	**32**	**53,293**

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

			Number of Residencies				Number of Residents on Duty			
	No. of Hospitals	No. of Approved Programs	Total Positions Offered Sept. 1, 1971	Total Positions Filled Sept. 1, 1971	Positions Vacant Sept. 1, 1971	Percentage Filled	Graduates U.S., Canada Sept. 1, 1971	Foreign Graduates Sept. 1, 1971	Percentage For. Grads. in Filled Positions	Total Residency Positions Offered 1973-1974
Affiliated										
Combined Hospitals	32	1,110	17,606	16,031	1,575	91	12,581	3,450	22	18,986
Less than 200 Beds	160	141	1,533	1,227	306	80	926	301	25	1,573
200-299	106	183	1,358	1,098	260	81	711	387	35	1,461
300-499	268	876	6,938	5,639	1,299	81	3,498	2,141	38	7,701
500-Over	283	1,461	16,522	14,008	2,514	85	9,417	4,591	33	17,263
Totals	**849**	**3,771**	**43,957**	**38,003**	**5,954**	**86**	**27,133**	**10,870**	**29**	**46,984**
Non-Affiliated										
Combined Hospitals	25	77	840	665	175	79	234	431	65	914
Less than 200 Beds	137	110	586	403	183	69	183	220	55	669
200-299	89	115	648	493	155	76	140	353	72	684
300-499	130	279	1,585	1,136	449	72	314	822	72	1,739
500-Over	102	237	2,077	1,593	484	77	769	824	52	2,303
Totals	**483**	**818**	**5,736**	**4,290**	**1,446**	**75**	**1,640**	**2,650**	**62**	**6,309**
Grand Totals	**1,332**	**4,589**	**49,693**	**42,293**	**7,400**	**85**	**28,773**	**13,520**	**32**	**53,293**

positions, but 68% of those serving were graduates of foreign medical schools. The church-related hospitals filled 74% of their positions, but 51% of those filling the positions were foreign graduates; in hospitals run by non-profit corporations, 82% of the positions were filled, but 41% of the residents were foreign graduates. The proprietary and miscellaneous hospitals comprised only a very small segment of hospitals of graduates programs, and generally represented specialized types of hospitals.

Residencies By Medical School Affiliation And Bed Capacity

Table 13, similar to Table 5, categorizes programs by bed capacity and medical school affiliation. In the group of affiliated hospitals, the combined hospitals are only 2% of the total number of hospitals offering residencies, but they offer 35% of the available positions, and obtain 38% of the available residents. They also obtain 44% of the available U.S. and Canadian graduates and 26% of the foreign graduates. In both groups, the hospitals with less than 200 beds did not obtain their "share" of the residency positions nor of the available residents, as they comprise 12% of the hospitals in the affiliated group, but offered only 3% of the total positions and appointed 3% of the available residents. In the nonaffiliated hospitals they comprise 10% of the hospitals with approved programs, offered only 1% of the total positions, filling these positions with only 1% of the available residents. The hospitals with 500 beds or more, among affiliated hospitals, fared well, as 21% of the total hospitals with residency programs, had 32% of the available programs, and offered 39% of the total positions. They obtained 33% of the available resident population, and of these, obtained 33% of the available U.S. and Canadian graduates, and 34% of the available foreign graduates. Their counterparts in nonaffiliated group comprised 8% of the hospitals approved for residencies, offered 4% of the total positions available, and filled their positions with 4% of the total resident population. They obtained only 3% of the available U.S. graduates, and 6% of the available foreign graduates.

Residencies By Census Region, Division And State

Table 14, which is similar to Table 6 for internships, indicates the distribution of residencies by census region, division, and state. Although the number of approved programs remained almost the same in 1971 as in the previous year, the Mountain Division of the West Region showed a decrease in the number of programs from 162 to 147. The Pacific Division, also in the West Region, showed a very slight decrease from 547 to 544. These two regions, however, showed a significant increase in the number of positions offered, the number of positions filled, and in the percentage of filled positions.

As had 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, as 25% of the hospitals with approved programs, 26% of the approved programs, 27% of the total available positions are in these three states. They also obtained 28% of the available residents, which included 22% of the total resident population of U.S. and Canadian graduates, and 41% of the total number of foreign graduates serving residencies. Each state, however, filled a slightly lower percentage of its positions than in the previous year. In the group, New Jersey continued to be the state with the highest percentage of foreign graduates serving in its residency programs, with 79% of the positions filled by such graduates. In previous years, the percentage has been 78. The total of residents in New Jersey however, improved over 1970, with 84% of its available positions filled, compared to 80% in the previous year. The percentage of foreign graduates in residency programs in New York State remained at 52%, as it was in 1970, although the percentage of total filled positions in that state increased from 91% to 92%. In Pennsylvania, the percentage of foreign graduates serving in residencies dropped from 31% in 1970 to 27% in 1971, and the percentage of positions filled rose from 83% to 85%. In the East North Central Division which includes Illinois, Indiana, Michigan, Ohio, and Wisconsin, the proportion of foreign graduates increased from 43% to 44%, but the total recruitment of residents increased to 85% of total positions offered in 1971 as compared with 83% in the previous year. In Illinois the percentage of filled positions increased to 90 in 1971 from 86% in 1970, but the number of foreign graduates increased to 51% in 1971 as compared with 49% the previous year. This group of states accounted for 18% of the total number of programs offered, 18% of the total number of positions offered, and recruited 18% of the available resident pool. They appointed 15% of the total available U.S. and Canadian graduates, and 24% of the available foreign graduates.

In 1971, three divisions—Middle Atlantic, East North Central, and South Atlantic, comprising 18 states—not only had 58% of the approved programs, but also 59% of the available residents. They obtained 52% of the available U.S. and Canadian graduates, and 76% of all foreign graduates available as residents.

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

Census Division, Region, and State	No. of Hospitals	No. of Approved Programs	Number of Residencies: Total Positions Offered Sept. 1, 1971	Number of Residencies: Total Positions Filled Sept. 1, 1971	Number of Residencies: Positions Vacant Sept. 1, 1971	Number of Residencies: Percentage Filled	Number of Residents on Duty: Graduates U.S., Canada Sept. 1, 1971	Number of Residents on Duty: Foreign Graduates Sept. 1, 1971	Number of Residents on Duty: Percentage For. Grads. in Filled Positions	Total Residency Positions Offered 1973-1974
NORTHEAST										
New England										
Connecticut	31	97	939	804	135	86	434	370	46	1,059
Maine	3	10	56	40	16	71	36	4	10	55
Massachusetts	67	197	2,089	1,919	170	92	1,320	599	31	2,215
New Hampshire	2	13	94	68	26	72	60	8	12	116
Rhode Island	9	24	203	178	25	88	70	108	61	228
Vermont	2	14	116	105	11	91	100	5	5	114
Totals	**114**	**355**	**3,497**	**3,114**	**383**	**89**	**2,020**	**1,094**	**35**	**3,787**
Middle Atlantic										
New Jersey	56	139	1,043	871	172	84	186	685	79	1,233
New York	172	702	8,407	7,774	633	92	3,762	4,012	52	8,965
Pennsylvania	99	367	3,783	3,198	585	85	2,350	848	27	3,568
Totals	**327**	**1,208**	**13,233**	**11,843**	**1,390**	**89**	**6,298**	**5,545**	**47**	**13,766**
NORTH CENTRAL										
East North Central										
Illinois	61	236	2,558	2,306	252	90	1,126	1,180	51	2,849
Indiana	19	49	523	407	116	78	349	58	14	584
Michigan	59	197	2,225	1,855	370	83	1,005	850	46	2,455
Ohio	69	263	2,671	2,237	434	84	1,227	1,010	45	2,875
Wisconsin	25	72	766	630	136	82	478	152	24	816
Totals	**233**	**817**	**8,743**	**7,435**	**1,308**	**85**	**4,185**	**3,250**	**44**	**9,579**
West North Central										
Iowa	11	33	395	336	59	85	265	71	21	483
Kansas	11	38	463	350	113	76	273	77	22	504
Minnesota	21	71	1,407	1,277	130	91	1,050	227	18	1,529
Missouri	39	123	2,062	1,106	956	54	726	380	34	1,465
Nebraska	15	28	279	208	71	75	179	29	14	344
North Dakota	4	4	14	5	9	36	2	3	60	23
South Dakota	2	3	17	8	9	47	7	1	13	16
Totals	**103**	**300**	**4,637**	**3,290**	**1,347**	**71**	**2,502**	**788**	**24**	**4,364**
SOUTH										
South Atlantic										
Delaware	4	11	82	64	18	78	31	33	52	95
District of Columbia	21	103	1,204	1,098	106	91	785	313	29	1,331
Florida	31	95	1,079	929	150	86	677	252	27	1,172
Georgia	19	58	655	446	209	68	388	58	13	687
Maryland	36	136	1,333	1,196	137	90	711	485	41	1,489
North Carolina	18	77	840	748	92	89	677	71	9	923
South Carolina	10	33	356	245	111	69	216	29	12	406
Virginia	33	91	870	728	142	84	592	136	19	1,001
West Virginia	12	36	250	158	92	63	81	77	49	259
Totals	**184**	**640**	**6,669**	**5,612**	**1,057**	**84**	**4,158**	**1,454**	**26**	**7,363**
East South Central										
Alabama	11	44	418	322	96	77	280	42	13	465
Kentucky	19	45	415	306	109	74	232	74	24	486
Mississippi	6	20	194	144	50	74	138	6	4	218
Tennessee	25	93	841	672	169	80	565	107	16	891
Totals	**61**	**202**	**1,868**	**1,444**	**424**	**77**	**1,215**	**229**	**16**	**2,060**
West South Central										
Arkansas	6	27	208	169	39	81	159	10	6	271
Louisiana	20	69	788	688	100	87	576	112	16	874
Oklahoma	13	34	326	228	98	70	212	16	7	345
Texas	50	199	2,080	1,777	303	85	1,454	323	18	2,248
Totals	**89**	**329**	**3,402**	**2,862**	**540**	**84**	**2,401**	**461**	**16**	**3,738**
WEST										
Mountain										
Arizona	14	43	283	195	88	69	123	72	37	409
Colorado	18	63	708	653	55	92	625	28	4	733
Nevada	1	1	2	1	1	50		1	100	1
New Mexico	8	14	140	134	6	96	115	19	14	161
Utah	11	26	259	215	44	83	203	12	6	283
Totals	**52**	**147**	**1,392**	**1,198**	**194**	**86**	**1,066**	**132**	**11**	**1,587**
Pacific										
Alaska	1	...	...	...	...	...	...	...	...	...
California	119	440	4,705	4,183	522	89	3,919	264	6	5,341
Hawaii	10	19	183	170	13	93	138	32	19	186
Oregon	8	35	308	279	29	91	252	27	10	355
Washington	17	50	561	515	46	92	468	47	9	585
Totals	**155**	**544**	**5,757**	**5,147**	**610**	**89**	**4,777**	**370**	**7**	**6,467**
POSSESSIONS										
Territories & Possessions										
Canal Zone	1	8	32	29	3	91	19	10	34	32
Puerto Rico	13	39	463	319	144	69	132	187	59	550
Totals	**14**	**47**	**495**	**348**	**147**	**70**	**151**	**197**	**57**	**582**
Grand Totals	**1,332**	**4,589**	**49,693**	**42,293**	**7,400**	**85**	**28,773**	**13,520**	**32**	**53,293**

In 1971, 13 states filled 90% or more of their residency positions. New Mexico with 96% had the highest proportion of filled positions, followed by California with 93, and by Maine, New York, Colorado, and Washington with 92; by Vermont, Minnesota, District of Columbia, Oregon, and Canal Zone with 91, and by Illinois, and Maryland with 90. As in 1970, 8 states and Puerto Rico had less than 70% of their residencies filled. The states were Missouri, North Dakota, South Dakota, Georgia, South Carolina, West Virginia, Arizona, and Nevada. Missouri showed a surprising drop from 81% of its positions filled in 1970 to only 54% in 1971. Seven states—New Jersey, New York, Illinois, North Dakota, Delaware, Nevada—and Puerto Rico had foreign graduates in 50% or more of their filled positions.

Residency Salaries

Table 15 indicates the salaries offered as of September 1, 1971, in general, although, in a few cases, hospitals furnished information on increases up to about June 1, 1972. As indicated in the comments under internship salaries, the data collected frequently are out of date by the time of publication. The data for residents are based on the beginning salary for a resident, and, as is true for internship salaries, do not include the cash equivalent of fringe benefits, such as living quarters or living allowances, food, or other items.

For the current reporting period, as well as for the previous one, the beginning salary for the resident appeared to be, on an average, lower than that offered the intern, the average for all hospitals being $7,901 as of September 1, 1971, compared with the average intern salary of $9,096 in 1971. For 1970, the averages were $7,542 and $8,031 respectively.

The median salary, however, was in the range of $10,001 to $10,500 for programs in both affiliated and nonaffiliated hospitals, as compared with a range of $9,501 to $10,000 in September, 1970, for all residency programs. The mode, or most popular salary, was, for both 1971 and 1970, in the same range as the median.

Table 15.—Annual Salaries Offered Residents*

Annual Salary Offered	Programs in Affiliated Hospitals	Programs in Non-Affiliated Hospitals	Total Programs
Data not Available	1,028	110	1,138
0- 3,500	2		2
4,501- 5,000	1		1
5,501- 6,000	3	5	8
6,001- 6,500			
6,501- 7,000	16	6	22
7,001- 7,500	16	1	17
7,501- 8,000	93	7	100
8,001- 8,500	105	49	154
8,501- 9,000	276	53	329
9,001- 9,500	271	71	342
9,501-10,000	416	71	487
10,001-10,500	509	79	588
10,501-11,000	356	88	444
11,001-11,500	181	43	224
11,501-12,000	120	87	207
12,001-12,500	43	23	66
12,501-13,000	76	12	88
13,001-13,500	122	52	174
13,501-14,000	84	26	110
14,001-14,500	32	11	43
14,501-15,000	6	6	12
15,001-15,500	6	5	11
15,501-16,000	4	3	7
16,001-16,500	2	3	5
16,501-17,000			
17,001-17,500	1	2	3
17,501-18,000	1	1	2
18,001-18,500		1	1
18,501-19,000			
19,001-19,500	1		1
19,501-20,000		1	1
Over 20,000		2	2
Totals	**3,771**	**818**	**4,589**
Mean —Annual Salary	$7,572	$9,418	$7,901
Median—Annual Salary	$10,001-10,500	$10,501-11,000	$10,001-10,500
Mode —Annual Salary	$10,001-10,500	$10,501-11,000	$10,001-10,500

*Data collected prior to July 1, 1972

Table 16.—Average Salaries of Interns and Residents, Per Data Collected Prior to July 1, 1972

Academic Year	INTERNS Affiliated	INTERNS Non-Affiliated	INTERNS Total	RESIDENTS Affiliated	RESIDENTS Non-Affiliated	RESIDENTS Total
1962-63	$2,625	$ 3,485	$3,039	$3,398	$4,037	$3,684
1963-64	3,053	3,678	3,425	3,739	4,309	4,037
1964-65	3,245	3,707	3,529	3,775	4,163	3,989
1965-66	3,578	4,071	3,797	3,818	4,059	3,931
1966-67	4,139	4,521	4,322	4,095	4,557	4,295
1967-68	4,893	5,030	4,956	4,755	5,532	5,040
1968-69	6,011	6,851	6,355	5,860	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

Table 16, comparing the average salaries of interns and residents over the past 10 years, shows the rapid rise from 1968 to the current reporting period. The table also illustrates the trend of the internship salary to overtake that of the residency for the past 5 academic years, in either the affiliated or nonaffiliated categories or in the overall average. The information gathered on the residencies, however, may not represent a true average, with 14% of the residency programs not reporting usable salary information. Only 7% of the internship programs did not provide usable information. It could be assumed that the non-reporting programs probably paid a beginning salary of at least the median amount, and may have paid significantly higher salaries to residents. For the 1971 reporting period, the salaries of residents cluster between the ranges of $7,501-$8,000 and $13,501-$14,000. Thus there is an observable increase of at least $500 during the past year that would seem to validate the average of $7,901 listed for all residents compared with $7,542 for the preceding year.

Last year, because of a statistical oddity, the average salary for interns in nonaffiliated hospitals was $163 lower than the average for interns in affiliated hospitals; this year the more usual circumstance obtains of the nonaffiliated hospital offering considerably more than the affiliated hospital. For the 1971 reporting period, more hospitals provided intern salary data, so that the 1971 averages may have greater validity than did the 1970 averages.

Foreign Medical Graduates

The preceding Tables have provided information and analysis 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 the accreditation mechanism for the Canadian medical schools is the same as that for 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 Council for Foreign Medical Graduates.

Table 17, a 10-year summary of the distribution of foreign medical graduates, indicates the steadily increasing numbers appointed to internships and residencies, and for most years, as graduate trainees. The number of foreign graduates serving in 1971 in these programs increased 9% over the number during the preceding year, which had shown an 8% increase over the number in 1969. The number of foreign graduates serving as interns increased in 1971 by 18% over the number in 1970; in 1970 the number had increased 14% over the number in 1969, and in 1969 it had increased 11%. The number serving in residencies, however, showed a smaller increase, with an increase of 4% in 1971 over the number serving in 1970; an increase of 7% in 1970 over the number serving in 1969, and an increase of 8% in 1969.

Table 17.—Foreign Medical Graduates in Training Programs

Academic Year	Interns	Residents	Other Trainees	Total on Duty
1962-63	1,669	7,062	1,024	9,755
1963-64	2,566	7,052	1,791	11,409
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

The "other trainees" in programs showed a more erratic distribution. For 1971, the number in hospitals with graduate training programs increased 23%; in 1970 the number had increased only 3% over that reported for 1969, and in 1969, the number reported had actually decreased by more than 800 persons over the figures reported for 1968.

In the reporting period for the 1971-72 academic year, almost 2,000 more foreign graduates were serving as interns, residents, or other trainees than during the preceding year, representing a 9% increase. The increase in the 1970-71 academic year over the preceding year had been 8%. The "other trainees" are defined as persons serving in educational programs under specialized circumstances, usually for shorter periods of time than would be involved in a residency program, and generally with no patient care responsibilities. Additional data on foreign medical graduates assembled as of December 31, 1971, are included in the section following the annual report entitled "Special Studies in Graduate Medical Education."

Educational Council for Foreign Medical Graduates

The Educational Council for Foreign Medical Graduates was incorporated in 1956, and began operation in 1957, under the sponsorship of the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, the Association for Hospital Medical Education, and the Federation of State Medical Boards of the United States. Its headquarters are now located at 3500 Market Street, Philadelphia, Pennsylvania 19104. Its telephone number is (215) 349-9000.

Table 18.—Other Graduate Trainees by Specialty as of September 1, 1971

	Non-Foreign Graduates Trainees	Foreign Graduates Trainees	Total No. of Trainees	Percentage of Foreign Grads.
Anesthesiology	85	164	249	66
Child Psychiatry	234	43	277	16
Colon and Rectal Surgery	1	2	3	67
Diagnostic Radiology	76	21	97	22
Dermatology	54	13	67	19
Family Practice				
General Practice	43	136	179	76
General Surgery	352	1,141	1,493	76
Internal Medicine	1,838	969	2,807	35
Neurological Surgery	54	27	81	33
Neurology	77	45	122	37
Obstetrics-Gynecology	131	181	312	58
Ophthalmology	139	53	192	28
Orthopedic Surgery	169	65	234	28
Otolaryngology	77	30	107	28
Pathology	288	259	547	47
Forensic Pathology	13	4	17	24
Pediatrics	506	362	868	42
Pediatric Allergy	43	11	54	20
Pediatric Cardiology	51	22	73	30
Physical Med. & Rehabilitation	16	22	38	58
Plastic Surgery	31	16	47	34
Psychiatry	412	287	699	41
Radiology	231	143	374	38
Therapeutic Radiology	51	13	64	20
Thoracic Surgery	22	47	69	68
Urology	73	30	103	29
Totals	**5,067**	**4,106**	**9,173**	**45**

A summary of the activities of the ECFMG is included the data presented on medical licensure in *The Journal* of the American Medical Association for June 19, 1972, which is Volume 220, Number 12. Included is a table showing the results of the ECFMG examinations for the past several years. In 1971, 31,000 foreign medical graduates took the examination, compared with 29,950 in 1970, and 22,598 in 1969. In each of these years, slightly more than half were taking the examination for the first time, and the remainder were those repeating the examination for one or more times.

Other Graduate Trainees by Specialties

Table 18 lists the number of physicians reported by hospitals with approved graduate training programs as engaged in training activities other than internships and residencies. As indicated above, their activities may include research or teaching fellowships, clinical traineeships, or other types of activities leading toward specialization and possible credit toward certification by a specialty board. The total listed in training as of September 1, 1971, was 9,173 or 1,351 more than the number reported for September 1, 1970.

In 1971, 45% of the trainees were graduates of foreign medical schools; in 1970, 43% were graduates of foreign medical schools, and in 1969, 40%. Of the numbers reported as of September 1, 1971, an unusual increase is shown in the number of foreign graduates serving as trainees in general surgery. For the previous year, the number reported had been 475; fo September 1, 1971, the number is 1,141. At the same time, the number of U.S. and Canadian physicians serving as graduate trainees in 1971 in general surgery dropped slightly. Of the total of 1,493 graduate trainees in general surgery, 76% were foreign graduates as of September, 1971, as compared with 54% in 1970. Along with general surgery, two other fields, general practice and anesthesiology, showed a decrease in the number of U.S. and Canadian graduates serving as trainees and an increase in the number of foreign graduates. In pathology and in radiology the number of U.S. graduates serving as trainees increased along with a moderate decrease in the number of foreign graduates, thus lowering the percentage of foreign graduates serving in these traineeships. In psychiatry and in urology the number of U.S. graduates serving as trainees and the number of foreign graduates declined, as in one or two of the other smaller specialties.

It is expected that, with the Commission on Foreign Medical Graduates taking over, under contract from the State Department, the issuance of the "Certificate of Eligibility for Exchange Visitors Status (Form DSP 66)" there will be a better recording of the status of these graduate trainees, and it may be possible to determine the types of programs in which they are actually serving. There is also some expectation that some of the residency review committees during the next year or two will begin to evaluate fellowships or other types of training in their subspecialties, which may provide more exact statistics on the "graduate trainees."

Director of Medical Education

Tables 19 and 20 indicate the geographic and specialty distribution of directors of medical education. The number reported is now on the increase, as of September 1, 1971, with

Table 19.—Directors of Medical Education by State

State	Full Time Salaried	Part Time Salaried	Full Time Non-Salaried	Part Time Non-Salaried	Totals
Alabama	4	1	1	4	10
Alaska	..	..	..	..	..
Arizona	7	1	..	..	8
Arkansas	3	1	1	..	5
California	62	17	7	8	94
Canal Zone	..	1	..	..	1
Colorado	12	3	..	1	16
Connecticut	17	7	2	3	29
Delaware	3	..	1	..	4
Dist. of Columbia	11	2	3	..	16
Florida	20	2	..	..	22
Georgia	9	3	..	..	12
Hawaii	5	4	..	..	9
Idaho	..	..	..	..	..
Illinois	40	12	..	4	56
Indiana	7	7	..	3	17
Iowa	9	2	..	..	11
Kansas	5	4	..	..	9
Kentucky	9	2	..	2	13
Louisiana	8	5	..	1	14
Maine	2	..	..	..	2
Maryland	22	4	1	2	29
Massachusetts	21	18	..	2	41
Michigan	38	11	3	3	55
Minnesota	13	1	..	3	17
Mississippi	4	1	..	..	5
Missouri	17	5	1	1	24
Nebraska	3	3	1	2	9
Nevada	..	..	..	..	..
New Hampshire	..	..	..	..	..
New Jersey	26	12	..	8	46
New Mexico	5	1	..	1	7
New York	85	27	5	12	129
North Carolina	10	1	..	..	11
North Dakota	..	..	1	3	4
Ohio	31	17	1	6	55
Oklahoma	5	1	2	1	9
Oregon	6	1	..	1	8
Pennsylvania	45	24	..	12	81
Puerto Rico	5	3	..	..	8
Rhode Island	4	3	..	..	7
South Carolina	6	1	..	1	8
South Dakota	..	1	..	2	3
Tennessee	13	4	..	3	20
Texas	26	6	1	5	38
Utah	5	3	..	..	8
Vermont	..	..	..	..	..
Virginia	19	2	2	3	26
Washington	5	9	1	..	15
West Virginia	3	1	..	4	8
Wisconsin	13	7	..	1	21
Totals	**663**	**241**	**34**	**102**	**1,040**

an increase of 132 reported for 1971 as compared with September 1970. The number had decreased in 1970 as compared with 1969. The full-time salaried directors of medical education increased by 14% over the number reported last year, and continued to comprise 64% of the total. The increase of 132 was distributed among most of the states.

As before, the specialty of internal medicine supplied the greatest proportion of directors of medical education, with 36% listing this as their specialty. Almost 13% listed "administrative medicine" as a specialty; 12%, psychiatry; and 10%, general surgery.

Hospital Staffing Patterns

Table 21 shows the number and proportion of programs in each specialty in which a full-time director of the residency program has been appointed. Overall, 77% of the residency programs now have full-time directors, as compared with 74% one year earlier. In 1971, as in 1970, in 11 specialties, 80% or more of the programs were supervised by full-time program directors. These specialties were anesthesiology, diagnostic radiology, dermatology, internal medicine, neurological surgery, neurology, pathology, pediatrics, pediatric cardiology, physical medicine and rehabilitation, and radiology.

Table 20—Directors of Medical Education by Specialty, as of September 1, 1971

Specialty	Full Time Salaried	Part Time Salaried	Full Time Non-Salaried	Part Time Non-Salaried	Totals
Anesthesiology	1	1	2	2	6
Child Psychiatry	21	7	1	1	30
Dermatology	..	1	..	1	2
Family Practice	7	6	1	2	16
General Practice	4	3	..	1	8
General Surgery	51	37	3	16	107
Internal Medicine	257	92	10	20	379
Neurological Surgery	1	..	..	..	1
Neurology	2	1	..	..	3
Obstetrics and Gynecology	14	14	..	1	29
Ophthalmology	..	1	1	3	5
Orthopedic Surgery	9	14	..	9	32
Otolaryngology	..	1	..	1	2
Pathology	13	1	3	9	26
Forensic Pathology	4	..	..	..	4
Pediatrics	48	6	..	2	56
Pediatric Cardiology	2	1	..	..	3
Physical Med. & Rehabilitation	11	3	..	..	14
Plastic Surgery	2	..	..	..	2
General Preventive Medicine	7	1	..	..	8
Colon & Rectal Surgery	..	1	1	..	2
Psychiatry	99	18	4	4	125
Radiology	2	1	..	1	4
Thoracic Surgery	8	3	..	2	13
Urology	5	3	..	1	9
Administrative Medicine	77	21	8	25	131
Miscellaneous	18	4	..	1	23
Totals	**663**	**241**	**34**	**102**	**1,040**

The number of full-time directors of residency programs increased from 3,374 as of September 1, 1970, to 3,550 in 1971. Out of the latter total, 3,010 were serving in affiliated hospitals, and 540 in nonaffiliated hospitals. For 1971, 80% of the programs in affiliated hospitals had full-time directors of residency programs; 66% of the programs in nonaffiliated hospitals had full-time directors. In 1970, the percentages were 77 and 64. Although the actual number of full-time directors of residency programs decreased in the nonaffiliated hospitals, it should be noted that the number of residency programs in these hospitals decreased, so that there was nevertheless an increase in the proportion of programs having full-time directors.

Table 21.—Full Time Directors of Residency Programs as of September 1, 1971

Specialty	In Affiliated Hospitals	In Non-Affiliated Hospitals	Total	Percentage of Total Programs
Anesthesiology	155	17	172	96
Child Psychiatry	72	25	97	71
Colon and Rectal Surgery	4	3	7	44
Diagnostic Radiology	56	4	60	94
Dermatology	67	3	70	80
Family Practice	58	16	74	72
General Practice	20	20	40	44
General Surgery	261	53	314	61
Internal Medicine	306	53	359	85
Neurological Surgery	82	2	84	88
Neurology	96	3	99	89
Obstetrics-Gynecology	174	34	208	60
Ophthalmology	95	6	101	62
Orthopedic Surgery	108	9	117	61
Otolaryngology	81	4	85	79
Pathology	407	137	544	94
Forensic Pathology	6	10	16	70
Pediatrics	194	21	215	86
Pediatric Allergy	26	3	29	59
Pediatric Cardiology	49	1	50	98
Physical Medicine & Rehab.	55	4	59	88
Plastic Surgery	53	2	55	55
Psychiatry	165	59	224	85
Radiology	203	35	238	90
Therapeutic Radiology	40	3	43	84
Thoracic Surgery	64	3	67	78
Urology	113	10	123	68
Totals	**3,010**	**540**	**3,550**	**77**

Table 22.—Distribution of Physicians in the U.S. and Possessions, December 31, 1971

	ALL PHYSICIANS		INTERNS AND RESIDENTS (Numbers Included in "All Physicians" Column)			
	Number*	% of Total Physicians	Number* on Duty	% of Total MDs. in This Field	% of Total on Duty	% of Residencies filled in This Field
General Practice	56,358	16.3	845	1.4	1.6	46
Internal Medicine	46,202	13.4	11,917	25.7	22.5	92
Surgery	30,897	8.9	7,564	24.4	14.9	81
Psychiatry	22,279	6.4	3,611	16.2	6.8	80
Obstetrics-Gynecology	19,770	5.7	2,914	14.7	5.5	88
Pediatrics	19,039	5.5	3,944	20.7	7.4	92
Radiology**	14,339	4.1	3,041	21.2	5.7	83
Anesthesiology	11,557	3.3	1,619	14.0	3.0	84
Pathology	10,906	3.1	2,445	22.4	4.6	69
Ophthalmology	10,252	2.9	1,402	13.6	2.6	99
Orthopedic Surgery	10,121	2.9	1,882	18.5	3.5	96
Urology	6,156	1.7	966	15.6	1.8	94
Otolaryngology	5,592	1.6	844	15.0	1.5	94
Totals	**261,468**	**75.8**	**42,994**	**16.4**	**81.4**	**86**
Others	83,355	24.2	9,846	11.8	18.6	67
Grand Totals	**344,823**	**100.0%**	**52,840**	**15.3**	**100.0%**	..

*From *Periodic Survey of Physicians* conducted by AMA Dept. of Survey Research
**Includes General, Diagnostic, and Therapeutic Radiology

Supply and Demand

Since 1962, information had been added to the annual report in response to interest expressed by the House of Delegates, relating to supply and demand in specialty fields. Table 22 uses information supplied in the "Periodic Survey of Physicians" conducted by the AMA Department of Survey Research and gathered as of December 30, 1971. The statistics, therefore, on the number of interns and residents on duty may vary from those shown in other tables. As in previous years, the proportion of trainees in each field listed, except general practice, was greater when compared with the total number of trainees than the corresponding proportion of these specialists when compared with the total of all physicians. Thus, while internists represented 13.4% of the total physician population, interns and residents on duty in internal medicine as of December 31, 1971, comprised 25.7% of the total physicians in the field of internal medicine. The interns and residents also made up 22.5% of all trainees, and 92% of the residencies offered in this field were filled. It would appear, therefore, that internists are more than replacing themselves, and this assumption is borne out by the fact that, in the preceding year, internists made up 12.5% of all physicians, instead of 13.4% at the end of 1971. General surgeons made up 8.9% of the total physical population, and interns and residents serving in this field represented 24.4% of the total number in general surgery. They made up 14.9% of the total trainees on duty as of September 31, 1971, and 81% of the residencies in general surgery were filled. The relative proportion of general surgeons in the total physician population had also been 8.9 the year earlier, but the number of trainees on duty increased slightly during the past year.

The proportion of psychiatrists in the total physician population increased slightly, from 6.3% of all physicians last year to 6.4 in 1971. The number of trainees increased to 16.2% of all psychiatrists, and made up 6.8% of all trainees on duty. As of September 1, 1971, 80% of the residencies in psychiatry were filled, contrasted to 77% a year earlier. These slight increases may point to a future growth in the number of physicians in this specialty. The other specialties listed in Table 22 showed approximately the same record as the previous year, with pathology maintaining its same relative position, but with a slight improvement shown in the 69% of residencies filled as of September 1, 1971, compared with 65% the year earlier. The number of physicians listed in general practice continued to decrease, so that they now make up 16.3% of the total physician population, with only 1.4% of these physicians in residency training programs. These trainees make up only 1.6% of those on duty, and only 46% of the residencies offered in this field have been filled. Although this percentage appears to show an improvement over the 40% of the residencies filled the previous year, the change is due principally to the withdrawal of a number of residencies in general practice that had been inactive.

As a mean, interns and residents accounted for 16.4% of the total number of physicians in each specialty, with six specialty fields exceeding this average, and six plus general practice falling below it.

Physicians Placement Service

Table 23 is a summary of the annual report of the Physicians Placement Service of the AMA Department of Insurance and Practice Management. During the year, the Placement Service processed a total of 7,223 registrations, or an increase of 1,193 over 1970. Of the total registrations, 4,156 were from physicians seeking locations, and 3,067 were offers of practice opportunities. Requests for placements overseas were also handled through the Physicians Placement Service, with requests from 151 physicians interested in practicing abroad, and contacts maintained with 43 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. The Physicians Placement Service refers communities to the state placement bureaus, and registers candidates only

Table 23.—Physicians' Placement Service Summary of Registrations—1971

Specialty	Physicians Seeking Opportunities		Opportunities Offered	
	Number	Percentage	Number	Percentage
Total	**4,156**	**100**	**3,067**	**100**
Allergy	14	Neg.	22	1
Anesthesiology	114	3	79	2
Dermatology	84	2	28	1
General Practice	304	7	737	24
Internal Medicine	821	20	581	19
Neurosurgery	27	1	12	Neg.
Obstetrics-Gynecology	195	5	215	7
Ophthalmology	180	4	94	3
Orthopedics	182	4	127	4
Otolaryngology	107	3	110	4
Pathology	216	5	25	1
Pediatrics	262	6	279	9
Psychiatry, Neurology	196	5	88	3
Radiology	172	4	54	2
Surgery	681	16	158	5
Urology	232	6	99	3
Miscellaneous*	369	9	359	12

*Includes 4 major categories: Occupational Medicine, Institutional Medicine, Public Health, and School Health
Neg.—less than 0.5%

at the request of or on the approval of the state officers. 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 1971 follow, in general, the pattern of previous years, with an undersupply of physicians in general practice and a seeming oversupply of physicians in general surgery, but there was a noticeable increase in the number of physicians seeking opportunities in internal medicine. They made up 20% of the total number seeking opportunities, and while the opportunities offered in internal medicine were 19% of the total, they were numerically considerably smaller. In pediatrics, more opportunities were available than physicians to take advantage of them; this was also true in obstetrics-gynecology. In pathology, psychiatry, radiology, and urology, greater proportion of physicians sought opportunities than there were opportunities offered.

The Physician Placement Service has continued its residency placement service for urology, which has been carried on for a number of years on an experimental basis. It also, during 1971, continued its listing of locum tenens, part-time, and semi-retired positions.

Hospital Facilities

Tables 24, 24A, and 25 showed the relationship of educational programs, medical school affiliations, and hospital beds in hospitals in the United States. The data for total hospital beds and for total hospitals registered by the American Hospital Association were obtained from that organization, and indicate the number of institutions and beds listed in its 1972 "AHA Guide to the Health Care Field."

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

	Hospitals		Hospital Beds		
	Number of Hospitals	% of Total Hospitals	Number of Beds	% of Teaching Beds	% of Total Beds
Hospitals with Approved Programs:					
Major Medical School Affiliation	478	7	233,854	34	15
Limited Medical School Affiliation	276	4	129,506	19	8
Graduate Medical School Affiliation	134	2	57,915	8	4
Total Affiliated	888	13	421,275	61	27
No Medical School Affiliation	573	8	265,075	39	17
Totals	**1,461**	**21**	**686,350**	**100**	**44**
Hospitals without Approved Programs:	**5,636**	**79**	**869,210**	..	**56**
Grand Totals (A.H.A.)	**7,097**	**100**	**1,555,560**	..	**100**

For 1971, the American Hospital Association listed 7,097 hospitals, a slight decrease from the total in 1970. Beds in these hospitals totaled 1,555,560, or a decrease of 60,211. The number of beds in AHA-registered hospitals has been decreasing each year after having reached a peak in 1965 of 1,704,000 beds. The number of hospitals, however, has remained within the range of 7,097, the total for 1972, and 7,123, which was the total for both 1970 and 1965.

Table 24 indicates that 21% of the hospitals in the United States have approved teaching programs and that these hospitals have 44% of the total beds in hospitals throughout the country. Thus, almost four fifths of the hospitals in the United States, with 56% of the total hospital beds, are hospitals *not* offering approved graduate training programs. Many of these hospitals, however, are very small, with 27% in 1971 of 50 beds or less, and 51% of less than 100 beds.

Of the hospitals with approved training programs, 61% of the programs are in hospitals with medical school affiliation, an increase from 57% as of September 1, 1970.

Table 24A indicates the trend that has continued during the past 9 years toward increased affiliation with medical schools. Although the number of hospitals with approved programs declined during the academic year, a relatively larger proportion maintained affiliations with medical schools, so that, currently, 34% of the hospitals with approved programs had been listed by a medical school as a major affiliate, compared with 30% a year ago; 19% had been reported with limited affiliations, compared to 18% a year ago, and 8% had been reported with graduate program affiliations.

Table 25.—Relation of Training Programs to U.S. Teaching Hospital Beds, September 1, 1971

	Hospitals		Hospital Beds		
	Number	% of Total in U.S.	Number	% of Beds in Teaching Hosp.	% of All Beds in U.S. Hosp.
Hospitals with:					
Internships only	62	4	31,850	5	2
Residencies only	596	41	297,447	43	19
Internships and Residencies	803	55	357,053	52	23
Totals	**1,461**	**100**	**686,350**	**100**	**44**

Table 25, on the relation of training programs to U.S. teaching hospital beds, indicates that, of the hospitals approved for graduate training, 4% offer internships only, 41% residencies only, and the remaining 55% offer both internship and residencies. The 62 hospitals with internships only have 5% of the beds in the teaching hospitals, and represent only 2% of the total hospital beds in the United States; the hospitals with both internships and residencies comprise 55% of the hospitals with approved training programs, but contain only 52% of the total beds in teaching hospitals, and 23% of all hospital beds. Hospitals with residencies only had, in 1971, a smaller proportion of the total number of beds in teaching hospitals, dropping from 47% in 1970 to 43% in 1971, and having 19% of all beds in U.S. hospitals in 1971, compared to 21% the year earlier. The hospitals with internships only will need to become a part of a coordinated program in graduate medical education if they are to continue to hold approval after June 30, 1975. After that date, it is expected that internships and residencies will have been coordinated to provide a graduate training program that will integrate the internship and residency to provide a continuum of medical education.

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		
1963-64	245	135	60	440	1,110	1,550
1964-65	117	118	44	389	1,034	1,423
1965-66	187	116	66	369	1,017	1,386
1966-67	275	141	101	517	850	1,367
1967-68	339	137	121	607	905	1,512
1968-69	327	174	120	631	781	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	888	573	1,461

Table 26.—Distribution of House Officers by Source of Medical Education, September 1, 1971

Number on Duty	Affiliated Hospitals: Schools in U.S.& Canada	Affiliated Hospitals: Foreign Schools	Affiliated Hospitals: All Schools	Non-Affiliated Hosp.: Schools in U.S.& Canada	Non-Affiliated Hosp.: Foreign Schools	Non-Affiliated Hosp.: All Sch.	Total House Officers
Interns	7,626	2,216	9,842	494	1,730	2,224	12,066
Residents	27,133	10,870	38,003	1,640	2,650	4,290	42,293
Totals	**34,759**	**13,086**	**47,845**	**2,134**	**4,350**	**6,514**	**54,359**

Present Status of Graduate Training Programs

Table 26 shows the distribution of house officers by source of medical education, and the proportion of graduates serving in affiliated and nonaffiliated hospitals. As has been stated previously, affiliated hospitals obtained more house officers from both the available pool of graduates of medical schools in the United States and Canada and from the pool of graduates of foreign medical schools than in previous years. As of September 1, 1971, they obtained a total of 34,759 graduates of U.S. or Canadian schools, as compared with 31,461 a year earlier. They obtained 13,086 graduates of foreign medical schools as house staff, compared with 11,587 in 1970. The total number in affiliated hospitals rose from 43,048 as of September 1, 1970, to 47,845.

The nonaffiliated hospitals, which had decreased in net number, lost in total numbers of house staff, recruiting a total of 2,134 U.S. and Canadian graduates, as compared with 3,029 one year earlier; 4,350 graduates of foreign medical schools in 1971 as compared with 4,695 in 1970, or a total of 6,514 in 1971 as compared with 7,724 one year earlier. In the affiliated hospitals, 77% of their interns were graduates of U.S. or Canadian schools, in the nonaffiliated hospitals only 22% of their interns were graduates of U.S. or Canadian schools. In the affiliated hospitals, 71% of the residents were graduates of U.S. or Canadian schools; in the nonaffiliated hospitals, only 38% were. The affiliated hospitals obtained 88% of all available house officers, of which 64% were U.S. or Canadian graduates and 24% were graduates of foreign medical schools; the nonaffiliated hospitals obtained 12% of the total pool of house staff, of which 4% were U..S and Canadian graduates and 8% 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 10 are the only tables that include the number of residencies offered and filled in the field of preventive medicine. The total number of positions offered in internships and in residencies, as of September 1, 1971, was a record high of 65,615, of which 54,578 were filled. The table shows the steady increase in the number of residency positions filled by foreign graduates, and the somewhat fitful variation in the number of internship positions filled by foreign graduates. In Table 27, the two columns on filled federal services contain statistics included in the columns on the filled positions.

Table 28 is a summary table, adding the category of "other trainees" to those of interns and residents, and tabulating them according to the source of medical education. As of September 1, 1971, the total of all trainees was 63,532, an increase of 4,438 over September 1, 1970. In 1970, the number had increased 5,229 over 1968. The number of U.S. and Canadian graduates serving in training programs also increased, from 38,981 in 1970 to 41,960 in 1971. The number

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

	INTERNSHIPS							RESIDENCIES						
	Total Offered	Total Filled	Filled by Non-Foreign Grad-uates	Filled by Foreign Grad-uates	Filled Federal Services*: VA	Filled Federal Services*: Other	Total Vacant	Total Offered	Total Filled	Filled by Non-Foreign Grad-uates	Filled by Foreign Grad-uates	Filled Federal Services*: VA	Filled Federal Services*: Other	Total Vacant
1971-1972	15,442	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	7,597
1967-1968	13,761	10,419	7,506	2,913	74	575	3,342	41,695	33,743	23,116	10,627	1,329	1,531	7,952
1966-1967	13,569	10,366	7,573	2,793	73	663	3,203	39,384	32,050	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	7,074
1964-1965	12,728	10,097	7,276	2,821	46	563	2,631	38,750	31,005	22,852	8,153	2,127	1,353	7,749
1963-1964	12,229	9,636	7,070	2,566	45	569	2,593	37,357	29,485	22,433	7,052	2,104	1,338	7,728
1962-1963	12,024	8,805	7,136	1,669	41	533	3,219	36,502	29,239	22,177	7,062	2,464	1,223	7,263
1961-1962	12,074	8,173	6,900	1,273	42	581	3,901	35,403	29,637	21,914	7,723#	2,602	1,249	5,766
1960-1961†††	12,547	9,115	7,362	1,753#	71	576	3,432	32,786	28,447	20,265	8,182	2,830	1,177	4,339
1959-1960	12,580	10,253	7,708	2,545	55	584	2,327	31,733	27,590	20,619	6,912	2,650	1,455	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

Table 28.—Distribution of Trainees in Graduate Programs, September 1, 1971

	U.S. & Canadian Graduates	Foreign Medical School Graduates	Totals
Interns	8,120 (19%)	3,946 (18%)	12,066 (19%)
Residents	28,773 (69%)	13,520 (63%)	42,293 (67%)
Other Trainees	5,067 (12%)	4,106 (19%)	9,173 (14%)
Totals	**41,960 (100%)**	**21,572 (100%)**	**63,532 (100%)**

of interns remained about the same as the previous year, but the proportion dropped from 21% to 19%, because of an increase in the number and proportion of those serving in residencies, which rose from 67% to 69%, and an increase in the number of those serving as other trainees.

Among the foreign graduates, the numbers serving in internships increased from 3,339 in 1970, or 17%, to 3,946 or 18% in 1971; the number of residents increased slightly, but the proportion dropped from 66% to 63% in 1971, along with an increase in the number of trainees, from 3,331 or 17% in 1970, to 4,106 or 19% in 1971. The two groups, together, produced totals in approximately the same proportions as previously, with 19% now serving in internships, 67% in residencies, and 14% serving as trainees in various capacities.

Special Studies in Graduate Medical Education

Foreign Medical Graduates

In addition to the information on foreign medical graduates received from hospitals through the questionnaires sent to them and reported as of September 1, 1971, data have been made available through the AMA Circulation and Records Department and the Center for Health Services and Development as of December 31, 1971. Despite the difference in time and source, the two sets of data are in relatively close agreement; the number of interns reported as foreign graduates by hospitals as of September 1, 1971, was 3,946; the number processed in the AMA records as of December 31, 1971, was 3,541, and the number of residents reported by hospitals as of September 1, 1971 was 13,520, while the number processed in AMA records by the end of December, 1971, was 14,052. The total reported by the hospitals as of September 1, 1971, was 17,466; the total processed in the AMA records by December 31, 1971, was 17,593.

Table IA.—Number of Foreign Graduates in U.S. Graduate Training Programs, by Origin of Medical Education; as of December 31, 1971 & December 31, 1970

Origin of Medical Training	December 31, 1971			December 31, 1970		
	Interns	Residents	Totals	Interns	Residents	Totals
Africa	98	421	519	116	317	433
Americas	547	2,192	2,739	486	2,147	2,633
Asia	2,339	9,005	11,344	1,669	9,007	10,746
British Isles	53	348	401	70	345	415
Europe	494	1,971	2,465	521	1,863	2,384
Oceania	10	115	125	11	101	112
Totals	**3,541**	**14,052**	**17,593**	**2,873**	**13,850**	**16,723**

Table 1-A shows the number of interns and residents for the year ending December 31, 1971, as compared with the year ending December 31, 1970, who were serving in programs in the United States, but has obtained their education elsewhere. The Table indicates that, as has been true for the past several years, 64% of the foreign graduates received their medical education in countries of Asia, 16% in South and Central America, 14% in Europe, 3% in Africa, 2% in the British Isles, and 1% in Oceania, which is principally Australia. Although the number of foreign graduates increased by 870, or 5%, this was a smaller increase over the numbers in training as of December 31, 1970, than the preceding year, in which year there had been an increase of 2,538, or 18%.

Table 1-B lists the 12 countries contributing the greatest number of graduates to internship and residency programs in the United States as of December 31, 1971, and compares their ranks to those of the preceding year. Although 86 countries provided medical graduates, these 12 countries contributed more than two thirds of those in graduate training programs in the United States. As has been noted for the past several years, the Philippines, India, and Korea were the three countries contributing the largest numbers. The number from the Philippines, however, has continued to drop, so that India now ranks first with 16.9% of the total of foreign trainees in this country, an increase of 463 over the number last year.

Table I-B.—Foreign Countries Contributing Greatest Number of Graduates to U.S. Graduate Programs as of December 31, 1971

Country and Rank Order	No. of Trainees	% of Total No. of Foreign Trainees in the U.S.	Rank as of Dec. 70	Gain or Loss in Numbers
1. India	2,988	16.9	2	+463
2. Philippines	2,683	15.2	1	−320
3. Korea	1,196	6.7	3	−113
4. Thailand	891	5.0	4	+ 54
5. Iran	822	4.6	5	+ 60
6. Formosa	728	4.1	6	+101
7. Pakistan	611	3.4	7	+ 92
8. Spain	485	2.7	8	+ 8
9. Mexico	468	2.6	10	+ 54
10. Italy	402	2.2	12	− 44
11. Germany	381	2.1	9	− 38
12. Argentina	375	2.1	11	− 38
Totals	**12,030**	**68.3**		**+278**

The Philippines dropped to second place with 15.2%, which represented a decrease of 320 graduates in this country in 1971. Korea continued to contribute the third largest number, with an increase of 113 over December 31, 1970, furnishing 6.7% of the total of foreign trainees in the United States. Except for the shift in first place, the other first 7 countries remained in the same order as a year ago, each with small gains in actual numbers. Mexico, which had been 10th, moved up to 9th, and Germany, which had been 9th, dropped to 11th.

Table 1-C shows the number of foreign graduates serving as interns and residents who have come to the United States from each of these countries. In Africa, the only increase of any size was noted in the United Arab Republic, where the number of residents increased, and the number of interns declined with a net increase of about 47 persons. This increase is related to a similar increase last year in the number of interns who came to the United States from the United Arab Republic. In the Americas, fewer graduates were listed in the United States for 1971 from Argentina, Cuba, and Haiti. Although the numbers were relatively small, the numbers increased noticeably from Brazil, Chile, and Mexico. Some of the Mexican graduates are probably U.S. citizens who have completed their education in that country. From Asia, as previously noted, the number of graduates from Korea and the Philippines in the United States decreased as of December 31, 1971, while the following countries showed noticeable increases: Ceylon, Formosa, India, Iran, Japan, Pakistan, and Thailand. From Ceylon, which more than doubled the number of graduates in the United States at the

Table 1-C.—Number of Foreign Graduate Trainees in the United States, by Origin of Medical Education as of Dec. 31, 1971 and 1970

Origin of Medical Training	INTERNS		RESIDENTS		TOTALS	
	1971	1970	1971	1970	1971	1970
Totals	**3,541**	**2,873**	**14,052**	**13,850**	**17,593**	**16,723**
Africa	**98**	**116**	**421**	**317**	**519**	**433**
Algeria	0	0	1	1	1	1
Congo	1	0	0	1	1	1
Ethiopia	0		1		1	
Nigeria	6	2	30	19	36	21
Rhodesia	0		1		1	
Sudan	0		2		2	
Uganda	5	3	10	3	15	6
Union of South Africa	15	7	59	56	74	63
United Arab Republic	71	104	317	237	388	341
Americas	**547**	**488**	**2,192**	**2,147**	**2,739**	**2,633**
Argentina	60	67	315	346	375	413
Bolivia	16	18	59	51	75	69
Brazil	52	26	133	113	185	139
Chile	22	7	74	54	96	61
Columbia	67	67	281	254	348	321
Costa Rica	5	3	8	8	13	11
Cuba	35	62	185	255	220	317
Dominican Republic	23	27	99	90	122	117
Ecuador	16	14	46	37	62	51
El Salvador	22	11	40	41	62	52
Guatemala	6	15	56	56	62	71
Haiti	15	20	83	99	98	119
Honduras	5	6	25	23	30	29
Jamaica	4	5	39	24	43	29
Mexico	93	65	375	349	468	414
Nicaragua	6	5	31	25	37	30
Panama	0	0	6	8	6	8
Paraguay	14	10	37	33	51	43
Peru	62	39	218	219	280	258
Uruguay	5	6	20	10	25	16
Venezuela	19	13	62	52	81	65
Asia	**2,339**	**1,669**	**9,005**	**9,077**	**11,344**	**10,748**
Afghanistan	3	2	9	13	12	15
Burma	29	16	63	61	92	77
Ceylon	88	36	77	39	165	75
China (Mainland)	26	11	61	65	87	76
Formosa	180	81	548	546	728	627
Hong Kong	8	13	48	40	56	53
India	691	479	2,297	2,046	2,988	2,525
Indonesia	21	25	74	47	95	72
Iran	190	113	632	649	822	762
Iraq	12	4	61	79	73	83
Israel	2	2	82	63	84	65
Japan	65	66	261	210	326	276
Korea	185	212	1,011	1,097	1,196	1,309
Lebanon	17	15	154	134	171	149
Malaysia	2		1		3	
Manchuria	0	0	1	3	1	3
Pakistan	139	116	472	403	611	519
Philippines	414	291	2, 269	2,712	2,683	3,003
Singapore	8	3	15	13	23	16
Syria	31	41	94	71	125	112
Thailand	205	127	686	710	891	837
Turkey	22	14	80	72	102	86
Vietnam (North)	0	2	1	4	1	6
Vietnam (South)	1		8		9	
British Isles	**53**	**70**	**348**	**345**	**401**	**415**
United Kingdom	10	8	110	124	120	132
Ireland (Republic)	36	52	177	164	213	216
Ireland (United Kingdom)	0		1		1	
Scotland (United Kingdom)	7	10	59	55	66	65
Wales	0	0	1	2	1	2
Europe	**494**	**521**	**1,971**	**1,883**	**2,465**	**2,384**
Austria	9	5	53	48	62	53
Belgium	5	18	124	104	129	122
Bulgaria	1	1	10	6	11	7
Czechoslovakia	22	33	85	65	107	98
Denmark	7	7	14	9	21	16
Estonia	0		1		1	
Finland	1	1	4	3	5	4
France	8	12	53	46	61	58
Germany (East)	10	104	283	315	293	419
Germany (West)	61		27		88	
Greece	44	28	122	102	166	130
Hungary	3	6	29	33	32	39
Iceland	4	3	16	15	20	18
Italy	118	103	284	255	402	358
Latvia	0	0	0	2	0	2
Malta	0	0	1	2	1	2
Netherlands	10	5	40	54	50	59
Norway	0	0	7	2	7	2
Poland	12	26	89	81	101	107
Portugal	3	5	22	20	25	25
Romania	17	17	54	45	71	62
Spain	86	76	399	401	485	477
Sweden	3	1	4	4	7	5
Switzerland	42	44	166	171	208	215
USSR	1	2	10	7	11	9
Yugoslavia	27	24	74	73	101	97
Oceania	**10**	**11**	**115**	**101**	**125**	**112**
Australia	10	10	103	92	113	102
New Zealand	0	1	12	9	12	10

end of 1971, both the number of interns and residents increased; for Formosa, Iran, and Thailand, almost the entire increase came in a larger number of interns on duty; from Japanese medical schools, a larger number filled residencies. The increased number from India was almost divided between interns and residents. The number of foreign graduates coming from the British Isless remained almost stationary, with the number coming from the United Kingdom decreasing slightly.

From the European schools, the numbers of graduates remained close to that reported for the end of 1970, with an increase notably in those from the Italian schools, some of whom may be American citizens who went to that country for their medical education. The seeming increase in the numbers from East Germany is the effect of a change in reporting, to separate East and West Germany in the statistics. No significant change was noted in the numbers coming from Australia and New Zealand.

Table I-D.—Twelve Foreign Medical Schools Contributing the Largest Number of Graduates to U.S. Graduate Medical Education Programs, December 31, 1971

	Interns	Residents	Total	Rank as of Dec. 1970
1. Faculty of Med. and Surgery, Univ. of Santo Tomas, Manila, Philippines	206	1,037	1,243	1
2. Faculty of Med., Univ. of Teheran, Teheran, Iran	134	451	583	3
3. Institute of Med., Far Eastern Univ., Manila, Philippines	79	421	500	2
4. Faculty of Med. at Siriraj Hosp. Univ. of Med. Sciences, Thonburi, Thailand	94	306	400	6
5. College of Med., Seoul National Univ., Seoul, Korea	53	286	339	5
6. College of Med., Univ. of the Philippines, Manila, Philippines	35	300	335	4
7. University of Bombay, Grant Med. Col. Seth Gorhandas Sunderdas Med. Col.	61	244	305	—
8. Faculty of Med. at Chulalongkorn Hosp., Univ. of Med. Sciences, Bangkok, Thailand	78	220	298	10
9. College of Med., Univ. of the East, Quezon City, Philippines	42	233	275	7
10. Facultad De Medicina de La Univ. Nacl. Autonoma De Mexico, Mexico	47	226	273	—
11. Facolta Di Medicinas E. Chirurgia Dell Univ. Di Bologna, Bologna	77	177	254	—
12. King Edward Medical College, Lahore, West Pakistan	62	188	250	—
Totals	**968**	**4,089**	**5,057**	

Table 1-D lists the 12 foreign medical schools contributing the largest number of graduates to the graduate training programs in the United States, as of December 31, 1971. These schools provide 27% of the foreign graduates who are serving internships in this country, 29% of the graduates who are serving residencies, or 29% of all foreign graduates serving in graduate training programs. Four medical schools in the Philippines account for 2,373 foreign graduates serving in internships and residencies, or 13% of all foreign graduates. Despite the large proportions of the foreign graduates receiving their training in these institutions, the numbers reported at the end of 1971 continued to decrease in practically all cases from the numbtrs reported at the end of 1970.

Table I-E.—Ten U.S. Medical Schools Contributing the Largest Number of Graduates to U.S. Graduate Medical Education Programs, December 31, 1971

School	Interns	Residents	Total	Rank Order Dec. 1970
1. Univ. of Michigan Med. School, Ann Arbor, Michigan	192	639	831	1
2. State Univ. of N.Y. Downstate Med. Center, N.Y.—Brooklyn	187	605	792	3
3. Univ. of Illinois Col. of Med., Chicago, Illinois	179	610	789	2
4. Jefferson Med. College of Philadelphia, Pennsylvania	175	592	767	4
5. Indiana Univ. School of Medicine Indianapolis, Indiana	199	549	748	5
6. Univ. of Tennessee Col. of Med., Memphis, Tenn.	116	521	637	6
7. Ohio State Univ. Col. of Med., Columbus, Ohio	144	489	633	9
8. Northwestern Univ. Med. School, Chicago, Illinois	141	485	626	10
9. Univ. of Minnesota Med. School, Minneapolis, Minn.	170	450	620	7
10. Harvard Med. School Boston, Mass.	154	465	619	8
Totals	**1,657**	**5,405**	**7,062**	

Table 1-E lists the 10 U.S. medical schools contributing the largest number of United States graduates, as of December 31, 1971. These schools provided 20% of all the U.S. graduates serving internships by the end of 1971, and 19% of all residents serving during that year. At the end of 1970, the percentages were 21% and 20%. These data provide a contrast to those for the foreign medical schools.

Table I-G—Interns and Residents by School of Medical Education as of December 1971

State Location of Medical School	Interns	Residents	Totals
Alabama	76	235	311
Arizona	26	4	30
Arkansas	97	254	351
California	514	1,639	2,153
Colorado	96	236	332
Connecticut	86	229	315
District of Columbia	303	985	1,288
Florida	145	435	580
Georgia	162	546	708
Illinois	570	1,879	2,449
Indiana	199	549	748
Iowa	161	382	543
Kansas	107	364	471
Kentucky	161	448	609
Louisiana	228	801	1,029
Maryland	196	703	899
Massachusetts	342	1,064	1,406
Michigan	323	1,012	1,335
Minnesota	170	450	620
Mississippi	71	223	294
Missouri	327	907	1,234
Nebraska	157	441	598
New Jersey	73	220	293
New Mexico	26	34	60
New York	1,105	3,429	4,534
North Carolina	193	661	854
Ohio	326	1,079	1,405
Oklahoma	106	270	376
Oregon	82	231	313
Pennsylvania	750	2,381	3,131
Puerto Rico	66	186	252
South Carolina	61	262	323
Tennessee	239	886	1,125
Texas	345	1,011	1,356
Utah	64	189	253
Vermont	46	158	204
Virginia	191	475	666
Washington	101	239	340
West Virginia	60	182	242
Wisconsin	193	623	816
Totals:	**8,544**	**28,302**	**34,846**

State Origin of Medical Education of House Staff

Table I-F should be considered along with Table I-G, in order to determine the relative success of states retaining for their internship and residency period those physicians who received their education in that state. These two tables cover information as of December 31, 1971, but are, nevertheless, in close agreement with the figures shown in the annual report, on the distribution of interns by state and also the numbers of U.S. and Canadian graduates and the number of foreign graduates. The statistics in the annual report cover data as of September 1, 1971.

The relative success of a state in retaining its graduates can be shown, for example, in locating the 76 persons who graduated from the medical school in Alabama: 40 of these remained in the state, and 135 out of the 235 earlier graduates serving as residents remained in the state. Graduates of other medical schools in the United States or Canada made up the total number, and the residencies also attracted 41 foreign graduates. The statistics for the state showed a total of 175 physicians serving in internships or residencies in Alabama who had been educated in that state, included in the total of 352 who received their M.D. degre from a school in the United States or Canada, out of the total of 393 house officers in the state. Out of the 514 physicians serving as interns who received their medical education in California,

Table 1-F.—State Origin of Medical Education of Interns and Residents, and Distribution of House Officers by State, as of December 31, 1971.

	INTERNS					RESIDENTS							
	Interns in U.S. with M.D from School in State	Other Grads. in Internships in State		For. Grads. in Internships in State	Total Interns in State	Residents in U.S. with M.D. from School in State	Other Grads. in Residencies in State		Foreign Grads. in Res. in State	Total Res. in State	Total Interns Res. in U.S. with M.D. from State	Total U.S. & Can. Grads. Interns, Res. in State	Total House Officers in State
		U.S.	Can.				U.S.	Can.					
Alabama	40	39	—	—	79	135	138	—	41	314	175	352	393
Alaska	—	—	—	—	—	—	2	—	—	2	—	2	2
Arizona	15	98	—	13	126	4	139	1	7	221	19	257	347
Arkansas	32	8	—	1	41	100	42	—	9	151	132	182	192
California	361	989	13	34	1,397	1,149	2,659	86	274	4,168	1,510	5,257	5,565
Canal Zone	—	15	—	—	15	—	16	—	9	25	—	31	40
Colorado	16	143	1	14	174	53	493	7	46	599	69	713	773
Connecticut	25	107	—	119	251	49	308	11	385	753	74	500	1,004
Delaware	1	7	—	7	15	1	35	1	39	76	2	45	91
District of Columbia	60	97	—	68	225	164	318	5	294	781	224	644	1,006
Florida	75	120	2	72	269	178	501	8	305	992	253	884	1,261
Georgia	58	85	—	20	163	218	259	4	82	563	276	624	726
Hawaii	—	19	3	18	40	—	39	7	20	66	—	68	106
Idaho	—	—	—	—	—	—	2	—	—	2	—	2	2
Illinois	216	131	8	457	812	610	365	14	1,227	2,216	826	1,344	3,028
Indiana	112	31	—	13	156	229	111	—	59	399	341	483	555
Iowa	26	49	—	5	80	108	149	4	81	342	134	336	422
Kansas	53	29	—	9	91	106	148	4	68	326	159	340	417
Kentucky	41	40	—	15	96	116	112	2	91	321	157	311	417
Louisiana	100	33	1	21	155	358	138	3	93	592	458	633	747
Maine	—	13	2	—	15	—	29	—	6	35	—	44	50
Maryland	75	141	—	185	401	252	655	17	582	1,506	327	1,140	1,907
Massachusetts	132	213	1	112	458	411	937	59	674	2,081	543	1,753	2,539
Michigan	128	134	6	222	490	469	499	52	960	1,980	597	1,288	2,470
Minnesota	97	119	2	29	247	217	554	48	192	1,011	314	1,037	1,258
Mississippi	31	18	—	2	51	90	41	—	8	139	121	180	190
Missouri	104	85	—	73	262	249	327	9	360	945	353	774	1,207
Montana	—	—	—	—	—	—	1	—	—	1	—	1	1
Nebraska	61	6	—	—	67	102	28	1	18	149	163	198	216
Nevada	—	—	—	—	—	—	3	—	1	4	—	3	4
New Hampshire	—	29	—	—	29	—	57	2	8	67	—	88	96
New Jersey	39	49	—	295	383	50	257	2	718	1,027	89	397	1,410
New Mexico	4	27	—	—	31	13	107	—	23	143	17	151	174
New York	613	492	8	907	2,020	1,617	1,512	72	3,913	7,114	2,230	4,314	9,134
North Carolina	46	99	2	10	157	217	376	6	77	676	263	746	833
North Dakota	—	—	—	5	5	—	2	—	—	2	—	2	7
Ohio	126	251	2	290	669	433	695	30	971	2,129	559	1,537	2,798
Oklahoma	42	27	—	2	71	112	87	—	15	214	154	268	285
Oregon	8	73	—	5	86	73	183	6	27	289	81	343	375
Pennsylvania	339	183	3	296	821	1,014	702	26	914	2,656	1,353	2,267	3,477
Puerto Rico	43	1	—	14	58	112	8	—	148	268	155	164	326
Rhode Island	—	32	—	39	71	1	67	1	88	157	1	101	228
South Carolina	28	28	—	—	56	111	91	2	28	232	139	260	288
South Dakota	—	14	—	—	14	—	5	—	2	7	—	19	21
Tennessee	85	68	—	9	162	315	229	1	94	639	400	698	801
Texas	173	268	—	54	495	600	790	6	326	1,722	773	1,837	2,217
Utah	21	45	—	2	68	69	123	4	18	214	90	262	282
Vermont	2	26	—	—	28	20	87	2	6	115	22	137	143
Virginia	71	161	—	20	252	143	408	4	158	713	214	787	965
Washington	13	133	1	3	150	68	374	16	38	496	81	605	646
West Virginia	18	4	—	15	37	47	25	—	83	155	65	94	192
Wisconsin	33	86	—	49	168	200	280	1	142	623	233	600	791
Wyoming	—	—	—	—	—	—	1	—	1	2	—	1	2
TOTALS	**3,563**	**4,865**	**55**	**3,524**	**12,007**	**10,583**	**15,514**	**524**	**13,799**	**40,420**	**14,146**	**35,104**	**52,427**

only 361 were serving their internship in that state; of the 1,639 physicians who received their M.D. degree in California and were serving in residencies, 1,149 chose California for that appointment. Thus, out of the 2,153 California graduates currently serving in internships or residencies, 1,510 remained in California in such positions, so that California had retained about 70% of those educated in that state for their period of graduate education, whereas Arkansas, which appointed 132 out of the 351 who had been educated in that state, had only 38% still in the state. Colorado, if the numbers reported are correct, retained only 69 out of the 332 who received their medical education in that state, or 21%.

A comparison of the numbers in the column in table I-F entitled "Total Interns and Residents in State with M.D. from State" and the figures in the toal column of Table I-G indicates that 14 states retained as interns and residents less than 30% of those who had received their medical education in that state; 21% had retained between 30 and 50% of those who received their medical education in those states; three states Alabama, Minnesota, and Texas, retained between 50 and 60% while two states—Arizona and California—and Puerto Rico retained over 60%. New York state came close to the 50% mark, with 49%, Pennsylvania had 43%, and Illinois had 34%.

The total number of interns and residents serving in each of these states, however, was augmented by those who had been educated in other states, and by foreign graduates. The last two columns of Table I-F, by a simple subtraction of the one column from the other, indicate the number of foreign graduates serving in that state, and highlights the fact that 5 states had more than 50% of their graduate training programs filled by foreign graduates. These states were Connecticut, Illinois, New Jersey, New York, and West Virginia. Other states with a high proportion of foreign graduates were Michigan with 48%, Ohio with 45%, the District of Columbia and Missouri each with 36%, Pennsylvania with 35%, and Massachusetts with 32%.

Negro Physicians in Graduate Education

Since 1968, the annual questionnaire to hospitals had stated that "in their present collaborative endeavors, to attract more more negroes into medicine through a program of talent recruitment, the American Medical Association and the National Medical Association are obligated to determine both the number and distribution of negro physicians who are *United States citizens*, and who are serving internships and residencies in hospitals in this country." Tables II-A and II-B record the information provided by hospitals as of September 1, 1971. Table II-A indicates that 302 hospitals, or 21% of the total of 1,461 hospitals with approved graduate training programs, had appointed negro house officers. Of the 1,099 on duty as of September 1, 1971, 272 were serving as interns, and 827 as residents. Of these numbers, 62% of the interns and 68% of the residents were graduates of U.S. or Canadian medical schools. A year earlier, the total number of negro

Table II-A.—Negro U.S. Citizens Serving in Internship and Residency Programs, as of Sept. 1, 1971

State	Number of Hospitals Appointing Negro House Officers	Negro Citizens in Internships			Negro Citizens in Residencies			Total on Duty
		U.S. & Canada Grads.	Foreign Grads.	Total	U.S. & Canada Grads.	Foreign Grads.	Total	
Alabama	4	—	2	2	3	3	6	8
Arizona	1	—	—	—	1	—	1	1
California	45	36	—	36	102	2	104	140
Colorado	2	1	—	1	2	6	8	9
Connecticut	5	—	2	2	5	—	5	7
Delaware	1	—	1	1	—	—	—	1
Dist. of Columbia	11	46	—	46	107	6	113	159
Florida	3	1	—	1	2	8	10	11
Georgia	1	4	—	4	4	—	4	8
Hawaii	1	—	—	—	1	—	1	1
Illinois	15	5	—	5	31	21	52	57
Indiana	4	1	—	1	1	4	5	6
Iowa	2	—	—	—	2	—	2	2
Kansas	2	2	—	2	—	2	2	4
Louisiana	3	1	8	9	1	33	34	43
Maryland	12	6	25	31	13	32	45	76
Massachusetts	12	7	—	7	12	7	19	26
Michigan	19	9	8	17	35	5	40	57
Minnesota	5	—	8	8	7	8	15	23
Missouri	11	4	3	7	11	15	26	33
New Jersey	8	1	3	4	6	3	9	13
New York	55	19	12	31	115	56	171	202
North Carolina	2	1	—	1	2	—	2	3
Ohio	19	7	23	30	23	20	43	73
Oregon	2	—	—	—	3	—	3	3
Pennsylvania	28	10	6	16	33	10	43	59
Puerto Rico	2	1	—	1	—	2	2	3
Rhode Island	2	—	—	—	2	—	2	2
Tennessee	3	1	2	3	9	21	30	33
Texas	8	5	—	5	10	1	11	16
Utah	2	—	—	—	2	—	2	2
Vermont	1	—	—	—	1	—	1	1
Virginia	7	—	—	—	9	—	9	9
Washington	3	—	1	1	3	3	6	7
Wisconsin	1	—	—	—	1	—	1	1
Totals	302	188	104	272	559	268	827	1,099

citizens in graduate training programs had been 922, with 250 serving as interns, and 742 serving as residents. In 1969, the total was 898, with 192 interns and 706 residents. In 1968, the total was 801, with 194 serving in internships and 607 in residencies. Thus, in 1969, there was an increase of 97 serving in graduate programs; in 1970 an increase of 94, and in 1971, an increase of 107.

Table II-B indicates that, of the 827 serving in residencies, 102 out of the 559 U.S. and Canadian graduates were serving in non-affiliated programs, and 457 in affiliated programs. Out of the 268 foreign graduates serving in residency programs, 70 were in non-affiliated programs and 198 in programs affiliated with medical schools. Their distribution according to medical specialties showed 16% serving in residencies in general surgery, 15% in residencies in internal medicine, 15% in residencies in obstetrics-gynecology, 7% pediatrics, and 6% in pathology. The three most popular specialties, general surgery, internal medicine, and obstetrics-gynecology were chosen in greater proportion than their rank among the specialties chosen by all; obstetrics-gynecology showed a spurt this year from the previous total of 71 persons serving in this specialty. Psychiatry, on the other hand, lost in popularity, dropping from 76 serving in the specialty as of September 1, 1970, to 59 in 1971. As of September 1, 1971, 79% of the negro U.S. citizens serving as house officers accepted appointment in programs affiliated with medical schools, and 63% of all negro house officers, including the foreign graduates, obtained residencies in programs with

Table II-B.—Negro U.S. Citizens Serving in Residencies, by Specialty and Hospital Affiliation as of September 1, 1971

	U.S. and Canadian Graduates					Foreign Graduates					Total on Duty
	Types of Medical School Affiliation					Types of Medical School Affiliation					
	Major	Limited	Grad.	None	Total	Major	Limited	Grad.	None	Total	U.S., Canadian, Foreign Grads.
Anesthesiology	8	1	1	2	12	10	—	—	—	10	22
Child Psychiatry	1	—	—	6	7	—	3	—	—	3	10
Diagnostic Radiology	1	—	—	—	1	—	—	—	—	—	1
Dermatology	7	1	—	1	9	3	—	—	—	3	12
Family Practice	5	—	—	1	6	—	—	—	—	—	6
Forensic Pathology	—	—	—	—	—	—	—	—	1	1	1
General Practice	3	—	—	—	3	2	—	—	3	5	8
General Surgery	55	6	3	16	80	19	2	20	13	54	134
Internal Medicine	68	8	2	18	96	4	2	24	2	32	128
Neurological Surgery	8	—	—	1	9	—	—	—	—	—	9
Neurology	1	—	—	—	1	3	—	—	—	3	4
Obstetrics-Gynecology	68	5	1	15	89	17	—	7	12	36	125
Ophthalmology	15	5	—	10	30	3	—	—	—	3	33
Orthopedic Surgery	30	6	1	5	42	2	2	—	—	4	46
Otolaryngology	6	—	—	2	8	2	1	—	1	4	12
Pathology	15	—	—	5	20	11	4	5	11	31	51
Pediatrics	19	2	—	5	26	28	1	1	—	30	56
Pediatric Cardiology	—	—	—	—	—	1	—	—	—	1	1
Physical Med. Rehab.	—	1	—	2	3	—	—	—	6	6	9
Plastic Surgery	1	—	—	—	1	—	—	—	—	—	1
Preventive Medicine	—	—	—	—	—	—	—	—	2	2	2
Psychiatry	36	8	—	7	51	2	—	—	6	8	59
Radiology	22	2	2	5	31	8	—	—	—	8	39
Therapeutic Radiology	—	—	—	1	1	—	—	—	—	—	1
Thoracic Surgery	—	1	1	—	2	4	—	—	—	4	6
Urology	8	—	—	—	8	3	—	—	3	6	14
Other Specialties	20	2	1	—	23	4	—	—	10	14	37
Totals	397	48	12	102	559	126	15	57	70	268	827

Table III-A.—Departmental Appointments of Osteopaths on Attending Staff, by State Department Appointments, by Specialty, as of September 1, 1971

	Hospitals Appointing Osteopaths	Total Number Appointed	Anesthesiology	Child Psych.	Diag. Radiology	Family Prac.	Gen. Prac.	Gen. Surg.	Internal Med.	Neurosurg.	Obstetrics-Gynecology	Ophthalmology	Orthopedic Surgery	Otolaryngology	Pathology	Pediatrics	Phys. Med. & Rehab.	Prev. Med.	Psychiatry	Urology	Other Specialties
Arizona	2	6	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	
California	11	46	4	..	..	..	16	4	8	1	..	1	..	..	..	1	2	..	4	1	4
Colorado	6	32	..	..	..	20	9	..	1	..	..	..	..	..	..	..	..	..	..	..	2
Delaware	1	13	..	..	..	13	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Florida	4	4	..	..	..	1	1	..	..	..	..	..	..	..	..	1	..	..	..	..	1
Georgia	1	3	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	1	..	1
Illinois	3	4	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	3
Iowa	5	8	..	..	..	1	6	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Kansas	3	6	..	..	..	2	1	..	..	..	..	..	..	..	..	..	..	..	2	..	1
Kentucky	2	2	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Louisiana	1	3	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	2
Maryland	3	3	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Massachusetts	3	5	..	..	..	..	2	..	2	..	..	..	1	..	..	..	..	..	..	..	..
Michigan	19	140	1	..	14	3	73	14	21	..	6	..	1	..	..	3	..	..	..	..	4
Mississippi	1	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
Missouri	7	12	1	..	..	..	1	1	5	..	1	..	..	..	..	..	..	..	1	..	2
New Jersey	38	146	..	..	..	14	45	7	53	..	2	..	1	1	..	5	..	..	7	..	11
New Mexico	3	10	..	..	..	..	7	..	2	..	..	..	..	..	..	..	..	..	1	..	..
New York	15	17	1	..	..	4	1	1	2	..	..	..	..	..	1	..	..	..	5	..	2
Ohio	12	12	..	..	..	..	3	..	3	..	..	..	..	..	1	3	..	..	..	1	1
Oregon	1	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pennsylvania	31	160	3	1	..	..	25	..	73	..	20	..	..	..	..	16	..	6	4	..	12
Puerto Rico	1	1	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Rhode Island	1	3	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	1	..	..
Texas	4	5	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	3	..	..
Virginia	3	6	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	1	..	..	4
Washington	5	24	1	..	..	7	15	..	..	..	..	..	..	..	..	..	..	..	1	..	..
West Virginia	1	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Wisconsin	3	3	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	1	..	..
Totals	190	678	11	1	15	65	215	29	172	1	31	1	3	1	2	29	2	7	33	2	58

major affiliations with medical schools; only 21% accepted residency programs in hospitals without medical school affiliations.

Osteopathic Physicians in Graduate Education

The questionnaire sent to hospitals with approved graduate training programs requested information on the appointment of osteopathic physicians to the hospital attending staff and on their appointment as members of the house staff.

Table III-A indicates that 190 hospitals have now appointed osteopaths to their staff, as contrasted with 135 hospitals a year ago. The total number appointed as of September 1, 1971, was 678; in 1970, it was 504. The distribution of these appointments among specialties followed somewhat the same pattern as the previous year, but with a significant increase, from 138 in 1970 to 215 in 1971, in the number appointed for general practice. The numbers in internal medicine were about the same as in previous years, but those appointed in general surgery increased from 15 in 1970 to 29 in 1971.

Table III-B shows the number of hospitals appointing osteopathic graduates to their internship programs and the number on duty; 62 hospitals in 1971 appointed 123 interns; in 1970, 53 hospitals appointed 117 osteopathic graduates as interns.

Table III-C distributes by specialty and by state the graduates of osteopathic schools serving in approved residencies. The numbers more than doubled, with 102 reported as serving September 1, 1970, and 236 serving one year later. The number in New York state increased from 15 to 50; the number in California, from 4 to 13. In Illinois, 2 to 12. The two specialties favored by the osteopathic graduates were internal medicine and psychiatry, followed by obstetrics-gynecology, radiology, pediatrics, and physical medicine and rehabilitation.

The following specialty boards have indicated that they will accept for examination for certification graduates of osteopathic schools: Anesthesiology, Dermatology, Family Practice, Internal Medicine, Obstetrics-Gynecology, Orthopedic Surgery, Otolaryngology, Pathology, Pediatrics, Physical Medicine and Rehabilitation, Preventive Medicine, Psychiatry and Neurology, and Radiology.

The table also indicates that appointments have been made in some cases to specialties in which osteopathic graduates are not yet permitted to serve without jeopardizing approval of the program. Some of those may have been appointed through misunderstanding of the fact that, for the protection of the osteopathic graduate, the policy of the Council on

Table III-B.—Graduates of Osteopathic Schools in AMA-Approved Internships

	September 1, 1971		September 1, 1970	
	Number of Hospitals	Number of Interns on Duty	Number of Hospitals	Number of Interns on Duty
Arizona	..	..	1	1
California	4	7	3	3
Colorado	2	3	1	1
Connecticut	1	1	..	..
Delaware	..	..	1	1
District of Columbia	2	3	1	2
Florida	1	1	..	..
Illinois	4	5	3	3
Iowa	2	2	1	6
Kansas	..	..	1	1
Louisiana	1	3	..	..
Massachusetts	3	3	..	..
Michigan	3	4	5	6
Missouri	6	6	5	10
New Jersey	2	9	7	18
New York	11	29	7	26
Ohio	9	22	4	14
Oklahoma	1	2	1	1
Pennsylvania	5	11	4	11
Texas	2	6	4	7
Virginia	2	5	1	1
Washington	1	1	3	5
Totals	62	123	53	117

Table III-C.—Graduates of Osteopathic Schools in Approved Residencies, September 1, 1971

State / Specialty	Alabama	California	Connecticut	Dist. of Columbia	Florida	Georgia	Hawaii	Illinois	Iowa	Kansas	Kentucky	Massachusetts	Michigan	Minnesota	Missouri	New Jersey	New Mexico	New York	Ohio	Oregon	Pennsylvania	Rhode Island	Texas	Vermont	Washington	Wisconsin	Totals
Anesthesiology	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1	..	3	1	..	..	..	..	..	1	..	8
Child Psychiatry	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	3
Diagnostic Radiology	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	2
Dermatology	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
Family Practice	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	3
General Practice	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	2
General Surgery	..	..	..	..	..	..	..	..	..	..	..	..	3	..	1	..	..	3	1	..	..	..	..	..	..	..	8
Internal Medicine	..	..	..	3	..	..	..	2	..	2	..	2	10	..	1	6	..	8	7	..	9	1	5	..	..	..	56
Neurological Surgery	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	1	..	..	4
Obstetrics-Gynecology	..	..	1	..	2	..	1	1	..	..	..	..	4	..	..	1	..	8	3	..	1	..	1	..	..	..	23
Orthopedic Surgery	..	..	..	1	..	..	..	1	..	..	..	1	..	..	..	..	..	1	..	..	1	..	..	..	..	..	5
Otolaryngology	..	..	..	2	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	4
Pathology	..	..	..	..	..	..	..	..	..	..	..	..	1	..	2	..	..	2	..	..	1	..	1	..	1	..	8
Pediatrics	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	3	..	1	3	..	1	2	..	..	1	..	13
Physical Med. & Rehab.	..	4	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	3	..	..	1	..	..	..	..	1	10
Preventive Medicine	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	1
Psychiatry	..	7	..	..	..	1	..	4	1	3	..	1	9	..	2	1	2	15	1	1	7	1	1	..	..	1	58
Radiology	..	..	1	..	1	..	..	1	1	..	..	..	5	..	..	4	..	1	..	..	..	..	1	..	..	..	15
Thoracic Surgery	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1
Urology	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	2
Other Specialties	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	2	..	2	..	1	1	..	..	..	..	..	9
Totals	1	13	2	8	4	1	1	12	2	5	1	4	37	1	8	18	2	50	18	2	27	4	9	1	5	2	236

Medical Education has been to notify hospitals and program directors when the specialty boards have agreed to certify graduates of osteopathic schools, and to indicate at that time that osteopaths may be appointed to such programs in specialties without jeopardizing approval of the program. Residencies in specialties certified by the following American Boards are not yet open to osteopaths: Colon and Rectal

Table IV-B.—Male and Female Graduates as of June 30, 1971

Graduates of Medical Schools in:	Male	% of Total Class	Female	% of Total Class	Total Class
United States	8,147	90.8	827	9.2	8,974
Canada	983	86.7	151	13.3	1,134
Total Graduates	9,130	90.3	978	9.7	10,108

Table IV-A.—Women in Internship Positions, as of September 1, 1971

	U.S. and Canadian Graduates					Foreign Graduates					
	Types of Medical School Affiliation					Types of Medical School Affiliation					Total
	Major	Limited	Grad.	None	Total	Major	Limited	Grad.	None	Total	U.S. & For. Grads*
Alabama	9	1	—	—	10	—	—	—	—	—	10
Arizona	1	1	—	1	3	—	—	—	—	—	3
Arkansas	2	—	—	—	2	—	—	—	—	—	2
California	81	20	12	13	126	3	5	3	3	14	140
Canal Zone	—	—	—	1	1	—	—	—	—	—	1
Colorado	12	—	2	5	19	—	—	2	3	5	24
Connecticut	10	—	—	2	12	15	7	3	23	48	60
Delaware	1	—	—	—	1	2	—	—	—	2	3
Dist. of Columbia	40	2	—	—	42	39	—	—	2	41	83
Florida	11	—	—	—	11	4	—	—	2	6	17
Georgia	5	1	1	—	7	3	—	1	—	4	11
Hawaii	—	3	—	—	3	—	6	—	—	6	9
Illinois	27	2	4	3	36	30	12	1	36	79	115
Indiana	6	4	—	—	10	1	2	—	—	3	13
Iowa	7	—	—	1	8	—	—	—	4	4	12
Kansas	5	—	—	—	5	—	—	—	—	—	5
Kentucky	4	—	—	2	6	—	1	—	1	2	8
Louisiana	7	2	—	—	9	2	—	—	—	2	11
Maine	2	—	—	—	2	—	—	—	—	—	2
Maryland	10	1	1	—	12	2	10	6	24	42	54
Massachusetts	50	11	—	—	61	16	10	—	5	31	92
Michigan	17	1	—	—	18	17	6	5	20	48	66
Minnesota	17	2	—	—	19	3	4	—	3	10	29
Mississippi	4	—	—	—	4	—	—	—	—	—	4
Missouri	16	—	—	2	18	4	2	7	1	14	32
Nebraska	9	—	—	—	9	—	—	—	—	—	9
New Jersey	4	—	—	1	5	19	3	2	50	74	69
New Mexico	6	—	—	—	6	—	—	—	—	—	6
New York	82	7	4	38	131	34	26	14	55	129	260
North Carolina	11	—	—	2	13	—	1	—	—	1	14
Ohio	32	2	—	7	41	3	7	1	46	57	98
Oklahoma	1	3	—	—	4	—	—	—	—	—	4
Oregon	3	2	1	—	6	—	—	—	—	—	6
Pennsylvania	89	4	3	12	108	27	7	4	49	87	195
Puerto Rico	13	—	—	1	14	—	—	—	1	1	15
Rhode Island	3	—	—	—	3	6	—	—	—	6	9
South Carolina	2	—	—	—	2	—	—	—	—	—	2
Tennessee	9	—	—	8	17	1	—	1	2	4	21
Texas	36	6	2	10	54	—	1	—	7	8	62
Utah	5	—	—	—	5	1	—	—	—	1	6
Virginia	12	—	—	—	12	—	2	—	—	2	14
Washington	3	5	—	1	9	—	—	—	—	—	9
West Virginia	3	2	—	—	5	—	2	—	—	2	7
Wisconsin	8	—	—	—	8	3	9	—	—	12	20
Totals	875	82	30	110	897	235	123	50	337	745	1,842

Table IV-C.—Women Physicians Serving in Residencies, By Specialty and Hospital Affiliation, as of September 1, 1971

	U.S. and Canadian Graduates					Foreign Graduates					
	Types of Medical School Affiliation					Types of Medical School Affiliation					Total on Duty
	Major	Limited	Grad.	None	Total	Major	Limited	Grad.	None	Total	U.S. & For.
Anesthesiology	84	5	4	10	103	210	34	1	34	279	382
Child Psychiatry	17	3	—	18	38	7	1	—	11	19	57
Diagnostic Radiology	9	1	—	1	11	5	—	—	—	5	16
Dermatology	28	4	1	8	41	5	—	—	6	11	52
Family Practice	5	3	1	2	11	2	3	2	8	15	26
General Practice	—	—	1	1	2	2	2	2	30	36	38
General Surgery	60	10	6	12	88	13	9	4	12	38	126
Internal Medicine	232	41	11	48	332	135	75	31	93	334	666
Neurological Surgery	5	—	1	—	6	1	—	—	—	1	7
Neurology	26	2	2	1	31	18	4	1	6	29	60
Obstetrics-Gynecology	61	4	6	15	86	115	35	21	93	264	350
Ophthalmology	34	1	2	10	47	9	3	—	4	16	63
Orthopedic Surgery	8	1	—	1	10	2	—	—	—	2	12
Otolaryngology	4	—	—	—	4	1	—	—	—	1	5
Pathology	108	24	5	25	162	197	75	30	115	417	579
Pediatrics	362	25	9	33	429	272	59	45	92	468	897
Pediatric Allergy	2	—	1	—	3	—	—	—	2	2	5
Pediatric Cardiology	4	—	—	—	4	1	—	—	2	3	7
Physical Med. & Rehab.	9	5	—	5	19	41	22	—	32	95	114
Plastic Surgery	2	1	—	1	4	2	—	—	—	2	6
Psychiatry	305	42	6	60	413	93	48	5	70	216	629
Radiology	107	11	2	16	136	39	14	2	30	85	221
Therapeutic Radiology	2	—	—	—	2	—	—	—	—	—	2
Thoracic Surgery	2	—	—	—	2	—	—	—	—	—	2
Urology	1	—	—	—	1	—	—	—	—	—	1
Other Specialties	22	10	1	3	36	8	7	—	8	23	59
Totals	**1,499**	**193**	**59**	**270**	**2,021**	**1,178**	**391**	**144**	**848**	**2,361**	**4,382**

Surgery, Ophthalmology, Plastic Surgery, Thoracic Surgery, and Urology.

Women in Graduate Medical Education

Women in Internships:

Table IV-A indicates that of the 1,642 women serving in internship programs, 897 are graduates of medical schools in the United States or Canada, and 745 are graduates of foreign medical schools. In the previous reporting period, the total number of women interns was 1,372, of which 724 were graduates of medical schools in the United States or Canada, and 648 were graduates of foreign schools. In September, 1971, the 897 women serving in internships who had graduated from U.S. and Canadian medical schools filled 11% of the internships filled by U.S. or Canadian graduates, although women graduates of the two countries made up only 9.7% of their total classes.

Table IV-B shows the proportion of male and female graduates for medical schools in the United States and in Canada as of June 30, 1971. The number of women graduating from schools in both the United States and in Canada increased slightly, as compared with 8.4% of the graduating class of schools in the United States and 11.9% of the graduates of schools in Canada, or an overall percentage of 8.7 of the total graduating class of the United States and Canada as of June 30, 1970. At the same time, the number of male graduates increased to a total of 9,130, as compared with 8,609 the previous year. As of September 1, 1971, the 745 women graduates of foreign medical schools serving in internships comprised 19% of all foreign graduates in internships, the same proportion as in 1970. The total of 1,642 women interns, both foreign and nonforeign graduates, was 14% of the total interns on duty in September, 1971; for the previous year, the total of 1,372 women interns was 12% of the total.

Part-Time Internships for Women

Hospitals were again asked whether they offered part-time internships to women who were unable to accept full-time appointments because of family and other responsibilities. Although only 8 such internships were apparently being served, 113 hospitals indicated willingness to offer internships on a part-time basis. Of this number, 76 were medical school affiliated hospitals and 37 non-affiliated hospitals. In response to a similar question in 1970, 20 part-time interns were reported on duty, and 121 hospitals indicated a willingness to provide training on a part-time basis.

Women in Residency Programs

Table IV-C indicates that 2,021 women graduates of U.S. and Canadian schools and 2,361 women graduates of foreign medical schools, a total of 4,382, were serving in residencies as of September 1, 1971. This was an increase over the 1,778 U.S. and Canadian graduates a year earlier and 2,151 foreign graduates, or the total of 3,929 as of September 1, 1970.

As in previous years, the largest proportion of women residents were serving in pediatrics, and the 897 women residents comprised 32% of the total pediatric residents serving as of September 1, 1971. Internal medicine had the next largest number of women residents, with 666 serving, but they comprised only 8% of the residents in this field. The third largest, psychiatry, attracted 629 women residents, and they made up 15% of the total physicians serving residencies in this specialty. Pathology, as the fourth largest field, attracted 579 women residents, who made up 23% of the residents serving in this field. As in previous years, the fields entered by women graduates of U.S. and Canadian schools differed substantially from those of their counterparts who had graduated from foreign medical schools. Except for internal medicine and pediatrics, where almost equal numbers chose these fields, the U.S. and Canadian graduate chose general surgery, psychiatry, and radiology in far larger numbers than the foreign graduate, whereas in anesthesiology, obstetrics-gynecology, pathology, and physical medicine and rehabilitation, more women foreign graduate sought residencies.

Women Physicians on Teaching Staff

As might be expected, a much larger proportion of women physicians who are graduates of U.S. and Canadian schools were serving as full-time members of the teaching staff than were their counterparts who graduated from foreign medical schools. The same proportion pertained to the full-time teaching staff as to the part-time. Of the 2,408 women physicians reported as having full-time teaching staff appointments, 449, or 19%, were graduates of foreign medical schools; of the part-time teaching staff of 2,521, 364 or 14%, were graduates of foreign medical schools. These numbers are increases over those reported a year ago, when out of a total of 2,069 women on the full-time teaching staff, 369 were graduates of foreign medical schools; of the 2,398 women on the part-time teaching staffs, 327 were foreign medical graduates.

Table IV-D.—Women Physicians on Teaching Staffs (On Full-Time and Part-Time Basis) as of September 1 ,1971

State	FULL-TIME TEACHING STAFF			PART-TIME TEACHING STAFF		
	U.S. Canadian Graduates	Foreign Medical Graduates	Total	U.S. Canadian Graduates	Foreign Medical Graduates	Total
Alabama	30	1	31	8	—	8
Arizona	6	1	7	9	—	9
Arkansas	21	1	22	3	—	3
California	266	12	278	313	8	321
Colorado	36	—	36	47	—	47
Connecticut	38	4	42	53	10	63
Delaware	1	1	2	—	1	1
Dist. of Columbia	53	11	64	91	20	111
Florida	30	9	39	23	3	26
Georgia	1	—	1	28	—	28
Hawaii	1	—	1	11	2	13
Illinois	78	48	126	128	20	148
Indiana	5	1	6	8	—	8
Iowa	14	1	15	12	1	13
Kansas	3	—	3	8	4	12
Kentucky	31	4	35	11	—	11
Louisiana	7	6	13	8	—	8
Maine	1	—	1	—	—	—
Maryland	54	9	63	88	5	93
Massachusetts	31	19	50	88	9	97
Michigan	74	10	84	81	9	90
Minnesota	19	6	25	10	—	10
Mississippi	13	3	16	8	—	8
Missouri	48	17	65	36	11	47
Nebraska	10	—	10	5	—	5
New Hampshire	9	—	9	6	1	7
New Jersey	20	11	31	52	11	63
New Mexico	10	—	10	1	—	1
New York	320	159	479	423	150	573
North Carolina	33	3	36	30	10	40
North Dakota	—	—	—	—	1	1
Ohio	69	44	114	109	39	148
Oklahoma	7	1	8	6	—	6
Oregon	16	—	16	14	—	14
Pennsylvania	150	23	173	195	27	222
Puerto Rico	41	16	57	2	—	2
Rhode Island	4	—	4	10	5	15
South Carolina	10	—	10	13	—	13
South Dakota	4	2	6	1	—	1
Tennessee	24	1	25	23	—	23
Texas	174	13	187	101	4	105
Utah	6	—	6	7	—	7
Vermont	6	—	6	18	—	18
Virginia	106	3	109	19	5	24
Washington	28	2	30	27	—	27
West Virginia	28	2	30	9	—	9
Wisconsin	23	5	28	14	8	22
Totals	**1,959**	**449**	**2,408**	**2,157**	**364**	**2,521**

Part-Time Residencies

Hospitals were asked whether they would offer part-time residencies to women if requested, and if satisfactory programs could be organized. In the 245 hospitals that responded affirmatively, it was reported that 105 women were serving part-time residencies as of September 1, 1971. Table IV-E lists the distribution by state; Table IV-F lists the specialties in which these women held part-time appointments. Almost half of these residencies were being served in psychiatry, with

Table IV-G.—Hospitals Offering Refresher Courses to Women, as of September 1, 1971

	Number of Hospitals Offering Refresher Courses	Total Number	Courses Offered, By Specialty														
			Anesthesiology	Child Psychiatry	Family Practice	General Practice	Internal Medicine	Neurology	Obstetrics-Gynecology	Orthopedic Surgery	Pathology	Pediatrics	Pediatric Allergy	Pediatric Cardiology	Phys. Med. & Rehab.	Psychiatry	Urology
Alabama	1	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..
California	10	5	1	..	..	..	..	..	..	..	..	..	..	..	..	3	1
Connecticut	2	3	..	1	..	..	..	..	..	..	..	..	..	1	..	1	..
Dist. of Columbia	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Georgia	1	1	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..
Illinois	4	3	..	..	1	..	..	..	..	..	1	..	..	1	..	..	..
Indiana	2	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..
Iowa	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..
Kentucky	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Massachusetts	4	4	..	..	..	..	1	1	..	..	1	..	..	..	..	1	..
Michigan	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Minnesota	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Missouri	4	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..
New Jersey	4	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..
New York	6	7	1	..	1	..	1	..	1	..	..	..	..	..	..	3	..
Ohio	3	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..
Pennsylvania	8	3	..	..	..	..	..	..	..	1	..	1	..	..	..	1	..
Virginia	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Washington	3	4	..	..	..	..	1	..	..	1	..	2	..	..	..	..	..
Wisconsin	3	2	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..
Totals	**62**	**38**	**3**	**1**	**2**	**1**	**3**	**1**	**1**	**2**	**3**	**6**	**1**	**2**	**1**	**10**	**1**

Table IV-E.—Hospitals Offering Part-Time Residencies To Women, and Number Appointed as of September 1, 1971

	Hospitals Offering Part-Time Appointments					No. of Women in Part-Time Residencies
	Major	Affiliated Limited	Graduate	Non-Affiliated	Total	
Alabama	—	1	—	1	2	—
Arizona	—	1	—	—	1	1
California	5	2	2	8	17	9
Colorado	1	—	2	1	4	2
Connecticut	2	2	2	3	9	3
Delaware	2	—	—	—	2	—
Dis. of Columbia	3	—	—	—	3	4
Florida	3	—	—	—	3	1
Georgia	1	—	—	1	2	—
Illinois	3	2	—	4	9	5
Indiana	2	1	—	—	3	1
Iowa	2	—	1	2	5	2
Kansas	—	—	—	3	3	2
Kentucky	1	2	—	—	3	1
Louisiana	—	1	1	—	2	1
Maryland	1	2	—	5	8	5
Massachusetts	5	3	—	2	10	6
Michigan	12	1	4	5	22	5
Minnesota	3	2	—	—	5	1
Mississippi	—	—	—	1	1	—
Missouri	4	—	—	2	6	1
Nebraska	1	—	—	—	1	1
New Hampshire	1	—	—	—	1	1
New Jersey	2	1	—	10	13	3
New Mexico	1	1	1	—	3	1
New York	12	4	2	11	29	12
North Carolina	1	2	—	1	4	1
Ohio	4	6	1	9	20	4
Oklahoma	1	2	—	—	3	1
Oregon	—	1	—	1	2	—
Pennsylvania	7	2	1	7	17	9
Rhode Island	2	—	—	—	2	1
South Carolina	1	—	—	—	1	—
South Dakota	1	—	—	—	1	—
Tennessee	1	1	—	1	3	—
Texas	9	2	—	2	13	11
Utah	1	—	—	—	1	1
Virginia	2	—	—	3	5	1
Washington	2	—	1	—	3	7
Wisconsin	3	—	—	—	3	1
Totals	**102**	**42**	**18**	**83**	**245**	**105**

Table IV-F.—Residencies in Which Women Held Part-Time Appointments as of September 1, 1971

Specialties	Number in Part-Time Residencies
Anesthesiology	1
Child Psychiatry	11
Family Practice	1
Internal Medicine	6
Neurology	1
Obstetrics-Gynecology	4
Ophthalmology	2
Orthopedic Surgery	1
Pathology	12
Pediatrics	10
Psychiatry	53
Radiology	1
Other Specialties	2
Total	**105**

child psychiatry, pathology, and pediatrics, making up a considerable proportion of these programs.

Refresher Courses for Women Physicians

As is customary, hospitals were also asked on the annual questionnaire whether they would provide refresher courses to women physicians who had been out of practice for some time. Of the 62 that responded affirmatively, 38 indicated that they were offering courses; Table IV-G lists the courses being offered as of September 1, 1971.

New Trends in Graduate Education

Table V-A indicates the states in which interns and residents had been appointed prior to their actual receipt of the M..D degree. The names of the schools from which these candidates would later receive their M.D. degrees is also in dicated. A total of 32 interns had been appointed as of September 1, 1971, before they had been granted the M.D. degree; 10 residents had received similar appointments. The Council on Medical Education has indicated that, when interns or residents are appointed before they receive the M.D. degree, it is the responsibility of the hospital staff to report these names to the AMA Biographical Records so that these individuals may be properly credited with their graduate education appointments; the program director must also verify with the state licensing board that these appointments will fulfill the state requirements.

Table V-B lists the U.S. graduates who had been appointed directly from medical school to a residency without having had an internship. The lists indicate that 239 hospitals made

Table V-A.—U.S. Graduates Appointed to Graduate Programs Before Receiving M.D. Degree, as of September 1. 1971

States in which Appointments were made, and Medical Schools from which Candidates Graduated	No. of Interns Appointed	Residents in the following Specialties			
		Family Practice	Ophthalmology	Pediatrics	Psychiatry
Connecticut					
Yale University	—	—	—	—	1
Jefferson Med. Col.	—	—	—	—	1
Indiana					
Indiana University	2	—	—	—	—
Maryland					
Johns Hopkins	2	—	—	1	1
Michigan					
Northwestern University	1	—	—	—	—
Nebraska					
Creighton University	2	—	—	—	—
New York					
Albert Einstein	—	—	1	—	—
New York University	—	—	1	—	—
Cornell Univ. Med. College	5	—	—	—	—
SUNY Upstate Med. Center	1	—	—	—	—
North Carolina					
Duke Univ. Med Center	8	—	—	—	—
Pennsylvania					
Temple University	3	—	—	—	—
Utah					
University of Utah	8	—	—	—	—
Virginia					
University of Virginia	—	1	—	—	—
University of Oklahoma	—	—	—	—	1
Wisconsin					
University of Wisconsin	—	—	—	—	3
Totals	**32**	**1**	**2**	**1**	**7**

Table V-B.—U.S. Graduates Appointed Directly from Medical School to a Residency, as of September 1, 1971
Department Appointments, by Specialty

States	Hospitals Appointing Residents	Total Number Appointed	Anesthesiology	Family Practice	General Surgery	Internal Medicine	Neurology	Obstetrics-Gynecology	Ophthalmology	Orthopedic Surgery	Pathology	Pediatrics	Phys. Med. & Rehab.	Psychiatry	Radiology
Alabama	2	3	..	..	2	..	..	1	..	..	..	..	..	..	..
Arizona	1	6	..	5	..	..	..	1	..	..	..	..	..	..	..
Arkansas	2	3	..	2	..	..	..	..	..	..	..	..	..	1	..
California	18	39	..	13	6	..	..	1	..	..	3	..	..	15	1
Colorado	3	31	..	..	30	..	..	..	..	..	..	..	..	1	..
Delaware	1	1	..	..	..	..	..	..	..	..	..	..	..	1	..
Dist. of Columbia	5	17	..	7	..	3	..	5	..	..	..	..	..	2	..
Florida	7	17	..	11	..	..	..	1	..	..	..	..	..	5	..
Georgia	7	20	..	6	1	..	..	..	..	..	..	..	..	13	..
Hawaii	2	4	..	..	..	..	..	..	..	..	..	..	..	4	..
Illinois	14	40	..	1	16	..	4	2	..	..	4	..	..	13	..
Indiana	5	16	..	2	1	..	..	6	..	..	..	..	..	7	..
Iowa	3	3	..	..	..	..	..	2	..	..	..	..	..	1	..
Kansas	5	15	..	..	3	..	..	1	..	..	4	..	..	7	..
Kentucky	2	3	..	..	..	..	..	3	..	..	..	..	..	..	..
Louisiana	3	28	..	..	18	..	..	9	..	..	..	..	..	1	..
Maine	1	2	..	..	..	..	..	..	..	..	..	..	..	2	..
Maryland	9	12	..	..	2	..	..	1	..	..	..	..	..	8	1
Massachusetts	9	25	..	..	1	..	..	..	..	..	..	..	..	24	..
Michigan	13	33	..	9	..	..	..	2	..	..	2	..	..	20	..
Minnesota	4	17	..	14	..	..	1	..	..	..	..	..	1	1	..
Mississippi	1	5	..	..	..	..	..	2	..	..	..	..	..	3	..
Missouri	4	25	..	..	..	2	..	2	..	..	8	..	..	13	..
Nebraska	3	19	..	7	7	..	..	1	..	..	..	..	..	4	..
New Jersey	2	2	..	..	..	..	..	..	..	..	..	..	..	2	..
New York	32	127	1	10	35	1	4	18	2	..	3	..	..	52	1
North Carolina	7	16	..	3	..	..	..	6	..	..	..	1	..	6	..
Ohio	19	33	..	8	3	2	..	5	..	..	2	..	..	13	..
Oklahoma	4	4	..	3	..	..	..	..	..	..	..	..	..	1	..
Pennsylvania	15	27	..	8	4	5	3	1	..	..	3	..	..	3	..
Rhode Island	2	2	..	..	..	..	..	..	..	..	1	..	..	1	..
South Carolina	5	34	..	22	..	..	1	..	..	..	..	..	..	11	..
Texas	13	22	..	..	1	..	7	1	..	..	..	..	..	13	..
Utah	2	9	..	5	1	..	..	..	..	..	1	..	..	2	..
Vermont	1	1	..	..	..	..	..	1	..	..	..	..	..	..	..
Virginia	5	22	..	12	..	..	..	5	..	1	..	3	..	1	..
Washington	4	8	..	7	..	..	..	..	..	..	..	..	1	..	..
West Virginia	1	4	..	3	..	..	..	1	..	..	..	..	..	..	..
Wisconsin	3	3	..	..	..	..	..	..	..	..	..	..	..	3	..
Totals	239	698	1	158	131	13	20	78	2	1	31	4	2	254	3

such appointments, and that the total number of residents appointed was 698. The largest number of these appointments were made in psychiatry, with the next largest number in family practice. The number appointed to general surgery is the result of the "dual appointments" which can now be made by hospital approved by the Conference Committee on Graduate Education in Surgery. The dual appointments indicate that a candidate is simultaneously a straight intern in surgery and a first-year resident in surgery during his first year of graduate education.

cies, and as changes in terminology, such as that in pediatrics,

As the internships become fully coordinated with residen-become more generally used, the number of persons appointed directly to a residency will increase rapidly. Pediatrics now designates its graduate training by "pediatric levels," and has discontinued the use of the term "straight intern in pediatrics." As soon as all of the currently approved programs have been surveyed and evaluated by the Residency Review Committee for Pediarics, this terminology will become general, and approvals of straight internships in pediatrics will no longer be needed.

Special Reports, Announcements, Notices

Further Implementation of the Report of the Citizen's Commission on Graduate Medical Education

In the Directory of Approved Internships and Residencies for 1971-72, the report entitled "Continuum of Medical Education," had been accepted by the House of Delegates at the December 1970 Clinical Convention of the AMA, as a further step in the implementation of the report of Citizens' Commission on Graduate Medical Education, also known as the Millis Commission Report.

The first step which had been taken was approval in December, 1968, of the statement that "an ultimate goal is unification of the internship and residency years into a coordinated whole."

The second action was taken in June, 1970, with approval of two statements establishing dates by which integration of internships with residency programs must be completed.

At the December, 1970, meeting, the third action was the adoption of the report entitled "Continuum of Medical Education," which is being repeated in this section because of the importance of the deadline date of July 1, 1975. The Continuum contains 10 specific statements related to the previous actions of the House of Delegates and the requirements of state licensing boards, medical specialty boards, internship and residency matching programs, and the interdependence of undergraduate programs. The complete report follows:

Continuum of Medical Education

Report L of the Board of Trustees, presented at the AMA Annual Meeting in June, 1970, stated the results of continuing studies by the Board of Trustees and the Council on Medical Education of the various provisions of the Report of the Citizens Commission on Graduate Medical Education. Two specific recommendations in the Report, aimed at the unification of the internship and residency years into a "coordinated whole," were adopted by the House of Delegates. These were as follows:

1. After July 1, 1971, a new internship program shall be approved only when the application contains convincing evidence that the internship and the related residency years will be organized and conducted as a unified and coordinated whole;

2. After July 1, 1975 *no* internship program shall be approved which is not integrated with residency training to form a unified program of graduate medical education.

The action of the House of Delegates in adopting these recommendations did not abolish the internship program, but did require that it be made an integral part of a total program of graduate medical education. The advanced deadlines were set to permit institutions to reorganize their programs of graduate medical education to conform to these requirements.

The effective implementation of these recommendations requires that related organizations and agencies, such as the state licensing boards, the examining boards in medical specialties, and the faculties of medical schools, reevaluate the requirements stated in their current policies.

To insure that the desired transition from the undergraduate curriculum to a unified program of graduate medical education can be effected, it is recommended that the following statement on the Continuum of Medical Education be adopted:

1. That the first year of medical education following receipt of the M.D. degree to be accredited by an appropriate residency review committee;

2. That all state licensing boards be notified that, effective July 1, 1970, the first year of an approved residency program, including family practice, is acceptable to the Council on Medical Education as an internship approved by the American Medical Association;

3. That it be recommended to the specialty boards that they consider giving credit toward certification for appropriate clinical experience afforded prior to the granting of the M.D. degree;

4. That medical schools be asked to examine the need for four calendar years of undergraduate medical education and to consider the possibility of beginning graduate medical education in the fourth year;

5. That within the area of graduate medical education joint cooperative efforts be encouraged between university faculties and community hospitals in order to produce a larger number of physicians to provide for the delivery of health care;

6. That within university medical centers and their affiliated hospitals university faculties jointly with the faculties of their affiliated hospitals assume greater corporate responsibility for the conduct of graduate education;

7. That the principle of a voluntary matching program be preserved, and that the only point at which this can be preserved is at the time of obtaining the M.D. degree;

8. That the director of a unified program of graduate medical education be responsible to insure that trainees in the program are adequately grounded in such of the broad fields of medicine, surgery, pediatrics, psychiatry, family practice, and pathology as are appropriate to the program and to individual career goals;

9. That all specialty boards requiring three or more years of graduate experience permit the substitution of at least one year of graduate education in medicine, surgery, pediatrics, or family practice for their own stated requirements;

10. That the future design and development of post-M.D. education programs, and curricula leading to qualification for examination by a specialty board, should emphasize:

a. The educational goal,
b. The personal motivation,
c. The learning capabilities,
d. The individual evaluation,

of each post-M.D. candidate, without reference to calendar perimeters of a fixed or limiting character.

Adoption of Further Recommendations of the Citizens' Commission on Graduate Medical Education

At the Annual Convention of the AMA House of Delegates in June, 1972, Report H of the Board of Trustees was adopted, containing proposals for the establishment of a Liaison Committee on Graduate Medical Education and a Coordinating Council on Medical Education, in collaboration with the American Board of Medical Specialties, the Association of American Medical Colleges, the Council of Medical Specialty Societies, and the American Hospital Association. The report which was adopted follows:

A Proposal for the Establishment of a Liaison Committee on Graduate Medical Education

1. *NAME*

The Committee shall be known as the Liaison Committee on Graduate Medical Education. To avoid confusion of the names of the two committees, it is recommended that the name of the existing Liaison Committee on Medical Education be changed to Liaison Committee on Undergraduate Medical Education.

2. *AUTHORITY*

The Liaison Committee on Graduate Medical Education shall operate on the basis of authority delegated by the parent professional organizations.

3. *PURPOSE*

A. To consolidate existing multiple accrediting activities in graduate medical education under a single accrediting agency qualified for recognition by the U.S. Commissioner of Education.

B. To establish a body for supervision and accreditation of graduate medical education comparable to that existing for undergraduate medical education.

4. *FUNCTION*

A. To accredit programs of graduate medical education recommended for approval by residency review committees.

B. To coordinate the development of improved review and evaluation procedures of residency review committees.

C. To establish more effective central administrative procedures for the conduct of accreditation in graduate medical education.

D. To develop and propose to the Coordinating Council on Medical Education policies and methods whereby graduate education programs in the various specialties may be related more closely to each other and to the total educational enterprises in their individual institutions.

E. To recommend studies directed toward improvement in the standards for organization and conduct of programs in graduate medical education.

5. *COMPOSITION*

A. Because of their interest and involvement in graduate medical education, five major professional organizations shall have representation on the LCGME. The composition shall be as follows:

American Medical Association	4 representatives
American Board of Medical Specialties	4 representatives
Association of American Medical Colleges	4 representatives
Council on Medical Specialty Societies	2 representatives
American Hospital Association	2 representatives
The Public	1 representative
The Federal Government	1 representative

B. Each organization shall select its representatives as it sees fit. The public representative shall be selected by the body of representatives of the professional organizations. The government representative shall be designated by the Secretary of Health, Education, and Welfare.

6. *OFFICERS*

There shall be a Chairman and a Vice Chairman, who shall be from different professional organizations. The officers shall be named in rotation by their respective professional parent organizations. The term of office shall be one year.

7. *FINANCING*

A. The costs of accreditation on graduate medical education are currently borne primarily by the American Medical Association, with

substantial additional support by the specialty boards and certain specialty societies. The same costs shall continue to be shared by these organizations for the time being, but the newly constituted Coordinating Council on Medical Education shall undertake, as one of its initial tasks, a study of costs of accreditation of graduate medical education and shall make recommendations concerning their allocation in the future.

B. The expenses of the representatives of the various professional organizations shall be borne by those organizations. The expenses of the public representative shall be shared equally by all of the professional organizations. The expenses of the government representative shall be borne by the government.

C. For the time being, the AMA shall continue to provide staffing and secretarial services for the residency review committees and in addition shall supply such services for the LCGME.

A Proposal for the Establishment of a Coordinating Council on Medical Education

1. *NAME*

The Committee shall be known as the Coordinating Council on Medical Education.

2. *AUTHORITY*

The Coordinating Council on Medical Education will recommend policy concerning undergraduate and graduate medical education to the five parent professional organizations. For the time being, all policy matters must be approved by all parent professional organizations. Any policy matters not receiving unanimous approval but approval by at least three of the five parent organizations shall be returned, after an intervening period of at least three months, to the Coordinating Council on Medical Education and subsequently to the parent organizations for thorough reconsideration.

3. *PURPOSE*

To supervise and coordinate the activities of the existing Liaison Committee on Medical Education (Undergraduate) and the new Liaison Committee on Graduate Medical Education.

4. *FUNCTION*

A. To review all matters of policy relating to undergraduate and graduate medical education and to make recommendations to the parent professional organizations concerning them. Policy recommendations may originate from any of the parent organizations or from the two liaison committees, but will be subject to review by the Coordinating Council before final action is taken by the parent organizations.

B. To implement the overall policies agreed by the parent professional organizations under which the individual liaison committees operate.

C. To review and coordinate the activities of the two liaison committees.

D. To recommend improvements in review and accreditation procedures of the two liaison committees.

5. *COMPOSITION*

A. There shall be equal representation of each of the five major professional organizations with major interest and concern in undergraduate and graduate medical education. The composition is:

American Medical Association	3 representatives
Association of American Medical Colleges	3 representatives
American Board of Medical Specialties	3 representatives
Council on Medical Specialty Societies	3 representatives
American Hospital Association	3 representatives
The Public	1 representative
The Federal Government	1 representative

B. Each organization shall select its representatives as it sees fit. The public representative shall be selected by the body of representatives of the professional organizations. The government representative shall be designated by the Secretary of Health, Education, and Welfare.

6. *OFFICERS*

There shall be a chairman and a Vice Chairman, who shall be from different professional organizations. The officers shall be named in rotation by their respective professional organizations. The term of office shall be one year.

7. *FINANCING*

A. Expenses of the representatives of the various professional organizations shall be borne by those organizations. The expenses of the public representative shall be shared equally by all of the professional organizations. The expenses of the government representative shall be borne by the government.

B. For the time being, the AMA shall provide staff and secretarial services for the CCME.

The following three recommendations appear in the official *Proceedings* of the meeting:

RECOMMENDATION #1

Mr. Speaker, your Reference Committee recommends that *Report H of the Board of Trustees be adopted.*

The House directed that, as soon as feasible after the formation of the Liaison Committee on Graduate Medical Education and the Coordinating Council on Medical Education, AMA representatives to these bodies institute negotiations to provide representation from among Interns and Residents on the Liaison Committee, and for representation on the Coordinating Council from among Interns and Residents and from among Medical Students.

RECOMMENDATION #2

Your Reference Committee further recommends that the AMA representatives to the Liaison Committee on Graduate Medical Education be appointed by and from the Council on Medical Education.

RECOMMENDATION #3

Your Reference Committee recommends that the AMA representatives to the Coordinating Council on Medical Education be elected by the House of Delegates from nominees selected jointly by the Board of Trustees and the Council on Medical Education according to the following plan:

(a) The first election of the representatives will be at the Clinical Convention in 1972.

(b) At the first election one representative will be elected for three years, one for two years, and one for one year. In all subsequent elections, representatives will be elected for a three-year period. No representative may be elected for more than three terms.

(c) At least two persons will be nominated for each elected position at each election and additional nominations will be made from the floor.

Revision of Essentials for Approval of Examining Boards in the Medical Specialties

At the Clinical Convention of the AMA in 1971, the House of Delegates adopted a revision of the "Essentials for Approval of Examing Boards in Medical Specialties," to provide a mechanism under which prior certification by a primary board might be waived for those candidates seeking admission to the examination by a conjoint board. The revision specified the conditions under which those certified by sponsoring primary boards might be certified by the conjoint board without further examination. The revision expanded Section V to include item 13 as stated below (item 12 was already a part of Section V):

Section V. Requirements for Approval of New Boards

B. Details of the Application

12. A statement relating to proposed provisions for certifying, without examination, physicians practicing in the specialty including the qualifications and the number of physicians to be certified in that manner.

13. Special Requirements for Conjoint Boards

a. Candidates not previously certified by any type of examination of an approved primary or subsidiary board, and not meeting the training or other requirements, may, at the discretion of the conjoint board, qualify for certification by a conjoint board on the basis of years of practice and/or eminence in the field of the conjoint board, providing they take and pass the same examination given to all other eligible candidates.

b. A candidate may be certified without further examination at the discretion of the board provided:

(1) His professional qualifications have been officially recognized by an approved primary or subsidiary board, and by having passed an appropriate examination in the area of the proposed specialty, and

(2) His other qualifications are satisfactory to the proposed conjoint board.

Conjoint Specialty Boards

American Board of Nuclear Medicine

In the 1971-72 Directory, an announcement was made of the approval of the American Board of Nuclear Medicine, which is a conjoint board of the American Board of Internal Medicine, the American Board of Pathology, and the American Board of Radiology, and also has as a sponsor the Society of Nuclear Medicine. The Board had been approved in June, 1971, but soon thereafter, concern was expressed by persons in the three specialties involved on current problems such as limited certification in the subspecialty fields of nuclear medicine, and the evaluation of such training.

A number of resolutions were offered to the AMA House of Delegates in November, 1971, which resulted in the adoption of the following substitue resolution:

Resolution 24—Conjoint American Board of Nuclear

Resolution 24 directed the Council on Medical Education to request the Conjoint American Board of Nuclear Medicine to delay in proceeding with its plan to conduct examinations and certifications for at least one year to determine whether the conditions under which the Council approved the Board are being met and to gather more information and opinion.

The House considered the following Substitute Resolution:

Resolved, That the House of Delegates of the American Medical Association direct the Council on Medical Education to establish an ad hoc committee, in cooperation with the American Board of Medical Specialties, with representation from appropriate specialty societies and boards, to study the current problems related to certification in nuclear medicine and to suggest solutions to those problems; and be it further

Resolved, That the Council on Medical Education be directed to report to the House of Delegates in June, 1972, and, if necessary, in November, 1972, on the progress toward solution of those problems; and be it further

Resolved, That the House of Delegates of the American Medical Association support the plans of the American Board of Nuclear Medicine to administer its first examinations for certification in March, 1972, but to request the Board to withhold certification of those examined until immediately after the Clinical Convention in December, 1972, unless a satisfactory solution to the problems has been achieved before that date.

As directed by the above resolution, the Council on Medical Education, in cooperation with the American Board of Medical Specialties moved immediately to establish an ad hoc committee to address the problem. The Committee was assembled on December 21, 1971, with representation from the Council on Medical Education, the American Board of Medical Specialties, the four specialty boards involved (Internal Medicine, Nuclear Medicine, Pathology, Radiology), the corresponding AMA Sections, two national societies for internal medicine, two national societies for pathology, four national societies for radiology, and the Society for Nuclear Medicine. A subsequent meeting was held in March, 1972.

The following report, submitted to the AMA House of Delegates in June, 1972, was approved:

Report H of the Council on Medical Education was prepared in response to Substitute Resolution 24 (C-71) which directed the Council "to study the current problems related to certification in nuclear medicine and to suggest solutions to those problems." In the period since the 1971 Clinical Convention an ad hoc committee appointed by the Council on Medical Education and the American Board of Medical Specialties met on two occasions and suggested solutions to the problems. In addition, there were multiple negotiations conducted with representatives of the various boards and specialty societies concerned. An acceptable over-all solution was not achieved until after the meeting of the American Board of Medical Specialties on May 31, 1972. Meanwhile, a number of resolutions had been introduced for consideration by the House of Delegates.

Your Reference Committee heard extensive testimony from representatives of many organizations to the effect that agreements described in Report H appear to resolve the problems of certification and subcertification in nuclear medicine, provided that they can be effected with complete cooperation of the involved specialty boards. Your Reference Committee therefore offers the following recommendations.

Recommendation #1: (Approved by House)

Mr. Speaker, your Reference Committee recommends that *Report H of the Council on Medical Education be filed.*

Recommendation #2: (Approved by House with changes indicated)

Your Reference Committee recommends that the following substitute resolution be adopted in lieu of Resolutions 44, 48, 63, 67, 71, 83, and 99:

Resolved, That the AMA House of Delegates approve the recommendations of the Council on Medical Education and the American Board of Medical Specialties that:

The American Board of Nuclear Medicine, a conjoint board, can issue a general certificate in the field of practice represented by the conjoint board, and each of its sponsoring primary boards may issue special certificates in the related limited fields of their particular interest. Such special certification will be done in cooperation with the conjoint board with respect to qualifications of candidates, standards of examination and the form of the certificate.

Be it further *Resolved,*

(1) That the American Board of Radiology be authorized to issue certificates in diagnostic radiology, with special competence in nuclear radiology, in cooperation with the American Board of Nuclear Medicine;

(2) That the American Board of Pathology be authorized to issue certificates of special competence in radioisotopic pathology in cooperation with the American Board of Nuclear Medicine.

Be it further *Resolved,* That since this satisfactory solution has been achieved, the AMA request "that the American Board of Nuclear Medicine withhold certification" be withdrawn, and that the Board be permitted to proceed with the notification of candidates who have taken the Board examination and to conduct further examinations in accord with its regular, specified procedures.

And finally, be it *Resolved,* That the Council on Medical Education be requested to continue to oversee the implementation of these agreements and report further progress to the House of Delegates at the Clinical Convention in 1972.

The AMA Council on Medical Education and the American Board of Nuclear Medicine are now working on arrangements for the establishment of a residency review committee in Nuclear Medicine, as a necessary step in the development of an evaluation and approval mechanism for residencies in this specialty.

The requirements for certification of the American Board of Nuclear Medicine are listed in the appropriate section in this Directory.

American Board of Allergy and Immunology

The American Board of Allergy and Immunology, a conjoint board of the American Board of Internal Medicine and the American Board of Pediatrics, was approved also in June, 1971, and during the past year has been working ont details that would enable it and the Council on Medical Education of the AMA to establish a Residency Review Committee for Allergy and Immunology.

For the first time, the requirements of the American Board of Allergy and Immunology are included in this publication, to provide candidates with information on the training that will be needed in order to qualify for the examination.

At the same time, the American Board of Internal Medicine has dropped from its listing of requirements the information that had been provided in previous additions on subcertification in allergy. This has been done in the expectation that the American Board of Allergy and Immunology will be functioning very shortly.

Procedure for Evaluation of New Residency Fields

The information listed above for residencies in Nuclear Medicine and in Allergy and Immunology points up the fact that certain steps must be taken before new residency programs can be approved and listed in the annual Directory of Approved Internships and Residencies. While training programs may exist without specific approval, there does need to be formulated "Essentials" to provide for potential program directors guidelines as to the content of such programs. Simultaneously, a residency review committee should be established, with the participation of the Council of Medical Education and the approved examining board in the specialty, if one exists, or with a national society in the field. All "Essentials" need to be submitted at the present time through the Council of Medical Education to the AMA House of Delegates for approval.

No Approved Residencies in Emergency Medicine

Directors of Medical Education have inquired as to the possibility of offering a residency in Emergency Medicine, and individuals have asked about an appointment as a resident in such programs. At the present time there are *no* approved residencies in emergency medicine.

Early in 1972, the Council on Medical Education appointed a committee, composed primarily of members of the Council, to define the general areas of emergency room care, such as; (1) emergency care in which generally the patients come from outside the institution where such care is provided; (2) critical care medicine in which much of the patient material comes from within the institution; (3) the general area related to planning and organizing regional emergency care programs; and (4) preliminary care on a 24-hour basis, of nonemergency cases that come into an emergency room simply because it is available.

After the Committee has analyzed the areas involved, it expects to meet with various interested groups, agencies, and individuals in a series of meetings to define the area, establish educational guidelines, and determine whether this is a matter of primary educational programs for physicians, or whether deliberation should include the allied health field.

When progress has been made in this area, an announcement will be made, but at present applications for programs in Emergency Medicine are not available, as no approval mechanism has been established.

Matching Programs and Appointment Mechanisms

National Intern and Resident Matching Program

As in March, 1972, the National Internship Matching Program will, in March, 1973, carry on a matching program for new graduates who will enter internship or residency programs. The Matching procedure will be similar to that for 1972, with an authorized administrative official designated to handle the details for each hospital. Hospitals are expected to place in the Matching Program all positions aavilable to graduates, whether such individuals are seeking internship or a first-year residency.

The attention of participants in the program—both candidates and program directors—should be called to the fact that in surgery, in a number of institutions, the previous listing of a straight internship in surgery has been deleted, as hospitals are now making "dual appointments" to candidates who are then designated as serving in both the straight internship in surgery and the first year of the residency in surgery. Such programs, however, appear under the residencies for surgery, as the straight internship in surgery is no longer listed in these cases. In some instances, however, the hospital may have decided to retain the straight internship in surgery because their candidates may not be planning to pursue a career in general surgery, but may be interested in the straight internship in surgery as a basis for other surgical specialties such as otolaryngology, urology, etc.

A somewhat similar situation exist with respect to Pediatrics. The Residency Review Committee for Pediatrics, in conjunction with the American Board of Pediatrics, has redesignated its years of training as "pediatric level 1," PL-2, etc. This designation has eliminated the listing of straight internships in pediatrics for those programs that have been surveyed during the past year and the surveys evaluated by the Residency Review Committee for Pediatrics. Programs not yet surveyed will be included in the schedule for the next six-month period, but these programs may still list their straight internships in pediatrics.

A candidate, therefore, who wishes to begin graduate training in pediatrics, should look not only in the internship list for straight internships, but also should look in the residency list for pediatrics, for those programs listed with a matching code number. This will indicate that such programs have approval to offer pediatrics-level 1, which is equivalent to a straight internship in pediatrics for new graduates from medical school.

By the time the 1973-74 Directory is available, it is expected that all listings of straight internships in pediatrics will have been discontinued, and that the approved residencies will be authorized to offer the equivalent of a straight internship in pediatrics as "pediatrics-level 1."

Uniform Appointment Dates for Internal Medicine

For the sixth year, the AMA Department of Graduate Medical Education has coordinated, at the request of the Association of Professors of Medicine, the operation of the Uniform Appointment Procedure for Internal Medicine residencies. Under this procedure, program directors agree that first-year residencies will not be offered to individuals currently serving in internships before 12 noon, E.S.T., on Monday, November 13, 1972, and acceptances must then be received from the intern applicant by the residency program director by 12 noon, E.S.T., Wednesday, November 15, 1972.

Individuals who are interning in Canada, and who wish a first-year residency appointment in the United States must abide by the uniform appointment date if the program director has agreed to participate. Candidates who have completed internships prior to June 30, 1972, and who are in fellowship training, the armed forces, public health service, etc., are exempt from the November 13, 1972, date, as are prospective resident going directly into specialty programs in neurology or dermatology.

The uniform appointment procedure is applicable only to first-year residents, and does not apply to second- or third-year residents. It also does not affect the obligation assumed by those services that offered a two-year appointment (internship and first year of residency) to current interns at the time that they accepted the appointment as incoming interns.

Matching Code Numbers

In this directory matching code numbers have been inserted in the residency listings for those hospitals which had provided "Hospital Agreements" to the National Intern and Residency Matching Program prior to publication of the book.

A copy of the Hospital Agreement is contained on page 115 of this Directory. The agreement was originally distributed to all hospitals with approved graduate training programs at the time that the information forms were sent in November, 1971, to obtain the information included in the 1972-73 Directory.

If there are problems related to the participation of a program in the National Intern Resident Matching Program, correspondence should be directed to the office of the Matching Program, which is 1603 Orrington Avenue, Suite 1150, Evanston, Illinois 60201. The telephone number of the Matching Program is (312) 491-9504.

Matching Program in Radiology

The 1973 Matching Program in Radiology is being offered through the National Intern Resident Matching Program, with the cooperation of the American College of Radiology. The Matching Program is available to all hospitals with residency programs in radiology, diagnostic radiology, or therapeutic radiology. The programs participating in the matching are listed in the 1972-73 Directory of Approved Internships and Residencies and are coded with an appropriate NIRMP code number which is to be used by medical students seeking first-year appointments in graduate medical education. A *separate* code number will be assigned to those programs in radiology tht offer appointments only to physician candidates. A list of such hospitals, these special code numbers for these training programs, and other information will be distributed to physician candidates as a supplement to the Directory. The American College of Radiology is assuming the cost of printing and circulating this supplement.

Any physician candidate interested in registering with the NIRMP must write direct to that office for materials. Medical students will be sent materials through the dean of their medical school. The deadline date for medical students with the program will have been set as a date in June, 1972, but interns or other physician candidates have until October 31, 1972, to register for first-year *residency* positions. Separate announcements of the Matching Program for Radiology have been sent to program directors, and specific questions on the mechanics of the program may be addressed to Mr. Robert E. Becker, Assistant Executive Director, American College of Radiology, 20 North Wacker Drive, Chicago, Illinois 60606. The telephone number is (312) 236-4963.

Osteopathic Graduates

Internship Not Required

When the AMA Board of Trustees formulated its Report S, which was accepted by the House of Delegates in December, 1968, it had included in the document the statement that "AMA internship may be opened to qualified graduates of Schools of Osteopathy." It also indicated that residencies should be opened to osteopathic graduates who have fulfilled all of the requirements, provided the examining board in that specialty had declared that it would accept for examination graduates of osteopathic schools who are otherwise qualified.

At the Annual Convention in June, 1972, the House of Delegates accepted a recommendation of the Council of Medical Education that clarified the fact that osteopathic graduates need not serve an approved internship if they are entering a residency field in which the specialty board did

not require an internship. The following recommendation was accepted:

Because the Council on Medical Education and the House of Delegates have now defined the first year of graduate medical education as the equivalent of an approved internship, osteopaths should not be required to serve an AMA-approved internship prior to accepting a residency if the specialty board in that field does not require an internship as one of its prerequisites to certification.

Residencies Open to Osteopathic Graduates

A memorandum issued in August, 1972, listed the 13 approved examining boards which now permit osteopathic graduates to take their examination for certification. The memorandum stated, in part:

The American Board of Family Practice now permits graduates of osteopathic schools to sit for its certifying examinations. This policy decision brings to a total of 13 the number of approved examining boards that now will examine osteopaths for certification. These Boards are:

American Board of Anesthesiology
American Board of Dermatology
American Board of Family Practice
American Board of Internal Medicine
American Board of Obstetrics-Gynecology
American Board of Orthopedic Surgery
American Board of Otolaryngology
American Board of Pathology
American Board of Pediatrics
American Board of Physical Medicine & Rehabilitation
American Board of Preventive Medicine
American Board of Psychiatry and Neurology
American Board of Radiology

In conformity with the December, 1968, action of the AMA House of Delegates, AMA-approved residencies in the specialty fields certified by the above mentioned Boards are now open to qualified graduates of schools of osteopathy who meet the requirements as stated by each of these Boards. Attention is drawn to the notice printed in bold-face type in the "Essentials of Approved Residencies," following the section on "Special Requirements" for each specialty, which states:

Residents who plan to seek certification by an American Board should communicate with the secretary of the appropriate board to be certain regarding the full requirements for certification.

Duration of Graduate Training as Required by Examining Boards in Medical Specialties

On August 18, 1972, the Council on Medical Education issued the following memorandum to the president and secretary of each of the approved examining boards in a medical specialty, to the officers of the Residency Review Committee, and to hospitals offering approved graduate training programs:

The Council on Medical Education at its meeting June 16-18, 1972, unanimously adopted the following statement:

The Council on Medical Education is concerned about the continuing increase in the length of graduate medical education, and goes on record as strongly urging all American Boards to continue to assess their time requirements, in view of the change in requirement for the internship.

The Council further urges that the use of performance tests and other measures of competence receive additional consideration, so that the length of training will not be extended and will be dependent upon demonstration of competence rather than upon specific time requirements.

As the various Specialty Boards revise their requirements for certification of individuals, it may become necessary to consider changes also in the "Essentials of Approved Residencies," relating to the specialty affected. Changes in "Essentials" generally are discussed by the appropriate residency review committee. In accordance with our longstanding procedures, before any recommended changes involving the "Essentials," can become effective, they must be approved by the Council on Medical Education and the other parent bodies of the Residency Review Committee, and then approved by the House of Delegates of the American Medical Association. If there is a question as to whether a change in board requirements will involve a change in "Essentials," prior consultation with the Council on Medical Education is recommended.

The 1972-73 Directory of Approved Internships and Residencies, which should be available by the end of October, contains, as is customary, a section on the current requirements of the approved examining boards in the medical specialties. It will be noted that a number of boards have already made changes in their requirements which have had the effect of shortening the total time required, as several have eliminated the requirement for an internship or made their requirements more flexible.

Even before statement was sent, a number of the specialty boards had taken steps to reduce their requirements or make them somewhat more flexible. Many of these changes relate to the integration of an internship period with the residency, or the substitution of a year of residency training for the previously required internship.

Program directors and specialties boards alike seem to have misunderstood the intent of the "Continum of Medical Education" when they make statements concerning the AMA's intention to "phase out all rotating internships" or their statement that "Internships will be discontinued"—all pegged at the deadline date of June 30, 1975. The Continuum, it must be emphasized, simply states that "After July 1, 1975, no internship program shall be approved which is not integrated with residency training to form a unified program of graduate medical education."

An explanatory memorandum dated March 18, 1971, copies of which are still available upon request, contains guidelines to unify the internship, and indicates the manner in which the program director can exercise the option of designing the internship year.

A brief summary of the action taken by various specialties boards follows, with a caution that some of the options available to candidates for certification by these boards are complicated, the basic years required are summarized and it should be understood that any program director or any candidate should check with the Secretary of the Board to determine whether a proposed program meets that Board's requirements, which may be oversimplified:

Anesthesiology

The basic policy is that the Board will extend training credit toward a three-year residency training for internship experience in anesthesiology of six-month's duration or more in a department of anesthesiology approved for residency training. This restricts training credit to a rotating-8 internship with a major component in anesthesiology. The Board has further ruled that the four months spent on the internal medicine rotation in a rotating 8 internship is creditable toward third year activity. It also approves a plan of two years of residency training and four years of practice.

Colon and Rectal Surgery

This and other surgical specialties that require training in general surgery have decreased the training time by making available "dual appointments" as straight interns in surgery and simultaneously as first-year residents in surgery.

Dermatology

A three-year residency in dermatology is required, as previously, but a fourth year, which previously was required to be an internship may now be an internship, an approved residency in another specialty or an additional year in a residency in Dermatology or a supervised year of training or experience approved by the training director and the American Board of Dermatology. The fourth year may precede, follow, or be interspersed with the approved three years of training in Dermatology.

Family Practice

The family practice program, since its inception, has been an integrated three-year program, the first year which could be credited as an internship if the candidate does not complete the three-year program.

Internal Medicine

Under Plan 1, which has a number of alternatives, the requirement is for a straight internship in medicine or a rotating internship with eight months of medicine in a hospital approved for a residency in internal medicine, and two additional years in general internal medicine. Under Plan 2, which

also has several alternatives, four years of postdoctoral education is required, which may include an approved internship other than a straight medical internship, and three years of approved residency training in general internal medicine. Under Plan 1, the time required has been decreased by about a year from previous requirements.

Neurological Surgery

No change has been made in the requirement of a year of general surgery as an intern or a resident, and completion of a four-year residency in neurological surgery.

Obstetrics-Gynecology

Although an internship may be required of graduates of foreign medical schools, in general, the Board several years ago discontinued the requirement of an internship, so that the candidate needs complete only a three- or four-year residency in obstetrics-gynecology, which program must consist of a minimum of 36 months of obstetrics and gynecology.

Ophthalmology

The Board for several years has not required an internship; it requires a three-year residency plus one year of institutional work or ophthalmological practice.

Orthopedic Surgery

Four years of postdoctoral orthopedic education are required of all candidates, but one year may be obtained from the following categories; internship, assistant resident in general surgery, assistant in orthopedic surgery; assistant resident in related medical and surgical areas; research or study; or work in military service. Thus the flexibility of the first year has decreased the time required by one year.

Otolaryngology

The candidate is no longer required to serve an internship, and now must complete a minimum of four years of residency training, which must include at least one year of general surgery and three years of otolaryngology. Elimination of the previous internship requirement has decreased the time by one year.

Pathology

Four years of training in pathology are now required, and the fifth year, formerly required as an internship or further training in pathology, is no longer required.

Pediatrics

Three years of hospital-based training in pediatrics is required, with special terminology now being used. The training requirements have been somewhat liberalized, but there has been no change in the length of the training period.

Physical Medicine and Rehabilitation

Candidates must complete a three-year residency in this field, and are generally required to have served an internship, although the Board may waive the internship requirement for those who have received a minimum of six months training judged to be equivalent to that of an internship, and received training in acute medical and surgical conditions which fulfill minimum requirements of the Board.

Plastic Surgery

The three years of general surgery required could now include the dual appointment in general surgery, thus shortening the total time required; two years of a residency in plastic surgery are also required.

Preventive Medicine

The Board plans to discontinue its requirement for an internship effective July 1, 1973, which will shorten the time required for the various fields of preventive medicine. In general then, the requirements will be four years of postdoctoral training.

Psychiatry and Neurology

The requirement of a year of internship was dropped a year or two ago, and candidates may now complete residency training in either psychiatry or neurology in three years.

Radiology

Candidates are now required to have four years of postgraduate training, three of which must be in a department of radiology, and the fourth year may be spent in similar training, or in an internship, or in a residency in another specialty. The year may precede, follow, or be interspersed with the training in radiology. For some candidates, the total training time now is one year shorter.

Surgery

A four year residency is required, the first year which may be a "dual" appointment as a straight intern in surgery and a first-year resident in surgery. The previous requirement for an internship has been dropped, so that one year is cut from the total training requirements.

Thoracic Surgery

Shortening by one year is possible through the "dual appointment" mechanism for general surgery, as certification by the American Board of Surgery is required in addition to two years residency training in thoracic surgery.

Urology

Two years of post-M.D. training are required in surgery, and three years of residency training in urology. If the candidate serves a "dual appointment" during the first year, it is possible for him to have shortened the total time required.

Residency Programs

Anesthesiology

In the fall of 1971, the Residency Review Committee for Aneshesiology issued a revised "Guide for Residency Programs in Anesthesiology", to assist those who conduct, plan, to conduct, or participate in conducting residency programs in the specialty. The guide supplements the requirements stated in the "Essentials of Approved Residencies."

The new guide emphasizes, as does an announcement sent to program directors dated December 10, 1971, the deadline date of July 1, 1973, for the continued approval of currently approved two-year programs. The announcement stated in part:

1. On July 1, 1973, only those residency programs in Anesthesiology formally approved for three years of training by the Residency Review Committee for Anesthesiology shall continue to be listed as approved residencies.
2. All two-year programs wishing to apply for three-year approval, either as potential or actual three-year programs, must submit the three-year proposal no later than *December 31, 1972*. Failure to either be approved or to have submitted an acceptable outline of a three-year program prior to that date will mean that residents appointed on or after January 1, 1973, will not receive credit for such training by the Board until the program has submitted its proposal, has been reviewed by a Diplomate, and had action taken by the Residency Review Committee.
3. In the event a resident is appointed immediately prior to December 31, 1972, and the program is subsequently disapproved, the resident will have a six-month "grace period" beginning July 1, 1973, in which to be relocated.

Residency programs in certain hospitals with unusual facilities and clinical material may be approved for one year of Specialized Clinical Training; these will continue to be approvable after July, 1973.

One- to Two-Year Residencies in General Surgery

At the AMA Clinical Convention in 1971, a report of the Council on Medical Education was accepted which specifies that approval be withdrawn, effective June 30, 1975, from the one-to-two year residencies in surgery. It was noted that this is a logical sequel to the previous action of the House of Delegates in approving the concept of the continuum of medical education, as these residencies no longer provide acceptable prespecialty training for other surgical fields. It was also noted that only a small portion of the positions available were currently filled, and that the programs seem to attract predominately graduates of foreign medical schools.

Four-Year Programs in Surgery

Beginning in July, 1971, program directors were given the option of making "dual appointments" of medical students who had graduated in June, 1971. Such candidates could be appointed simultaneously as straight interns in surgery and as first-year residents in surgery. At that time, it was required that the total four-year program provide four years of clinical experience in surgery.

The Conference Committee on Graduate Education in Surgery, which, during the past year, has been revising its guide for residencies in general surgery, issued the guide during the summer of 1972. Concurrently, the American Board of Surgery revised its requirements, so that the "dual appointment" procedure has been somewhat liberalized. A revised statement issued after publication of the guide, but distributed to all directors of residency programs states:

For a resident who, on or after July 1, 1971, has a "dual appointment" as surgical intern and first-year surgical resident, the residency 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 clinical areas other than surgery or to non-clinical pursuits, such as research, must be in addition to the "four years of clinical experience."

Pathology Review Committee Established

During 1972 the Residency Review Committee for Pathology was established, with representatives of the Council on Medical Education of the American Medical Association and of the American Board of Pathology. Previously, residencies in this field had been evaluated through the Institutional Committee of the American Board of Pathology, and through recommendations of the Council's staff and members.

It is expected that the Residency Review Committee will meet twice a year, once in the fall and once in the spring, which is the usual pattern of the review committees in other specialties.

Residencies in the Fields of Radiology

In September, 1969, the American Board of Radiology announced that, effective July 1, 1973, residents being trained in diagnostic radiology or in therapeutic radiology would need to serve in programs approved for these specific types of residencies, if the candidate is to receive credit toward satisfying the requirements of the American Board of Radiology for Certification in diagnostic radiology or in therapeutic radiology.

Up to the deadline date, program directors with approval to offer residencies in general radiology may train individual candidates in either diagnostic radiology or therapeutic radiology, without specific approval of the residency program in these areas.

Program directors who expect to offer approved training in diagnostic radiology or in therapeutic radiology as of July 1, 1973, and whose programs are not included in the list of these specialties in the 1971-72 Directory, should write promptly to the AMA Department of Graduate Medical Education for an application form. This will be sent to the program director to complete and should be returned to the AMA offices where it will be processed and forwarded to the American Board of Radiology. Arrangements will then be made to have a diplomate of the Board surgery the proposed program. His report will be evaluated at the next meeting of the Residency Review Committee for Radiology. Programs not currently approved, therefore, cannot be approved prior to the Spring 1973 meeting of the Residency Review Committee for Radiology.

When an institution or group of institutions obtains approval to offer both a residency in therapeutic radiology and a residency in diagnostic radiology, it should promptly inform the Residency Review Committee wheher it intends to continue to offer the three-year residency in general radiology. Institutions may choose to do so, but frequently a program director has expressed surprise that his residency in general radiology has continued to be listed after the institution has obtained approval to offer a residency in diagnostic radiology and in therapeutic radiology. Approval is not automatically withdrawn from residencies in general radiology under such circumstances, and it would be helpful if the program director notified the Residency Review Committee when he does not wish to continue to offer the general radiology program.

Pediatric Radiology

At the request of the Residency Review Committee for Radiology, and with the concurrence of its parent bodies, which are the Council of Medical Education of the AMA and the American Board of Radiology, the following statement was added to the "Essentials of Approved Residencies," and pertains to residencies in Pediatric Radiology. The section was added following the present description of residencies in diagnostic radiology, as pediatric radiology is a segment of this field of 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 teaching, 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.

Guide for Family Practice Residencies

The Residency Review Committee for Family Practice, in late 1971, issued its "Guide" for residency programs in family practice. Copies are available to potential directors of programs, along with a somewhat revised application form. Person considering applying for approval of the residency in family practice are urged to request a copy of the "Guide" and also a copy of the current application form.

Psychiatry and Neurology

The Residency Review Committee for Psychiatry and Neurology issued, early in 1972, a "Guide" for residency programs which it evaluates in the fields of psychiatry, neurology, child psychiatry, and child neurology. Copies are available upon request to those persons planning to offer a residency in one of these fields.

Reprint on Medical Licensure

A limited amount of information on medical licensure appeared in the issue of *The Journal* AMA dated June 19, 1972. A reprint is now available that contains the information published in the issue, as well as supplementary information of interest to physicians who may be changing locations or considering such changes. Request for the publication should be sent to Mr. Henry Mason, Department of Undergraduate Medical Education, AMA, 535 North Dearborn Street, Chicago 60610.

Foreign Medical Graduates

In early 1972, the Commission on Foreign Medical Graduates, which has its headquarters at 116 South 7th Street, Philadelphia, Pennsylvania 19106, was designated by U.S. Department of State as the agency to issue the "DSP-66" for exchange-visitors to this country.

In order to process such requests, the Commission has required that a "hospital intermediary" be named for each institution or medical center that appoints foreign graduates, so that it can process requests for interns and residents.

The Commission on Foreign Medical Graduates has also listed criteria for the evaluation of clinical fellowships and research fellowships, in an effort to be of assistance to the foreign graduate who is seeking meaningful educational opportunities in this country other than an internship or residency.

The Council on Medical Education of the AMA is also investigating the possibility of evaluating fellowships, and is exploring with the residency review committees the desirability of having these bodies participate in such approvals. The Residency Review Committee for Ophthalmology has agreed to evaluate ophthalmic fellowships, and it is likely that some of these will be listed in subsequent issues of the Directory of Approved Internships and Residencies.

Sale of Directory

Beginning with the 1971-72 edition, copies of the Directory of Approved Internships and Residencies are available at a charge of $2 a copy, postage prepaid within the United States.

The 1972-73 Directory is also available at a charge of $2. Requests for the Directory should be accompanied by the appropriate remittance, and should be sent to the Order Department, AMA, 535 North Dearborn Street, Chicago, Illinois 60610.

Consolidated List of Hospitals

With Approved Graduate Training Programs

Council on Medical Education of the American Medical Association

Revised to July 1, 1972

Hospitals, 1,461 Internship Programs, 3,254 Residency Programs, 4,667

The Consolidated List provides general basic information on hospitals with approved internship and residency programs.

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

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

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

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

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

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

The special symbols used in previous editions to indicate ownership of the hospital by a medical school, and to indicate the exclusive right of a medical school to appoint or nominate all members of the hospital staff to services used by the school, have been omitted because of limitations of computer-processing of the data.

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

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

Whenever the information could be shown with reasonable accuracy, the number of graduates of foreign and nonforeign medical schools serving in each hospital as of September 1, 1971, is shown as a separate figure for interns and residents. The information was provided by individual hospitals, on the annual questionnaire completed for this Directory. The numbers published do not include those who were listed as serving in the hospital in capacities other than those of intern or resident.

In some cases, because of the complexity of programs in relationship to other hospitals, numbers have not been published; in a few cases, specific figures were not furnished. The *absence* of numbers in these columns may indicate that *either* no one was serving in the program as of September 1, 1971, *or* that the program is so organized that individual participants are appointed to an integrated program and therefore serving during the program in more than one hospital.

The numbers of internship and residency positions are shown for the academic year beginning July 1, 1973, to provide an indication of the training potential of each hospital, insofar as it is possible to indicate this in a list. Some figures may represent duplications in situations in which several hospitals participate in combined training programs for one or more specialties; others may not reflect the large number of trainees regularly rotating to the institution from other programs.

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

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

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

Abbreviations used to indicate the specialty or area of training designated in internship and residency programs are listed on page 99, preceding the list of code numbers for medical schools.

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec % †	House Staff Sept. 1, 1971 For.*	House Staff Sept. 1, 1971 Non-For.*	Pos. Off. July 1, 1973	Approved Program
ALABAMA								
BIRMINGHAM								
BAPTIST MEDICAL CENTER - MONTCLAIR 800 MONTCLAIR RD. 35213	L-010	CHURCH	485	43				INT: ROT.,ST.MED.; RES: GS,IM,PTH,R;
BAPTIST MEDICAL CENTER - PRINCETON 701 PRINCETON AVE. 35211	L-010	CHURCH	427	30				INT: ROT.,ST.MED.; RES: GS,IM,PTH,R;
BAPTIST MEDICAL CENTERS 701 PRINCETON AVE. 35211	L-010	MISC.				3 17	16 25	INT: ROT.,ST.MED.; RES: GS,IM,PTH,R;
CARRAWAY METHODIST MEDICAL CENTER 1615 NORTH 25TH ST. 35234	L-010	CHURCH	419	37	1	2 12	18 39	INT: ROT.,ST.MED.; RES: GP,GS,IM,OBG,PTH,U;
CHILDREN'S 1601 6TH AVE. S. 35233	M-010	NP CORP	168					INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: NS,OPH,ORS,OTO,PD,U;
EYE FOUNDATION 1720 8TH AVE. SOUTH 35233		NP CORP	44			8	8	RES: OPH;
ST. VINCENT 2701 NINTH COURT S. 35205	L-010	CHURCH	190	38		5 1	15 9	INT: ROT.,ST.MED.; RES: IM;
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS 619 S. 19TH ST. 35233	M-010	STATE	692	68		13	22	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,CHP,U,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PM,P,R,TS,U;
UNIVERSITY OF ALABAMA MEDICAL CENTER	M-010	MISC.			2 37	48 186	76 293	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PM,GPM,P,R,TS,U;
VETERANS ADMIN. 700 S. 19TH ST. 35233	M-010	VA	483	58				INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,D,GS,IM,NS,N,OPH,ORS,OTO,PTH,PM,P,R,TS,U;
FAIRFIELD								
LLOYD NOLAND P. O. BOX 538 35064	L-010	NP CORP	307	40	2 2	3 17	25 30	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.OBG.; RES: AN,D,GS,IM,OBG,ORS,PTH,PD;
MOBILE								
MOBILE GENERAL 2451 FILLINGIM ST. 36617	M-114	STATE	305	51	1	13 25	23 38	INT: ROT.,ST.SURG.; RES: GS,IM,OBG,ORS,PTH,PD,U;
MONTGOMERY								
MONTGOMERY BAPTIST 2105 EAST SOUTH BLVD. 36111	L-010	CHURCH	195	50				INT: ROT.;
MONTGOMERY REGIONAL FOUNDATION (INCLUDES MONTGOMERY BAPTIST HOSPITAL AND ST. MARGARET'S HOSPITAL) 36111	L-010	MISC.					8	INT: ROT.;
ST. MARGARET'S 834 ADAMS ST. 36104	L-010	CHURCH	235	24				INT: ROT.;
TUSKEGEE								
VETERANS ADMIN. 36083		VA	1162	35	1	3	4	RES: GS,OPH;
ALASKA								
ANCHORAGE								
U. S. PUBLIC HEALTH SERVICE ALASKA NATIVE MEDICAL CENTER THIRD AND GAMBELL STS. 99501		USPHS	276					RES: ORS;
ARIZONA								
PHOENIX								
ARIZONA CRIPPLED CHILDREN'S 1825 E GARFIELD 85006	G-016	STATE	84	75	2	2	4	RES: ORS,PS;
ARIZONA STATE 2500 E. VAN BUREN ST. 85008		STATE	1035	36	5	4	18	RES: P;
BARROW NEUROLOGICAL INSTITUTE OF ST. JOSEPH'S HOSPITAL 350 W. THOMAS RD. 85013	M-100	CHURCH					15	RES: NS,N;
GOOD SAMARITAN 1033 E. MC DOWELL RD. 85006	L-100	NP CORP	715	50	3	26 37	26 70	INT: ROT.,ST.PED.,ST.OBG.; RES: FP,GS,IM,OBG,PTH,PD,PDC,PM,PS,P;
MARICOPA COUNTY GENERAL 2601 E. ROOSEVELT ST. 85008	L-100	COUNTY	493	58	32	30 29	31 81	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; RES: AN,DR,GS,IM,OBG,ORS,PTH,PD,PS;
PHOENIX INTEGRATED SURGICAL RESIDENCY (INCLUDES GOOD SAMARITAN HOSPITAL, U. S. PUBLIC HEALTH SERVICE INDIAN HOSPITAL AND VETERANS ADMIN. HOSPITAL) 85009	M-100	MISC.			2	7	15	RES: GS;
PHOENIX ORTHOPEDIC RESIDENCY TRAINING PROGRAM (INCLUDES ARIZONA CRIPPLED CHILDREN'S HOSPITAL, MARICOPA COUNTY GENERALHOSPITAL AND U.S. PUBLIC HEALTH SERVICE INDIAN HOSPITAL)	L-100	MISC.				2	9	RES: ORS;
ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER 350 WEST THOMAS RD. 85013	M-100	CHURCH	515			1	24 36	INT: ROT.,ST.MED.,ST.OBG.; RES: DR,GS,IM,OBG,PTH,PD,R;
U. S. PUBLIC HEALTH SERVICE INDIAN 4212 N. 16TH ST. 85016		USPHS	193	55				RES: GS,ORS;
VETERANS ADMIN. 7TH ST. AND INDIAN SCHOOL RD. 85012		VA	207	548	3			RES: GS;

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affili-ations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1971 For.*	Non-For.*	Pos. Off. July 1, 1973	Approved Program
ARIZONA - CONTINUED								
TUCSON								
PALO VERDE 801 S. PRUDENCE RD., BOX 17509 85710	M-100	NP CORP	34					RES: P;
PIMA COUNTY GENERAL DIVISION 2900 SOUTH SIXTH AVE. 85713	M-100	COUNTY	140	51				INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; RES: GS,IM,PD,PS;
TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM (INCLUDES PIMA COUNTY GENERAL DIVISION AND TUCSON MEDICAL CENTER DIVISION) P. O. BOX 6067 85716	M-100	NP CORP			11 18	13 4	24 29	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM;
TUCSON MEDICAL CENTER DIVISION GRANT RD. & BEVERLY BLVD. 85716	M-100	NP CORP	555	49				INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; RES: GS,IM,N,PD;
U. S. A. F. REGIONAL DAVIS-MONTHAN A. F. B. 85707	M-100	USAF						INT: ST.MED.; RES: IM,PS;
UNIVERSITY 1500 N. CAMPBELL AVE. 85721	M-100	STATE	68	80	3	5	22	INT: ST.MED.,ST.SURG.,ST.PED.,ST.PATH.; RES: DR,FP,GS,IM,N,OBG,ORS,PTH,PD,PS,P;
UNIVERSITY OF ARIZONA AFFILIATED HOSPITALS (INCLUDES PALO VERDE HOSPITAL, PIMA COUNTY GENERAL DIVISON, TUCSON MEDICAL CENTER DIVISION, U.S.A.F. REGIONAL HOSPITAL, UNIVERSITY HOSPITAL, AND VETERANS ADMIN. HOSPITAL) 85716	M-100	MISC.			6	20 34	34 109	INT: ST.MED.,ST.SURG.,ST.PED.,ST.PATH.; RES: DR,GS,IM,N,OBG,PTH,PD,PS,P;
UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE DEPT. OF COMMUNITY MEDICINE 85724	M-100	MISC.			1		6	RES: GPM;
VETERANS ADMIN. 3601 SOUTH SIXTH AVE. 85723	M-100	VA	330					INT: ST.MED.,ST.SURG.,ST.PATH.; RES: DR,GS,IM,N,PTH,PS,P;
ARKANSAS								
LITTLE ROCK								
ARKANSAS BAPTIST MEDICAL CENTER 1700 WEST 13TH 72201	L-011	NP CORP	441	35	1	2 6	18 9	INT: ROT.; RES: FP,GS,OPH,PTH,R;
ARKANSAS CHILDREN'S 804 WOLFE ST. 72201	L-011	NP CORP	83	28				RES: FP,ORS,OTO,U;
ARKANSAS STATE 4313 WEST MARKHAM 72201	L-011	STATE	638	43		4	12	RES: P,U;
ST. VINCENT INFIRMARY MARKHAM & UNIVERSITY 72201	L-011	CHURCH	500	27		2	14	INT: ROT.; RES: FP;
UNIVERSITY 4301 WEST MARKHAM ST. 72201	M-011	STATE	294	49	2	36 31	47 52	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.,ST.OBG.; RES: AN,DR,D,FP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDA,P,R,TS,U;
UNIVERSITY OF ARKANSAS MEDICAL CENTER	M-011	MISC.					8 204	INT: ST.MED.; RES: DR,D,FP,GS,IM,NS,N,OPH,ORS,OTO,PTH,P,R,TS,U;
VETERANS ADMIN. CONSOLIDATED 300 E. ROOSEVELT RD. 72206	M-011	VA	1637	69				INT: ST.MED.; RES: DR,D,GS,IM,NS,N,OPH,ORS,OTO,PTH,R,TS,U;
NORTH LITTLE ROCK								
VETERANS ADMIN. CONSOLIDATED 72114	M-011	VA	1192	66		2	7	RES: P;
CALIFORNIA								
BAKERSFIELD								
KERN COUNTY GENERAL 1830 FLOWER ST. 93305	L-013	COUNTY	396	69	2 3	7 23	19 36	INT: ROT.,ST.MED.,ST.PATH.,ST.OBG.; RES: GP,GS,IM,OBG,OPH,PTH;
BERKELEY								
ALTA BATES WEBSTER AT REGENT STS. 94705		NP CORP	209	37			1	RES: PTH;
CITY OF BERKELEY MENTAL HEALTH SERVICES 2515 MILVIA ST. 94704		CITY				3	8	RES: CHP;
HERRICK MEMORIAL 2001 DWIGHT WAY 94704		NP CORP	225	43	8 6		8 9	INT: ROT.; RES: P;
STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH 2151 BERKELEY WAY 94704		MISC.				8	12	RES: PH;
UNIVERSITY OF CALIFORNIA SCHOOL OF PUBLIC HEALTH 94720		STATE				5	24	RES: GPM;
BURBANK								
ST. JOSEPH 501 S. BUENA VISTA ST. 91503		NP CORP	371	36			4	RES: PTH;
CAMARILLO								
CAMARILLO STATE BOX A 93010	L-013	STATE	3405	63		17	24	RES: CHP,P;
CAMP PENDLETON								
NAVAL 92055		USN	600	71		6 1	6 12	INT: ROT.; RES: FP;
DALY CITY								
MARY'S HELP 1900 SULLIVAN AVE. 94015		CHURCH	290	25	3	1	8	INT: ROT.; RES: GS,ORS;
MARY'S HELP HOSPITAL - ST. JOSEPH'S		MISC.					2	RES: GS;

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affili-ations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1971 For.*	House Staff Sept. 1, 1971 Non-For.*	Pos. Off. July 1, 1973	Approved Program
CALIFORNIA - CONTINUED								
DAVIS								
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS (INCLUDES SACRAMENTO MEDICAL CENTER (SACRAMENTO) AND SUTTER COMMUNITY HOSPITALS OF SACRAMENTO (SACRAMENTO)	M-102	MISC.				40	40	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.;
					10	112	178	RES: AN,CHP,FP,GS,IM,NS,N,OBG,OPH,ORS, PTH,PD,PM,P,R,U;
DOWNEY								
RANCHO LOS AMIGOS 7601 E. IMPERIAL HIGHWAY 90242	L-014 G-016,017, 037	COUNTY	1050	42				RES: NS,ORS;
DUARTE								
CITY OF HOPE MEDICAL CENTER 1500 E. DUARTE RD. 91010	G-012,013	NP CORP	182	74		5	8	RES: GS,PTH;
ELDRIDGE								
SONOMA STATE ARNOLD DR. 95431		STATE	2331	87		1	2	RES: GS;
FAIRFIELD								
DAVID GRANT U.S.A.F. MEDICAL CENTER TRAVIS A. F. B. 94535	M-102	USAF	385	92		16	17	INT: ROT.,ST.MED.,ST.SURG.;
						38	47	RES: GS,IM,OBG,PD,R;
FONTANA								
KAISER FOUNDATION 9961 SIERRA AVE. 92335	L-012	NP CORP	231					RES: OBG,ORS;
KAISER STEEL CORPORATION P. O. BOX 217 92335		CORP			1		1	RES: OM;
FORT ORD								
U. S. ARMY HOSPITAL SPECIALIZED TREATMENT FACILITY 93941		USA	752			3	4	RES: PH;
FRESNO								
VALLEY MEDICAL CENTER OF FRESNO 445 S. CEDAR AVE. 93702	G-016	COUNTY	583	33		23	26	INT: ROT.,ST.MED.,ST.SURG.;
						38	40	RES: FP,GS,IM,OBG,OPH,PS;
VETERANS ADMIN. 2615 CLINTON AVE. 93703	G-016	VA	275					RES: OTO;
GLENDALE								
GLENDALE ADVENTIST 1509 WILSON TERR. 91206		NP CORP	380		1	4	16	INT: ROT.,ST.PATH.;
						7	14	RES: GS,NS,OBG,PTH;
IMOLA								
NAPA STATE BOX A 94558		STATE	2596	78	1	19	34	RES: CHP,P;
IRVINE								
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS (INCLUDES CHILDRENS HOSPITAL OF ORANGE COUNTY (ORANGE), ORANGE COUNTY MEDICAL CENTER (ORANGE), MEMORIAL HOSPITAL OF LONG BEACH, VETERANS ADMIN. HOSPITAL (LONG BEACH), AND METROPOLITAN STATE HOSPITAL (NORWALK)	M-095	MISC.			5	93	132	RES: CHP,GS,IM,NS,N,OBG,OPH,ORS,PTH,PD, PDA,PM,PS,P,R,TS,U;
LIVERMORE								
VETERANS ADMIN. 94550		VA	355	62				RES: ORS;
LOMA LINDA								
LOMA LINDA UNIVERSITY 11234 ANDERSON ST. 92354	M-012	CHURCH	514	74	1	22	42	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.;
					4	64	115	RES: AN,FP,GS,IM,NS,OBG,OPH,ORS,PTH,PD, P,R;
LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS (INCLUDES PATTON STATE HOSPITAL (PATTON), RANCHO LOS AMIGOS (DOWNEY), KAISER FOUNDATION (FONTANA), AND SAN BERNARDINO COUNTY GENERAL HOSPITAL(SAN BERNARDINO)	M-012	MISC.				4	12	INT: ROT.;
					4	54	87	RES: AN,GS,NS,OBG,ORS,PTH,PD,P;
LONG BEACH								
LONG BEACH COMMUNITY 1720 TERMINO AVE. 90804		NP CORP	300			1	2	RES: ORS;
MEMORIAL HOSPITAL OF LONG BEACH 2601 ATLANTIC AVE. 90801	M-095	NP CORP	680	34	1	23	24	INT: ROT.,ST.MED.,ST.PATH.;
						14	27	RES: GS,IM,PTH,PD,PM,R;
NAVAL 7500 CARSON ST. 90801		MISC.	610	59				RES: GS;
ST. MARY'S LONG BEACH 509 EAST TENTH ST. 90813	G-013	NP CORP	341	43	1	12	16	INT: ROT.,ST.MED.,ST.PATH.;
					2	6	12	RES: IM,PTH,R;
VETERANS ADMIN. 5901 E. 7TH 90801	M-095	VA	1675	50	49	64	143	RES: D,GS,IM,NS,N,OPH,ORS,OTO,PTH,PM, PS,P,R,TS,U;
LOS ANGELES								
CALIFORNIA HOSPITAL MEDICAL CENTER 1414 SOUTH HOPE ST. 90015	L-014	CHURCH	325	38	6	1	10	INT: ROT.,ST.OBG.;
					5	3	14	RES: GS,OBG,PTH;
CEDARS OF LEBANON HOSPITAL DIVISION 4833 FOUNTAIN AVE. 90029		NP CORP	501	41				INT: ST.MED.,ST.SURG.;
					6	37	52	RES: DR,GS,IM,OBG,OPH,PTH,PD,P,R;
CEDARS-SINAI MEDICAL CENTER (INCLUDES CEDARS OF LEBANON HOSPITAL DIVISION AND MOUNT SINAI HOSPITAL DIVISION) 4833 FOUNTAIN AVE. 90029	M-013	MISC.				29	30	INT: ST.MED.,ST.SURG.;
					3	41	47	RES: CHP,DR,GS,IM,OBG,OPH,PTH,PD,P,R;
CHILDRENS HOSPITAL OF LOS ANGELES 4650 SUNSET BLVD. 90027	M-014 G-012,017	NP CORP	310	75		20		INT: ROT.;
					6	44	50	RES: AN,NS,ORS,PTH,PD,POC,TS;

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CALIFORNIA, LOS ANGELES - CONTINUED								
HOLLYWOOD PRESBYTERIAN 1322 NORTH VERMONT AVE. 90027		NP CORP	344	17		6	6	RES: OPH;
HOSPITAL OF THE GOOD SAMARITAN MEDICAL CENTER 1212 SHATTO ST. 90017	G-014	NP CORP	391	45		12	12	INT: ROT.;
					1	12	19	RES: GS,IM,PTH,R,TS;
KAISER FOUNDATION 4867 SUNSET BLVD. 90027		NP CORP	412	41			2	INT: ST.MED.;
						41	70	RES: FP,GS,IM,OBG,PTH,PD,R,U;
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER 1200 NO. STATE ST. 90033	M-014	COUNTY	2105	46	1	229	201	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.;
					5	550	602	RES: AN,CHP,DR,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDA,PM,P,R,TR,TS,U;
MARTIN LUTHER KING, JR. GENERAL 12021 S. WILMINGTON AVE. 90059	G-013	COUNTY	394				42	INT: ROT.,ST.MED.,ST.SURG.;
							45	RES: GS,IM,PD;
MOUNT SINAI HOSPITAL DIVISION 8720 BEVERLY BLVD. 90048	M-013	NP CORP	238	37				INT: ST.MED.,ST.SURG.;
					3	6	15	RES: CHP,IM,OPH,PTH,P;
OFFICE OF CHIEF MEDICAL EXAMINER-CORONER COUNTY OF LOS ANGELES HALL OF JUSTICE 90012		COUNTY					6	RES: FOP;
ORTHOPAEDIC 2400 S. FLOWER ST. 90007	G-014	NP CORP	162	59		12	12	RES: ORS;
QUEEN OF ANGELS 2301 BELLEVUE AVE. 90026		CORP.	343	28	5	1	10	INT: ROT.;
					2	8	18	RES: GP,GS,PTH,CRS,R;
REISS-DAVIS CHILD STUDY CENTER 9760 WEST PICO BLVD. 90035		NP CORP				5	6	RES: CHP;
SANTA FE MEMORIAL 610 SO. ST. LOUIS ST. 90023		NP CORP	189	26				INT: ROT.;
						2	3	RES: GS;
SANTA FE MEMORIAL-CHILDREN'S		MISC.			7	2	9	INT: ROT.;
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN 3160 GENEVA ST. 90020		NP CORP	60				3	RES: ORS;
U. C. L. A. CENTER FOR THE HEALTH SCIENCES 90024	M-013	NP CORP	496	73	1	58	59	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.;
					10	246	303	RES: AN,CHP,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDA,PDC,PS,P,R,TR,TS,U;
U.C.L.A. AFFILIATED HOSPITALS	M-013	MISC.					12	INT: ROT.;
					1	68	70	RES: GS,NS,PS,U;
UNIVERSITY OF CALIFORNIA SCHOOL OF MEDICINE 90024	M-013	STATE				4	13	RES: OM,GPM;
VETERANS ADMIN., BRENTWOOD (PSYCHOSOCIAL MEDICINE) WILSHIRE & SAWTELLE BLVDS. 90073	M-013	VA	750	75	3	17	24	RES: P;
VETERANS ADMIN. CENTER-WADSWORTH WILSHIRE & SAWTELLE BLVDS. 90073	M-013	VA	881	71		12	24	INT: ROT.,ST.MED.;
					42	132	223	RES: D,GS,IM,NS,N,OPH,ORS,OTO,PTH,PM,PS,R,TS;
VETERANS ADMIN. (SEPULVEDA) 16111 PLUMMER ST. 91343	M-013	VA	910	43	2	9	45	RES: GS,IM,P,TS,U;
WHITE MEMORIAL MEDICAL CENTER 1720 BROOKLYN AVE. 90033	L-012 G-014	CHURCH	307	45	8	9	18	INT: ROT.,ST.MED.,ST.SURG.;
					11	65	88	RES: AN,GS,IM,NS,OBG,OPH,ORS,OTO,PTH,PD,R,TS,U;
MARTINEZ								
CONTRA COSTA COUNTY MEDICAL SERVICES 2500 ALHAMBRA AVE. 94553		COUNTY	385	56		11	15	RES: GP;
VETERANS ADMIN. 150 MUIR RD. 94553		VA	482	67	14	7	28	RES: GS,IM,N,PTH,P,U,U;
MODESTO								
SCENIC GENERAL 830 SCENIC DR. 95350		COUNTY	203	61	1	1	8	RES: GP;
MOUNTAIN VIEW								
EL CAMINO 2500 GRANT RD. 94040		DIST.	408				4	RES: PTH;
NEWPORT BEACH								
HOAG MEMORIAL HOSPITAL-PRESBYTERIAN 301 NEWPORT BLVD. 92660		NP CORP	345	43		12	14	RES: FP;
NORWALK								
METROPOLITAN STATE 11400 SO. NORWALK BLVD. 90650		STATE	2095					RES: P;
OAKLAND								
CHILDREN'S HOSPITAL MEDICAL CENTER OF NORTHERN CALIFORNIA 51ST AND GROVE STS. 94609	L-016 G-015	NP CORP	142	77		8	8	INT: ST.PED.;
					2	15	18	RES: ORS,PTH,PD,PDC;
HIGHLAND GENERAL 2701 - 14TH AVE. 94606	G-016	COUNTY	817	67		43	44	INT: ROT.,ST.MED.;
					7	52	71	RES: GS,IM,OBG,OPH,ORS,ORS,PTH,PD,P,R,TS,U;
INSTITUTE OF FORENSIC SCIENCES 2945 WEBSTER ST. 94609		PART.					1	RES: FOP;
KAISER FOUNDATION 280 WEST MAC ARTHUR BLVD. 94611		NP CORP	246	56		10	18	INT: ST.MED.,ST.SURG.,ST.PED.;
					4	35	47	RES: GS,IM,OBG,ORS,OTO,PTH,PD;

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CALIFORNIA, OAKLAND - CONTINUED								
NAVAL 8750 MOUNTAIN BLVD. 94627	G-016	USN	775	75		26	28	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.,ST.OBG.;
						84	122	RES: AN,GS,IM,OBG,OPH,ORS,OTO,PTH,PD,P,R,U;
SAMUEL MERRITT HAWTHORNE AVE. AND WEBSTER ST. 94609	G-016	NP CORP	326	30		1	4	RES: ORS,PTH;
ORANGE								
CHILDRENS HOSPITAL OF ORANGE COUNTY 1109 W. LA VETA 92666	M-095	NP CORP	104	86				RES: GS,ORS,PD,PDA;
ORANGE COUNTY MEDICAL CENTER 101 MANCHESTER AVE. 92668	M-095	COUNTY	515	76		35	51	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.;
					1	56	77	RES: CHP,GS,IM,NS,N,OBG,OPH,ORS,PTH,PD,PDA,PM,PS,P,R,TS,U;
PALO ALTO								
PALO ALTO-STANFORD HOSPITAL CENTER -SEE STANFORD UNIVERSITY, STANFORD								
VETERANS ADMIN. 3801 MIRANDA AVE. 94304	M-015	VA	1414	69				INT: ST.MED.; RES: AN,D,GS,IM,NS,N,OPH,ORS,OTO,PTH,PM,PS,P,R,TR,U;
PANORAMA CITY								
KAISER FOUNDATION 13652 CANTARA ST. 91402		NP CORP	321	40	1	3	14	RES: GS,IM;
PASADENA								
HUNTINGTON MEMORIAL 100 CONGRESS ST. 91105	G-014	NP CORP	482	42	4	8	16	INT: ROT.,ST.MED.;
					3	15	33	RES: GS,IM,NS,PTH,PS;
PASADENA CHILD GUIDANCE CLINIC 56 WAVERLY DR. 91105		NP CORP				2	4	RES: CHP;
PATTON								
PATTON STATE 26802 HIGHLAND AVE. 92369	M-012	STATE	2296	40				INT: ROT.; RES: P;
RIVERSIDE								
RIVERSIDE GENERAL 9851 MAGNOLIA AVE. 92503	M-012	COUNTY	410	63		16	16	INT: ROT.,ST.MED.,ST.SURG.;
						10	34	RES: FP,GP,GS,IM,OBG,ORS,PTH,PO;
SACRAMENTO								
KAISER FOUNDATION 2025 MORSE AVE. 95825	L-102	NP CORP	185	59			6	INT: ST.MED.;
						1	23	RES: GS,IM,OBG,U;
MERCY HOSPITAL OF SACRAMENTO 4001 J ST. 95819		NP CORP	364	23			4	RES: PTH;
SACRAMENTO MEDICAL CENTER 2315 STOCKTON BLVD. 95817	G-016	COUNTY	540	57				INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.;
								RES: AN,CHP,FP,GS,IM,NS,N,OBG,OPH,ORS,PTH,PD,PM,P,R,U;
SUTTER COMMUNITY HOSPITALS OF SACRAMENTO 2820 L ST. 95816	G-102	NP CORP	663				4	RES: PTH,R;
SALINAS								
GENERAL HOSPITAL OF MONTEREY COUNTY P. O. BOX 1611 93901		NP CORP	311	42		1	12	RES: GP;
SAN BERNARDINO								
SAN BERNARDINO COUNTY GENERAL 780 EAST GILBERT 92404	L-012 G-013	COUNTY		55		24 23	12 58	INT: ROT.; RES: FP,GS,IM,OBG,ORS,PTH;
SAN DIEGO								
CHILD GUIDANCE CLINIC 8001 FROST ST. 92123		NP CORP						RES: CHP;
CHILDRENS 6001 FROST ST. 92123	G-103	NP CORP	90					RES: ORS;
COMMUNITY MENTAL HEALTH SERVICES OF SAN DIEGO COUNTY 225 W. DICKINSON ST., P.O. BOX 3067 92103	L-103	COUNTY	150	100		2	4	RES: CHP;
DONALD N. SHARP MEMORIAL COMMUNITY 7901 FROST ST. 92123	G-103	NP CORP	352	33			4	RES: ORS,PTH;
MERCY HOSPITAL AND MEDICAL CENTER 4077 FIFTH AVE. 92103	L-103	CHURCH	498	39		22	22	INT: ROT.,ST.MED.,ST.PATH.,ST.OBG.;
						14	26	RES: AN,GS,IM,OBG,ORS,PTH,U;
NAVAL PARK BLVD. 92134	M-103	USN	1982	74		47	52	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.,ST.OBG.;
					7	151	198	RES: AN,D,GS,IM,OBG,OPH,ORS,OTO,PTH,PD,R,TS,U;
SAN DIEGO COUNTY COMMUNITY MENTAL HEALTH SERVICES 345 W. DICKINSON ST. 92103	L-103	COUNTY	150	100		20	22	RES: P;
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY 225 W. DICKINSON 92103	M-103	NP CORP	466	69		53	37	INT: ST.MED.,ST.PATH.,ST.OBG.;
					1	106	108	RES: AN,OR,D,GS,IM,N,OBG,ORS,OTO,PTH,PD,PDA,PDC,P,R,U;
UNIVERSITY OF CALIFORNIA (SAN DIEGO) AFFILIATED HOSPITALS	M-103	MISC.						INT: ST.MED.,ST.PATH.,ST.OBG.;
					2	117	176	RES: AN,OR,GS,IM,N,ORS,PTH,P,U;
VETERANS ADMIN.	M-103	VA						INT: ST.PATH.; RES: AN,OR,GS,IM,N,ORS,PTH,U;
SAN FRANCISCO								
CHILDREN'S HOSPITAL AND ADULT MEDICAL CENTER 3700 CALIFORNIA ST. 94119	L-016	NP CORP	362	51		12	9	INT: ST.MED.;
						15	24	RES: CHP,GS,IM,OBG,ORS,PTH,PD,R;

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CALIFORNIA, SAN FRANCISCO - CONTINUED								
CLAIRE ZELLERBACH SARONI MEMORIAL TUMOR -SEE MOUNT ZION HOSPITAL AND MEDICAL CENTER								
FRANKLIN CASTRO & DUBOCE STS. 94114	L-016	NP CORP	259					RES: NS,ORS,PS,TR;
FRENCH 4131 GEARY BLVD. 94118	L-016	NP CORP	208	37		3	10	INT: ROT.;
					2		2	RES: GS;
HARKNESS COMMUNITY HOSPITAL AND MEDICAL CENTER 1400 FELL ST. 94117	L-016	CORP.	450	55		20	21	INT: ROT.,ST.PATH.;
					1	10	14	RES: GS,IM,PTH,U;
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS 3RD & PARNASSUS 94122	M-016	NP CORP	553	78	1	42	61	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.;
					5	12	8	RES: AN,DR,D,GS,IM,NS,N,OBG,OPH,ORS, OTO,PTH,PD,PDA,PDC,PS,TR,TS,U;
HEALTH SERVICES & MENTAL HLTH ADMIN. DEPT. OF HLTH. EDUC. AND WELFARE 50 FULTON ST., ROOM 209 95102		OTHER					2	RES: GPM;
KAISER FOUNDATION 2425 GEARY BLVD. 94115	L-016	NP CORP	293	57		26	19	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.;
					1	44	49	RES: GS,IM,OBG,ORS,PTH,PD,PDA;
LANGLEY PORTER NEUROPSYCHIATRIC INSTITUTE 401 PARNASSUS AVE. 94122	M-016	STATE	97			6	9	RES: CHP,P,NPATH;
LETTERMAN GENERAL PRESIDIO OF SAN FRANCISCO 94129	L-016	USA	750	67		30	28	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.OBG.;
					2	131	131	RES: CHP,D,GS,IM,N,OBG,OPH,ORS,PTH,PD, PM,P,R,R,TS,U;
MOUNT ZION HOSPITAL AND MEDICAL CENTER 1600 DIVISADERO ST. 94115	L-016	NP CORP	449	53	1	29	29	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH., ST.OBG.;
					3	77	79	RES: CHP,DR,GS,IM,OBG,ORS,PTH,PD,P,TR;
PACIFIC MEDICAL CENTER AND AFFILIATED HOSPITALS	L-016	MISC.				18	20	RES: IM,N;
PACIFIC MEDICAL CENTER-PRESBYTERIAN CLAY & WEBSTER STS. 94115	L-016	NP CORP	242	75		19	19	INT: ROT.,ST.MED.;
					1	10	17	RES: D,GS,IM,N,OPH,ORS,PTH,P;
ST. FRANCIS MEMORIAL 900 HYDE ST. 94109		NP CORP	334	37		4	6	RES: PS;
ST. JOSEPH'S 355 BUENA VISTA AVE. EAST 94117		CHURCH	215					RES: GS,ORS;
ST. MARY'S HOSPITAL AND MEDICAL CENTER 2200 HAYES ST. 94117	L-016	CHURCH	438	47		19	19	INT: ROT.,ST.MED.;
					6	24	50	RES: CHP,IM,ORS,PTH,P,R;
SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES 101 GROVE ST. 94102		CY-CO	66			12	12	RES: P;
SAN FRANCISCO GENERAL 1001 POTRERO 94110	M-016	CY-CO	822	41		64	64	INT: ROT.,ST.MED.,ST.PATH.;
								RES: AN,DR,D,GS,IM,NS,N,OBG,ORS,OTO, PTH,PD,PS,TR,U;
SAN FRANCISCO ORTHOPEDIC RESIDENCY TRAINING PROGRAM (INCLUDES KAISER FOUNDATION HOSPITAL, ST. JOSEPH HOSPITAL, ST. MARY'S HOSPITAL AND MEDICAL CENTER, MARY'S HELP HOSPITAL (DALY CITY), VETERANSADMIN. HOSPITAL (LIVERMORE)	L-016	MISC.			1	13	15	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	331	70		20	20	INT: ROT.,ST.MED.,ST.SURG.;
						30	33	RES: GS,IM,OPH,ORS;
UNIVERSITY OF CALIFORNIA MEDICAL CENTER 3RD AND PARNASSUS 94122	M-016	NP CORP	553	78			1	RES: FOP;
UNIVERSITY OF CALIFORNIA PROGRAM	M-016	MISC.			8	447	485	RES: AN,CHP,DR,D,GS,IM,NS,N,OBG,OPH, ORS,OTO,PTH,PD,PDA,PDC,PS,P,TR,TS, U;
VETERANS ADMIN. 4150 CLEMENT ST. 94121	M-016	VA	352	84		3	3	RES: AN,DR,D,GS,IM,NS,N,OPH,ORS,OTO, PTH,PS,P,TS,U;
SAN JOSE								
AGNEWS STATE 95114		STATE	2828	29	2	22	24	RES: P;
O' CONNOR 2105 FOREST AVE. 95114	G-016	NP CORP	312	25			1	INT: ST.PATH.;
					2		2	RES: PTH;
SANTA CLARA COUNTY MEDICAL EXAMINER-CORONER'S OFFICE SANTA CLARA VALLEY MED. CTR. 95128		COUNTY					1	RES: FOP;
SANTA CLARA VALLEY MEDICAL CENTER 751 SOUTH BASCOM 95128	M-015	COUNTY	641	89		33	22	INT: ROT.,ST.MED.,ST.PATH.;
					1	24	34	RES: AN,DR,GS,IM,OBG,OPH,ORS,OTO,PTH, PD,PM,TR,U;
SAN MATEO								
CRYSTAL SPRINGS REHABILITATION CENTER 1100 POLHEMUS RD. 94402		COUNTY	200					RES: PM;
HAROLD D. CHOPE COMMUNITY 222 W. 39TH AVE. 94403		COUNTY	181	52				RES: D,OPH,P;

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CALIFORNIA, SAN MATEO - CONTINUED								
SAN MATEO COMMUNITY MENTAL HEALTH SERVICES 220 W 20TH AVE. 94402		COUNTY	31					RES: P;
SANTA BARBARA								
SANTA BARBARA COTTAGE 320 W. PUEBLO ST. 93105		NP CORP	361	54				INT: ROT.;
							2	RES: GP,GS,PTH,R;
SANTA BARBARA GENERAL SAN ANTONIO RD. 93105		COUNTY	255	50				INT: ROT.;
								RES: GP,GS,R;
SANTA BARBARA GENERAL-COTTAGE HOSPITALS BOX 689 93102		MISC.			2	15	17	INT: ROT.;
					2	9	21	RES: GP,GS,R;
SANTA CLARA								
KAISER FOUNDATION 900 KIELY BLVD. 95051	G-015	NP CORP	247	51			8	INT: ST.MED.,ST.PED.;
							6	RES: IM,OBG,ORS,PD,U;
SANTA CRUZ								
SANTA CRUZ GENERAL 1060 EMELINE AVE. 95060		COUNTY	176	36			9	RES: FP;
SANTA MONICA								
ST. JOHN'S 1328 22ND ST. 90404		CHURCH	458		1		4	RES: PTH;
SANTA MONICA HOSPITAL MEDICAL CENTER 1225 15TH ST. 90404		NP CORP	324	6	2		4	INT: ROT.;
					1	5	12	RES: FP;
SANTA ROSA								
COMMUNITY HOSPITAL OF SONOMA COUNTY 3325 CHANATE RD. 95402	M-016	COUNTY	140	70		18	18	RES: FP;
STANFORD								
STANFORD UNIVERSITY AFFILIATED HOSPITALS	M-015	MISC.				19	17	INT: ST.MED.;
					6	243	265	RES: AN,CHP,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PDC,PM,PS,P,R,TR,U,NPATH;
STANFORD UNIVERSITY 94305	M-015	NP CORP	612	65	1	26	19	INT: ROT.,ST.PED.,ST.PATH.;
						25	36	RES: AN,CHP,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDA,PDC,PS,P,R,TR,U;
STOCKTON								
SAN JOAQUIN GENERAL P. O. BOX 1020 95201	G-016	COUNTY	291	96		20	20	INT: ROT.;
						26	30	RES: GS,IM,OBG,OPH,PTH,PD;
STOCKTON STATE 510 E. MAGNOLIA ST. 95202	G-102	STATE	1111	64		4	12	RES: P;
SYLMAR								
OLIVE VIEW MEDICAL CENTER 14445 OLIVE VIEW DR. 91342		COUNTY	213			6	15	RES: P;
TORRANCE								
LOS ANGELES COUNTY HARBOR GENERAL 1000 W. CARSON ST. 90509	M-013	COUNTY	712	58		81	69	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.;
					1	185	247	RES: AN,CHP,DR,FP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PU,PDA,PS,P,R,U;
VALLEJO								
KAISER FOUNDATION HOSPITAL AND REHABILITATION CENTER 2600 ALAMEDA ST. 94590		NP CORP	161	40				RES: PM;
VAN NUYS								
SAN FERNANDO VALLEY CHILD GUIDANCE CLINIC 7335 VAN NUYS BLVD. 91405		NP CORP			1		3	RES: CHP;
VENTURA								
GENERAL HOSPITAL VENTURA COUNTY 3291 LOMA VISTA RD. 93003		COUNTY	358	32		17	17	RES: FP;
CANAL ZONE								
BALBOA HEIGHTS								
GORGAS P. O. BOX O 00101		OTHER	342	58		16	16	INT: ROT.;
					10	19	32	RES: GS,IM,OBG,OPH,ORS,PTH,PD,U;
COLORADO								
COLORADO SPRINGS								
PENROSE 2215 N. CASCADE AVE. 80907		CHURCH	379				7	RES: PTH,TR;
ST. FRANCIS 800 E. PIKES PEAK AVE. 80903		CHURCH	157				2	RES: GP;
DENVER								
CHILDREN'S 1056 E. 19TH AVE. 80218	L-017	NP CORP	153	89				INT: ST.PED.;
						9	9	RES: AN,GS,ORS,PTH,PO,PDC,PS;
CHILDREN'S ASTHMA RESEARCH INSTITUTE AND HOSPITAL 3401 W. 19TH AVE. 80204		NP CORP	120				6	RES: PDA;
DENVER GENERAL W. 6TH AVE. AND CHEROKEE ST. 80204	M-017	CY-CO	325	74	5		5	INT: ROT.,ST.MED.,ST.PED.,ST.PATH.;
					1	8	13	RES: AN,O,GS,IM,N,OBG,OBG,OPH,ORS,OTO,PTH,FOP,PD,PS,P,R,U;
FITZSIMONS GENERAL PEORIA AND E. COLFAX 80240	L-017	USA	999	83		25	24	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.OBG.;
						108	103	RES: D,GS,IM,N,OBG,OPH,ORS,OTO,PTH,PD,PDA,R,TS,U;
FORT LOGAN MENTAL HEALTH CENTER 3520 W. OXFORD AVE. 80236	G-017	STATE	298	75		8	9	RES: P;

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COLORADO, DENVER - CONTINUED								
GENERAL ROSE MEMORIAL 1050 CLERMONT ST. 80220	G-017	NP CORP	400	50	1 2	10 1	12 5	INT: ROT.; RES: GS,OBG,PTH,R;
MERCY 1619 MILWAUKEE ST. 80206		CHURCH	370	44	10 4	 2	12 13	INT: ROT.,ST.PATH.; RES: FP,PTH;
NATIONAL JEWISH HOSPITAL AT DENVER 3800 E. COLFAX AVE. 80206	G-017	NP CORP	225	100				RES: PDA;
PORTER MEMORIAL 2525 SOUTH DOWNING 80210		CHURCH	285	58			2	RES: PTH;
PRESBYTERIAN MEDICAL CENTER 1719 EAST 19TH AVE. 80218	G-017	NP CORP	416	50		23 31	23 31	INT: ROT.; RES: GS,IM,PTH,R,TR;
ST. ANTHONY W. 16TH AT RALEIGH 80204	G-017	CHURCH	519	42	1	 1	10 10	INT: ROT.; RES: GP,PTH;
ST. JOSEPH 1835 FRANKLIN ST. 80218	G-017	CHURCH	554	50	 2	18 20	22 25	INT: ROT.,ST.SURG.,ST.OBG.; RES: GP,GS,IM,OBG,ORS,PTH,R;
ST. JOSEPH HOSPITAL-COLORADO STATE	G-017	MISC.			6	11	17	RES: GS;
ST. LUKE'S 601 E. NINETEENTH AVE. 80203	G-017	CHURCH	465	43	2 1	5 9	12 12	INT: ROT.; RES: OBG,PTH,R;
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	M-017	MISC.			2 12	66 405	63 453	INT: ROT.,ST.MED.,ST.PED.,ST.PATH.; RES: AN,D,GS,IM,NS,N,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.				7	7	RES: OBG;
UNIVERSITY OF COLORADO MEDICAL CENTER 4200 EAST 9TH AVE. 80220	M-017	STATE	450	76		 10	 81	INT: ROT.,ST.MED.,ST.PED.,ST.PATH.; RES: AN,CHP,D,FP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDA,PDC,PM,PS,P,R,U;
VETERANS ADMIN. 1055 CLERMONT ST. 80220	M-017	VA	380	84				INT: ROT.,ST.MED.,ST.PATH.; RES: AN,D,GS,IM,NS,N,OPH,ORS,OTO,PTH,PS,P,R,U;
GREELEY								
WELD COUNTY GENERAL 16TH ST. AND 17TH AVE. 80631		COUNTY	350	49			6	INT: ROT.;
PUEBLO								
COLORADO STATE 1600 WEST 24TH ST. 81003	G-017	STATE	1347	346			2	RES: GS,P;
CONNECTICUT								
BRIDGEPORT								
BRIDGEPORT 267 GRANT ST. 06602	L-018	NP CORP	550	44	16 43	 1	20 70	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: FP,GS,IM,OBG,PTH,PD,R;
ST. VINCENT'S 2820 MAIN ST. 06606	G-018	CHURCH	337	41	4 19	 12	12 37	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,OBG,PTH,R;
DANBURY								
DANBURY HOSPITAL AVE. 06810	G-018	NP CORP	300	31	7 8	 2	12 23	INT: ROT.; RES: GP,GS,PTH,R;
DERBY								
GRIFFIN 130 DIVISION ST. 06418	G-018	NP CORP	238	26	7		9	INT: ROT.;
GREENWICH								
GREENWICH PERRYRIDGE RD. 06830		NP CORP	324	64		12 2	12 10	INT: ROT.; RES: GS,IM;
HARTFORD								
HARTFORD 80 SEYMOUR ST. 06115	M-104	NP CORP	906	45	2 27	33 56	33 102	INT: ROT.,ST.MED.,ST.PATH.; RES: AN,DR,GS,IM,NS,OBG,OPH,ORS,OTO,PTH,PD,P,R,U;
INSTITUTE OF LIVING 400 WASHINGTON ST. 06106	L-104	NP CORP	413	33	7	24	36	RES: P;
INSTITUTE OF LIVING-CHILDREN'S CLINIC 17 ESSEX ST. 06114	L-104	NP CORP			1		2	RES: CHP;
MOUNT SINAI 500 BLUE HILLS AVE. 06112	L-104	NP CORP	170	60	7 6	 2	20 12	INT: ROT.,ST.MED.,ST.OBG.; RES: IM,OBG;
ST. FRANCIS 114 WOODLAND ST. 06105	M-104	CHURCH	616	35	2 26	6 10	14 45	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,OBG,ORS,OTO,PTH,PD,U;
UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS	M-104	MISC.			4 28	14 24	27 109	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,OPH,ORS,OTO,PTH,PD,P,U;
UNIVERSITY OF CONNECTICUT HOSPITAL-MC COOK DIVISION 2 HOLCOMB ST. 06112	M-104	STATE	128	71	 2	 3	 6	INT: ROT.,ST.MED.; RES: IM,OBG,OPH,ORS,OTO,PTH,P;
MANCHESTER								
MANCHESTER MEMORIAL 71 HAYNES ST. 06040		NP CORP	303	43	6		6	INT: ROT.;
MERIDEN								
MERIDEN-WALLINGFORD 181 COOK AVE. 06450		NP CORP	286	35	8		8	INT: ROT.;

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CONNECTICUT - CONTINUED								
MIDDLETOWN								
CONNECTICUT VALLEY P. O. BOX 351 06457		STATE	1349	14	9	6	24	RES: P;
MIDDLESEX MEMORIAL 28 CRESCENT ST. 06457	L-104	NP CORP	254		5		7 2	INT: ROT.; RES: PTH;
NEW BRITAIN								
NEW BRITAIN GENERAL 100 GRAND ST. 06050	M-104	NP CORP	400	52	7 15	3 3	13 25	INT: ROT.,ST.MED.; RES: GS,IM,OBG,PTH,PD,U;
NEW CANAAN								
SILVER HILL FOUNDATION VALLEY RD. 06840		NP CORP	77		1	1	2	RES: P;
NEW HAVEN								
CONNECTICUT MENTAL HEALTH CENTER	M-018	MISC.						RES: P;
HOSPITAL OF ST. RAPHAEL 1450 CHAPEL ST. 06511	M-018	CHURCH	471	34	28 56	1 13	26 101	INT: ROT.,ST.MED.,ST.SURG.; RES: DR,FP,GS,IM,ORS,OTO,PTH,PD,R,TS;
YALE-NEW HAVEN 789 HOWARD AVE. 06504	M-018	NP CORP	767	48	1 17	40 65	29 92	INT: ROT.,ST.MED.,ST.PATH.; RES: AN,DR,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,PS,P,TR,TS,U;
YALE-NEW HAVEN MEDICAL CENTER	M-018	MISC.			9	223	237	INT: ROT.,ST.MED.,ST.PATH.; RES: AN,DR,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,PS,P,TR,TS,U;
YALE PSYCHIATRIC INSTITUTE	M-018	NP CORP						RES: P;
YALE UNIVERSITY CHILD STUDY CENTER 333 CEDAR ST. 06511	M-018	NP CORP				5	7	RES: CHP;
YALE UNIVERSITY HEALTH SERVICE, DIV. OF MENTAL HYGIENE	M-018	NP CORP						RES: P;
YALE UNIVERSITY SCHOOL OF MEDICINE 60 COLLEGE ST. 06510	M-018	MISC.				1	3	RES: GPM;
NEWINGTON								
NEWINGTON CHILDREN'S 181 E. CEDAR ST. 06111	L-104	NP CORP	210	100				RES: ORS,PD,U;
VETERANS ADMIN. 555 WILLARD AVE. 06111	M-104	VA	195	60				INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,ORS,OTO,PTH,P,U;
NEW LONDON								
LAWRENCE AND MEMORIAL HOSPITALS 365 MONTAUK AVE. 06320	G-018	NP CORP	327	41	1		5	RES: GS;
NEWTOWN								
FAIRFIELD HILLS BOX W 06470		STATE	1988	42	12	1	24	RES: P;
NORWALK								
NORWALK 24 STEVENS ST. 06856		NP CORP	390	49	16 26	1	22 31	INT: ROT.; RES: GS,IM,PTH,PD;
NORWICH								
NORWICH BOX 508 06360		STATE	1496	32	12	3	24	RES: P;
STAMFORD								
STAMFORD SHELBURNE RD. AND W. BROAD 06902		NP CORP	386	40	13 21	2	18 23	INT: ROT.,ST.SURG.; RES: GS,IM,OBG,PTH;
WATERBURY								
ST. MARY'S 56 FRANKLIN ST. 06702	G-018	CHURCH	419	36	8 13		12 22	INT: ROT.; RES: GS,IM,PTH;
WATERBURY 64 ROBBINS ST. 06720	M-018 L-104	NP CORP	402	38	3 14	4 6	12 24	INT: ROT.,ST.MED.; RES: GS,IM,PTH,U;
WEST HAVEN								
VETERANS ADMIN. WEST SPRING ST. 06516	M-018	VA	711	60	1	1	6	RES: DR,GS,IM,NS,N,ORS,PTH,PS,P,TR,TS,U;
DELAWARE								
NEW CASTLE								
DELAWARE STATE 19720	M-073	STATE	1148	27	5	2	9	RES: P;
WILMINGTON								
ALFRED I. DU PONT INSTITUTE OF THE NEMOURS FOUNDATION ROCKLAND RD., P. O. BOX 269 19899	G-073	NP CORP	60	100				RES: ORS;
E. I. DU PONT DE NEMOURS AND COMPANY, INC. 1007 MARKET ST. 19898		MISC.						RES: OM;
VETERANS ADMIN. 1601 KIRKWOOD HIGHWAY 19805	G-073	VA	338	44				RES: GS,N,OPH,ORS,U;
WILMINGTON MEDICAL CENTER BOX 1668 19899	M-073	NP CORP	1083	40	8 28	6 29	25 86	INT: ROT.,ST.MED.,ST.SURG.; RES: FP,GS,IM,NS,N,OBG,OPH,PTH,PD,PS,R,TR,U;
DISTRICT OF COLUMBIA								
WASHINGTON								
ARMED FORCES INSTITUTE OF PATHOLOGY 20305	G-020	MISC.				1	26	RES: OPH,PTH,FOP; NPATH;
CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA 2125 13TH ST., N. W. 20009	M-020 L-021	NP CORP	226	75	6	56	43	RES: CHP,GS,NS,N,OPH,ORS,PTH,PD,PDA,PDC,TS,U,U;

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DISTRICT OF COLUMBIA - CONTINUED								
COLUMBIA HOSPITAL FOR WOMEN 2425 L ST. N.W. 20037	M-020 L-019	NP CORP	153	50				RES: OBG,PD;
DISTRICT OF COLUMBIA GENERAL 19TH ST. & MASS. AVE., S. E. 20003	M-019,020, 021	CITY	949	48	 18	 7	 24	INT: ST.SURG.; RES: GS,IM,NS,OBG,OPH,ORS,OTO,PTH,PD, PDA,U;
PROGRAM 1-GEORGETOWN UNIVERSITY	M-019	MISC.			3	11	14	INT: ST.MED.;
PROGRAM 4-GEORGE WASHINGTON UNIVERSITY	M-020	MISC.			10	2	14	INT: ST.MED.;
PROGRAM 7-HOWARD UNIVERSITY	M-021	MISC.			3		5	INT: ST.MED.;
PROGRAM 8-HOWARD UNIVERSITY	M-021	MISC.			3	2	5	INT: ROT.;
PROGRAM 9-HOWARD UNIVERSITY	M-021	MISC.			1	1	2	INT: ST.SURG.;
PROGRAM 10-HOWARD UNIVERSITY	M-021	MISC.			2	1	4	INT: ROT.;
DOCTORS 1815 EYE STREET, N. W. 20006		CORP.	321	57	17 12		22 23	INT: ROT.; RES: GS,IM,PTH;
DOCTORS HOSPITAL - SIBLEY MEMORIAL	L-019	MISC.			1		4	RES: PTH;
FREEDMEN'S 6TH AND BRYANT STREETS, N. W. 20001	M-021	NP CORP	428	55	 27	28 49	24 138	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; RES: OK,D,FP,GS,IM,N,OBG,OPH,ORS,PTH, PD,PDA,P,U;
GEORGETOWN UNIVERSITY 3800 RESERVOIR RD. N. W. 20007	M-019	NP CORP	413	77	1 22	24 86	28 127	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.; RES: AN,CHP,GS,IM,NS,N,OBG,OPH,ORS,OTO, PTH,PD,PDA,PS,P,R,U;
GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS	M-019	MISC.			 39	4 90	4 132	INT: ROT.; RES: GS,NS,N,OBG,OPH,ORS,OTO,PD,PS,U;
GEORGETOWN UNIVERSITY-D. C. GENERAL	M-019	MISC.				10	10	INT: ST.SURG.;
GEORGETOWN UNIVERSITY SERVICE	M-019	MISC.			5	10	15	RES: IM;
GEORGE WASHINGTON UNIVERSITY 901 23RD STREET, N. W. 20037	M-020	NP CORP	528	54	 39	26 70	29 138	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,PTH, PM,PS,P,R,TS,U;
GEORGE WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	M-020	MISC.			11	77	105	RES: GS,NS,N,OBG,OPH,ORS,PD,TS,U;
GEORGE WASHINGTON UNIVERSITY-D. C. GENERAL	M-020	MISC.				12	12	INT: ST.SURG.;
GEORGE WASHINGTON UNIVERSITY SERVICE	M-020	MISC.			6	8	14	RES: IM;
GOVT. OF THE DIST. OF COLUMBIA DEPT. OF HUMAN RESOURCES 1875 CONNECTICUT AVE. 20009		CITY			1	2	3	RES: PH;
HOWARD UNIVERSITY AFFILIATED HOSPITALS	M-021	MISC.			6	12	42	RES: GS,ORS,PDA;
HOWARD UNIVERSITY SERVICE	M-021	MISC.			12	1	13	RES: IM;
MALCOLM GROW U.S.A.F. MEDICAL CENTER ANDREWS AIR FORCE BASE 20331	L-020	USAF	350	76		8 3	14 18	INT: ROT.; RES: FP;
MORRIS CAFRITZ MEMORIAL 1310 SOUTHERN AVE. S. E. 20032		NP CORP	418	34				RES: ORS;
NATIONAL AERONAUTICS AND SPACE ADMINISTRATION 600 INDEPENDENCE AVE. S. W. 20546		MISC.					1	RES: OM;
PROVIDENCE 1150 VARNUM ST., N. E. 20017	L-019	CHURCH	390	42	19 25	2 1	22 28	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,OBG,ORS,PTH,PD;
ROGERS MEMORIAL MASSACHUSETTS AVE. AND 8TH ST. N. E. 20002		NP CORP	243	37	9		14	RES: GP,GS;
ST. ELIZABETHS 2800 NICHOLS AVE. S. E. 20032	M-020	OTHER	4462		1 3	10 18	12 37	INT: ROT.; RES: OPH,PTH,P;
SIBLEY MEMORIAL 5255 LOUGHBORO RD., N. W. 20016	L-019	NP CORP	362	48		1	2	RES: GS,OPH,ORS,PTH,U;
VETERANS ADMIN. 50 IRVING ST. N. W. 20422	M-019,020 L-021	VA	694	62	 26	 31	 65	INT: ROT.,ST.MED.; RES: GS,IM,NS,N,OPH,ORS,OTO,PTH,PS,U;
VETERANS ADMIN. HOSPITAL-GEORGETOWN UNIVERSITY	M-019	MISC.			4	4	12	INT: ROT.,ST.MED.;
VETERANS ADMIN. HOSPITAL - GEORGE WASHINGTON UNIVERSITY	M-020	MISC.			1		8	INT: ST.MED.;
WALTER REED ARMY INSTITUTE OF RESEARCH WALTER REED ARMY MEDICAL CENTER 20012	M-019 L-020,021	USA				8	8	RES: GPM;
WALTER REED GENERAL 6825 16TH ST., N. W. 20012	M-019 L-020,021	USA	1492	80	 10	30 199	33 216	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.,ST.OBG.; RES: AN,CHP,D,GS,IM,NS,N,OBG,OPH,ORS, OTU,PTH,PD,PS,P,R,TS,U;
WASHINGTON HOSPITAL CENTER 110 IRVING ST., N. W. 20010	M-020	NP CORP	845	52	12 41	21 66	56 131	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; RES: AN,GS,IM,NS,OBG,OPH,ORS,OTO,PTH,R, U;
FLORIDA								
BARTOW								
POLK GENERAL ~~P. O. BOX 816 33830~~		COUNTY	162	38	8		8	INT: ROT.; RES: GS;

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FLORIDA - CONTINUED								
BAY PINES								
VETERANS ADMIN. CENTER 33504		VA	660	35				RES: OTO;
DAYTONA BEACH								
HALIFAX DISTRICT CLYDE MORRIS BLVD. 32015		DIST.	542	15		1	12	RES: FP;
FORT LAUDERDALE								
BROWARD GENERAL 1600 S. ANDREWS AVE. 33316		DIST.	669	33	6		7	RES: GS,PTH;
GAINESVILLE								
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS (INCLUDES WILLIAM A. SHANDS TEACHING HOSPITAL AND CLINICS, VETERANS ADMIN. HOSPITAL, UNIVERSITY HOSPITAL OF JACKSONVILLE (JACKSONVILLE), VETERANS ADMIN. HOSPITAL (LAKE CITY), ANCLOTE MANOR (TARPON SPRINGS)	M-022	MISC.			16	2 162	3 213	INT: ROT.; RES: AN,DR,GS,IM,NS,N,OPH,ORS,OTO,PTH,PS,P,TS,U;
VETERANS ADMIN. 32601	M-022	VA	450	51				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	405	38	5	38 39	29 52	INT: ROT.,ST.MED.,ST.PATH.; RES: AN,CHP,DR,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,POA,PDC,PS,P,TR,TS,U;
HOLLYWOOD								
MEMORIAL 3501 JOHNSON ST. 33021		DIST.	529	28		1	2	RES: PTH;
JACKSONVILLE								
BAPTIST MEMORIAL 800 PRUDENTIAL DR. 32207	M-022	NP CORP	415	42	1 4		2 8	INT: ST.PATH.; RES: GS,IM,OBG,ORS,PTH,PD;
FLORIDA STATE DIVISION OF HEALTH 1217 PEARL ST. 32202		MISC.				2	6	RES: PH;
HOPE HAVEN CHILDREN'S 5720 ATLANTIC BLVD. 32207	M-022	NP CORP	72	92				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.			38	36	103	RES: FP,GS,IM,OBG,ORS,PD,PS,U;
MEMORIAL HOSPITAL OF JACKSONVILLE 3625 UNIVERSITY BLVD. S. 32216		MISC.						RES: PTH;
NAVAL NAVAL AIR STATION 32214		USN	436	77		11	18	RES: FP;
ST. LUKE'S 1900 BOULEVARD 32206	M-022	NP CORP	325	27				RES: GS,IM,ORS;
ST. VINCENT'S BARRS & ST. JOHNS AVE. 32204	M-022	NP CORP	370	31		1	15	RES: FP,GS,IM,OBG,PTH,PS,U;
UNIVERSITY HOSPITAL OF JACKSONVILLE 655 8TH ST., P. O. BOX 2751 32203	M-022	CY-CO	495	55	17 7	7	29 10	INT: ROT.,ST.MED.,ST.PATH.; RES: GS,IM,N,OBG,OPH,ORS,PTH,PD,PS,R,U;
LAKE CITY								
VETERANS ADMIN. SOUTH MARION ST. 32055		VA	411	45				RES: GS;
LAKELAND								
LAKELAND GENERAL P. O. DRAWER 448 33802		CITY	561	25				RES: GS;
LAKELAND GENERAL-POLK GENERAL HOSPITALS		MISC.			7		8	RES: GS;
MIAMI								
JACKSON MEMORIAL 1700 N. W. 10TH AVE. 33136	M-023	COUNTY	1207	36	16	74	114	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,CHP,D,FP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PS,P,R,TS,U,NPATH;
OFFICE OF MEDICAL EXAMINER OF DADE COUNTY 1700 N. W. 10TH AVE. 33136		COUNTY					1	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.			3 66	98 263	105 372	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,CHP,D,FP,GS,IM,NS,N,OPH,ORS,OTO,PTH,PD,PS,P,TS,U;
VARIETY CHILDREN'S 6125 S. W. 31ST ST. 33155	L-023	NP CORP	138	74	11	2	14	RES: AN,GS,ORS,PTH,PD;
VETERANS ADMIN. 1201 N. W. 16TH ST. 33125	M-023	VA	928	55	5		8	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,D,GS,IM,NS,N,OPH,ORS,OTO,PTH,PM,P,TS,U;
MIAMI BEACH								
MOUNT SINAI HOSPITAL OF GREATER MIAMI 4300 ALTON RD. 33140	M-023	NP CORP	644	37	26 35	4 15	25 69	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: DR,D,GS,IM,OBG,ORS,PTH,R,U;
ST. FRANCIS 250 WEST 63RD ST. 33141		CHURCH	310	31	15 1		15 3	INT: ROT.; RES: GS;

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FLORIDA – CONTINUED								
ORLANDO								
FLORIDA 601 E. ROLLINS 32802		CHURCH	16892	36		7	12	INT: ROT.;
ORANGE MEMORIAL 1416 SOUTH ORANGE AVE. 32806		NP CORP	833	43	10	3	18	INT: ROT.;
					24	20	44	RES: GS,OBG,ORS,PTH,PS;
PENSACOLA								
BAPTIST 1000 W. MORENO ST. 32501	G-022	NP CORP	354	41				RES: GS,IM,OBG,PTH,PD;
NAVAL AEROSPACE MEDICAL INSTITUTE U. S. NAVAL AVIATION MEDICAL CENTER 32512		USN				10	13	RES: AM;
PENSACOLA EDUCATIONAL PROGRAM (INCLUDES BAPTIST HOSPITAL, SACRED HEART HOSPITAL, AND UNIVERSITY HOSPITAL) 5151 N. 9TH AVE. 32504	G-022	MISC.			1	6	10	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.;
					1	14	24	RES: GS,IM,OBG,PTH,PD;
SACRED HEART 5151 N. NINTH AVE. 32504	G-022	CHURCH	361	42				RES: GS,IM,OBG,PTH,PD;
UNIVERSITY 1200 W. LEONARD ST. 32501	G-022	COUNTY	130	34				RES: GS,IM,OBG,PTH,PD;
ST. PETERSBURG								
BAYFRONT MEDICAL CENTER 701 SIXTH ST. SOUTH 33701		NP CORP	474	34			12	INT: ROT.;
					8	3	15	RES: FP,GP,GS,OBG;
TAMPA								
ST. JOSEPH'S 3001 W. BUFFALO AVE. 33607	M-115	CHURCH	579	32			10	RES: CHP,PTH,P,R;
TAMPA GENERAL DAVIS ISLANDS 33606	M-115	COUNTY	588	34	1	13	25	INT: ROT.,ST.SURG.,ST.PATH.;
					6	34	58	RES: CHP,GS,IM,OBG,OTO,PTH,PD,P,R,U;
UNIVERSITY OF SOUTH FLORIDA AFFILIATED HOSPITALS (INCLUDES ST. JOSEPH'S HOSPITAL, TAMPA GENERAL HOSPITAL AND VETERANS ADMIN. HOSPITAL)	M-115	MISC.			1	2	12	RES: CHP,P;
VETERANS ADMIN. 13000 N 30TH ST 33612	M-115	VA						RES: P,U;
TARPON SPRINGS								
ANCLOTE MANOR P. O. BOX 1224 33589		NP CORP	76					RES: P;
GEORGIA								
ATLANTA								
CENTER OF DISEASE CONTROL 30333		USPHS					3	RES: GPM;
CRAWFORD W. LONG MEMORIAL 35 LINDEN AVE. N. E. 30308	G-025	NP CORP	406	28	9		12	INT: ROT.;
					4	1	15	RES: GS,IM,OBG,PTH;
EMORY UNIVERSITY 1364 CLIFTON RD., N. E. 30322	M-025	NP CORP	383	54		4	4	INT: ST.MED.,ST.SURG.,ST.PATH.;
								RES: AN,D,GS,IM,NS,N,OPH,ORS,OTO,PTH,PM,PS,P,R,TS,U;
EMORY UNIVERSITY AFFILIATED HOSPITALS (INCLUDES CRAWFORD W. LONG MEMORIAL HOSPITAL, EMORY UNIVERSITY HOSPITAL, GEORGIA MENTAL HEALTH INSTITUTE, GRADY MEMORIAL HOSPITAL, HENRIETTA EGLESTON HOSPITAL AND VETERANS ADMIN. HOSPITAL (DECATUR)	M-025	MISC.						INT: ST.MED.,ST.SURG.;
					18	223	347	RES: AN,CHP,D,GS,IM,NS,N,OPH,ORS,OTO,PTH,PD,PM,PS,P,R,TS,U;
EMORY UNIVERSITY HOSPITAL-GRADY MEMORIAL HOSPITAL-HENRIETTA EGLESTON	M-025	MISC.			2	11	20	INT: ST.SURG.;
GEORGIA BAPTIST 300 BOULEVARD, N. E. 30312	G-037	CHURCH	475	45		6	13	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.;
						16	32	RES: GS,IM,OBG,ORS;
GEORGIA MENTAL HEALTH INSTITUTE 1256 BRIARCLIFF RD. N. E. 30306	L-025	STATE	253	430				RES: CHP,P;
GRADY MEMORIAL 80 BUTLER ST., S. E. 30303	M-025	COUNTY	922	30		37	42	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.;
					3	18	28	RES: AN,CHP,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,PM,PS,P,R,TS,U;
GRADY MEMORIAL HOSPITAL-EMORY UNIVERSITY HOSPITAL-VETERANS ADMIN.	M-025	MISC.				43	40	INT: ST.MED.;
HENRIETTA EGLESTON HOSPITAL FOR CHILDREN 1405 CLIFTON RD., N. E. 30333	L-025	NP CORP	100					INT: ST.SURG.;
								RES: GS,NS,N,ORS,OTO,PD,PS,U;
PIEDMONT 1968 PEACHTREE RD., N. W. 30309		NP CORP	314	35	5	2	10	RES: GS,PTH;
ST. JOSEPH'S INFIRMARY 265 IVY ST., N. E. 30303		NP CORP	282	35	2		3	INT: ST.SURG.,ST.PATH.;
					6	1	10	RES: GS,PTH;
STATE OF GEORGIA DEPARTMENT OF PUBLIC HEALTH 47 TRINITY AVE. S. W. 30334		STATE				1	4	RES: PH;
AUGUSTA								
EUGENE TALMADGE MEMORIAL 1120 FIFTEENTH 30902	M-024	STATE	400	64				INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.;
						30	32	RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,PTH,PD,PDC,P,R,TS,U;

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GEORGIA, AUGUSTA - CONTINUED								
MEDICAL COLLEGE OF GEORGIA HOSPITALS (INCLUDES EUGENE TALMADGE MEMORIAL HOSPITAL, UNIVERSITY HOSPITAL, VETERANS ADMIN. HOSPITAL AND MEMORIAL MEDICAL CENTER (SAVANNAH)	M-024	MISC.			2 19	17 96	34 144	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,PTH,PD,P,R,TS,U;
UNIVERSITY UNIVERSITY PL. 30902	M-024	COUNTY	600	17				INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.; RES: D,GS,IM,NS,OBG,OPH,ORS,PTH,PD;
VETERANS ADMIN. WRIGHTSBORO RD. 30904	M-024	VA	1318	52		1	9	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: D,GS,IM,NS,N,OPH,ORS,P,TS,U;
COLUMBUS								
MEDICAL CENTER 710 CENTER AVE. 31901	L-024 G-037	CITY	493	30		9	18 18	INT: ROT.; RES: FP,ORS;
DECATUR								
SCOTTISH RITE HOSPITAL FOR CRIPPLED CHILDREN 321 W. HILL ST. 30030		NP CORP	48					RES: ORS;
VETERANS ADMIN. 1670 CLAIRMONT RD. 30033	M-025	VA	496	54				INT: ST.MED.; RES: D,GS,IM,NS,N,OPH,ORS,OTO,PTH,PM,PS,P,R,TS,U;
MACON								
MEDICAL CENTER OF CENTRAL GEORGIA 777 HEMLOCK ST. 31201	L-024	CY-CO	517	17		1 12	18 31	INT: ROT.; RES: GP,GS,OBG;
MILLEDGEVILLE								
CENTRAL STATE P. O. BOX 325 31062		STATE	7705	23	9		30	RES: P;
SAVANNAH								
MEMORIAL MEDICAL CENTER WATERS AVE. AT 63RD ST. 31405	L-024	COUNTY	451	23	3	9 12	18 33	INT: ROT.; RES: DR,GS,IM,OBG,PTH,R,TS,U;
WARM SPRINGS								
GEORGIA REHABILITATION CENTER 31830		STATE	250					RES: PM;
GEORGIA WARM SPRINGS FOUNDATION 31830		NP CORP	120				12	RES: PM;
HAWAII								
HONOLULU								
DIAMOND HEAD MENTAL HEALTH CLINIC 3675 KILAUEA AVE. 96816		STATE						RES: CHP;
KAPIOLANI MATERNITY AND GYNECOLOGICAL 1319 PUNAHOU ST. 96814	L-105	NP CORP	126					RES: OBG;
KAUIKEOLANI CHILDREN'S 226 N. KUAKINI ST. 96817	L-105	NP CORP	80	78	3	6	11	RES: PO;
KUAKINI HOSPITAL AND HOME 347 N. KUAKINI ST. 96817	L-105	NP CORP	208	42	10 2	1	12 4	INT: ROT.; RES: GS,PTH;
QUEEN'S MEDICAL CENTER 1301 PUNCHBOWL ST. 96813	L-105 G-016	NP CORP	447	56	1 8	16 8	17 15	INT: ROT.; RES: GS,IM,OBG,ORS,PTH,P;
ST. FRANCIS 2260 LILIHA ST. 96817	L-105	CHURCH	260	36	8 5	4 7	12 16	INT: ST.MED.,ST.SURG.; RES: GS,IM,PTH;
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN 1310 PUNAHOU ST. 96814	G-016	NP CORP	40					RES: ORS;
TRIPLER GENERAL A. P. O. SAN FRANCISCO 96438	M-105 G-016	USA	750	75		36 78	33 81	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.; RES: GS,IM,OBG,ORS,PTH,PD,R,U;
UNIVERSITY OF HAWAII AFFILIATED HOSPITALS	M-105	MISC.			14	39	59	RES: CHP,GS,OBG,ORS,P;
UNIVERSITY OF HAWAII, LEAHI 3675 KILAUEA AVE. 96816	M-105	STATE	292	37				RES: CHP,P;
UNIVERSITY OF HAWAII SCHOOL OF PUBLIC HEALTH 1960 EAST-WEST RD. 96822		MISC.			1		8	RES: GPM;
KANEOHE								
HAWAII STATE KEAAHALA RD. 96744		STATE	687					RES: P;
IDAHO								
IDAHO FALLS								
U. S. ATOMIC ENERGY COMMISSION IDAHO OPERATIONS OFFICE P. O. BOX 2108 84301		MISC.						RES: OM;
ILLINOIS								
BELLEVILLE								
U. S. A. F. MEDICAL CENTER SCOTT A. F. B. 62225		USAF	300	58			12	INT: ROT.;
BERWYN								
MAC NEAL MEMORIAL 3249 OAK PARK AVE. S. 60402	M-030	NP CORP	414	43	20 10	1	20 22	INT: ROT.; RES: FP,GS,OBG,PTH;
CHICAGO								
AMERICAN HOSPITAL OF CHICAGO 850 W. IRVING PARK 60613		NP CORP	245	22	4		4	RES: GS;
AUGUSTANA 411 WEST DICKENS AVE. 60614		CHURCH	367	30	3		12 4	INT: ROT.; RES: PTH;

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ILLINOIS, CHICAGO – CONTINUED								
CHICAGO MATERNITY CENTER 1336 S. NEWBERRY AVE. 60608		NP CORP						RES: OBG;
CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS (INCLUDES MOUNT SINAI HOSP. MED. CENTER OF CHICAGO, SCHWAB REHABI)	M-026	MISC.			10	8	32	RES: AN,DR,GS,IM,N,OBG,PTH,PO,PM,P,R,U;
CHICAGO-READ MENTAL HEALTH CENTER 6500 W. IRVING PARK RD. 60634	G-030	STATE	1703	22				RES: P;
CHICAGO WESLEY MEMORIAL 250 EAST SUPERIOR ST. 60611	M-027	CHURCH	655	54	1	41	25	INT: ROT.,ST.MED.,ST.PED.,ST.PATH.,ST.OBG.;
					7	12	18	RES: AN,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PS,P,R,TK,U;
CHILDREN'S MEMORIAL 2300 CHILDREN'S PLAZA 60614	M-027	NP CORP	242	69	8	8	18	RES: AN,CHP,GS,NS,N,OPH,ORS,OTO,PTH,PD,PDA,PDC,PS,R,TS,U;
CITY OF CHICAGO MUNICIPAL TUBERCULOSIS SANITARIUM 5601 N. PULASKI RD. 60646	G-027	CITY	630	42				RES: TS;
COLUMBUS 2520 N. LAKEVIEW AVE. 60614	L-027	NP CORP	431	40				INT: ROT.;
					14		13	RES: GS,IM,OBG,PTH,R;
COLUMBUS-CUNEO MEDICAL CENTER		MISC.			29		26	INT: ROT.;
					23	2	27	RES: GS,IM,OBG;
COOK COUNTY CORONER'S OFFICE, INSTITUTE OF FORENSIC PATHOLOGY 1828 W. POLK ST. 60612		COUNTY					1	RES: FOP;
COOK COUNTY 1825 W. HARRISON ST. 60612	M-026,028,030 L-027,029	COUNTY	2173	48	83	40	115	INT: ROT.,ST.MED.,ST.SURG.;
					204	118	343	RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,ORS,OTO,PTH,PD,PDC,PS,CRS,R,TS,U;
EDGEWATER 5700 N. ASHLAND AVE. 60626	L-026	NP CORP	392	31	24		18	INT: ROT.;
ENGLEWOOD 6001 SOUTH GREEN ST. 60621		NP CORP	169	41	1	1	4	RES: PTH;
FRANK CUNEO 750 W. MONTROSE 60613		NP CORP	131	25				INT: ROT.; RES: GS,IM,OBG,PTH;
GRANT 551 GRANT PL. 60614	L-030	NP CORP	332	53	16		20	INT: ROT.;
					18		19	RES: GP,GS,PTH;
HENROTIN 109 W. OAK ST. 60610		NP CORP	192	22	9		12	INT: ROT.;
HOLY CROSS 2701 W. 68TH ST. 60629		NP CORP	428	21				RES: PM;
ILLINOIS CENTRAL 5800 STONY ISLAND AVE. 60637	L-030	NP CORP	219	36	11		13	INT: ROT.;
					2	3	6	RES: GS,PTH;
ILLINOIS MASONIC MEDICAL CENTER 836 W. WELLINGTON AVE. 60657	M-030	NP CORP	534	28	29	2	33	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.;
					37	10	51	RES: AN,GS,IM,OBG,PTH,PD,R;
ILLINOIS STATE PSYCHIATRIC INSTITUTE 1601 WEST TAYLOR ST. 60612	L-030	STATE	220		16	13	33	RES: P;
INSTITUTE FOR JUVENILE RESEARCH 907 SOUTH WOLCOTT AVE. 60612	L-030	STATE			2	3	8	RES: CHP;
JACKSON PARK 7531 STONY ISLAND AVE. 60649		NP CORP	215	38	2		10	RES: GP,PTH;
LOUIS A. WEISS MEMORIAL 4646 N. MARINE DR. 60640	M-030	NP CORP	343	33	8		12	INT: ROT.;
					32		42	RES: GP,GS,IM,PTH,R,U;
MERCY HOSPITAL AND MEDICAL CENTER STEVENSON EXPRESSWAY AT KING DR. 60616	M-030	CHURCH	517	36	12	2	16	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.;
					41	2	48	RES: GS,IM,OBG,PTH,PD,R,U;
MICHAEL REESE HOSPITAL AND MEDICAL CENTER 2929 SOUTH ELLIS AVE. 60616	L-029 G-030	NP CORP	905		18	35	49	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.;
					78	89	196	RES: AN,CHP,GS,IM,OBG,OPH,ORS,OTO,PTH,PD,PDA,PM,P,R,U;
MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO 2755 WEST 15TH ST. 60608	M-026	NP CORP	449	47	74	8	91	RES: AN,DR,GS,IM,N,OBG,PTH,PD,PM,P,R,U;
NORTHWESTERN UNIVERSITY-MC GAW MEDICAL CENTER (INCLUDES CHICAGO WESLEY MEMORIAL HOSPITAL, CHILDREN'S MEMORIAL HOSPITAL, PASSAVANT MEMORIAL HOSPITAL, VETERANS ADMIN. RESEARCH HOSPITAL, VETERANS ADMIN. HOSPITAL (DOWNEY) AND EVANSTON HOSPITAL (EVANSTON) 303 E. CHICAGO AVE. 60611	M-027	MISC.						INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.;
					69	304	375	RES: AN,D,GS,IM,NS,N,OBG,OPH,OTO,PTH,PD,PDA,PM,PS,P,R,TR,U;
NORTHWESTERN UNIVERSITY-MC GAW MEDICAL CENTER-COOK COUNTY	M-027	MISC.			2	44	43	RES: ORS;
NORWEGIAN-AMERICAN 1044 NORTH FRANCISCO AVE. 60622		NP CORP	261	24	14		14	INT: ROT.;
					12		13	RES: GP,GS;
PASSAVANT MEMORIAL 303 E. SUPERIOR ST. 60611	M-027	NP CORP	375	55	1	28	19	INT: ROT.,ST.MED.,ST.PATH.;
					4	3	10	RES: AN,GS,IM,OBG,OPH,ORS,OTO,PTH,PS,P,R,U;

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ILLINOIS, CHICAGO - CONTINUED								
PRESBYTERIAN-ST. LUKE'S 1753 W. CONGRESS PKWY. 60612	G-030	NP CORP	823	60	1	44	49	INT: ST.MED.,ST.SURG.,ST.PED.,ST.PATH.,ST.OBG.;
					42	116	191	RES: AN,CHP,DR,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDA,PDC,PS,P,TR,TS,U;
RAVENSWOOD 1931 W. WILSON AVE. 60640	M-030	NP CORP	403		18		20	INT: ROT.;
					15		12	RES: GP,GS;
REHABILITATION INSTITUTE OF CHICAGO 401 EAST OHIO 60611	M-027	NP CORP	71					RES: PM;
RESURRECTION 7435 W. TALCOTT AVE. 60631	M-028	CHURCH	268	45	14		18	INT: ROT.;
ST. ANNE'S 4950 W. THOMAS ST. 60651	G-027	NP CORP	439	25	14		18	INT: ROT.;
					1		4	RES: GS,ORS;
ST. ANTHONY DE PADUA 2875 W. 19TH ST. 60623		CHURCH	208	9	2		2	RES: GS;
ST. ELIZABETH'S 1431 N. CLAREMONT AVE. 60622		NP CORP	342	17	12		12	INT: ROT.;
					8		15	RES: GP,GS,PTH;
ST. FRANCES XAVIER CABRINI 811 SOUTH LYTLE 60607		NP CORP	232	43				RES: PTH;
ST. JOSEPH 2900 NORTH LAKE SHORE DR. 60657	M-028	CHURCH	511	50	15	6	27	INT: ROT.,ST.PATH.;
					36	1	47	RES: GS,IM,OBG,PTH,PD,PS;
ST. MARY OF NAZARETH 1120 N. LEAVITT ST. 60622		CHURCH	304	23	20		20	INT: ROT.;
SCHWAB REHABILITATION 1401 S. CALIFORNIA BLVD. 60608	M-026	NP CORP	77	25				RES: PM;
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN 2211 N. OAK PARK AVE. 60635	G-027	NP CORP	60					RES: ORS;
SOUTH CHICAGO COMMUNITY 2320 E. 93RD ST. 60617		MISC.	400	27	12		12	INT: ROT.;
SWEDISH COVENANT 5145 N. CALIFORNIA AVE. 60625	L-123	CHURCH	235	34	10		12	INT: ROT.;
					9	2	10	RES: GP,PTH;
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS 950 EAST 59TH ST. 60637	M-029	NP CORP	665	65	6	47	58	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.,ST.OBG.;
					57	141	231	RES: AN,CHP,DR,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,PS,P,TR,TS,U;
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS	M-030	MISC.			6	13	25	INT: ST.MED.;
					103	96	222	RES: D,GS,IM,NS,N,ORS,PTH,PM,PS,R,TS,U;
UNIVERSITY OF ILLINOIS 840 S. WOOD ST. 60612	M-030	STATE	581	57	1	19	6	INT: ST.MED.,ST.SURG.,ST.PED.;
					50	71	120	RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,PM,PS,P,R,TS,U;
UNIVERSITY OF ILLINOIS METROPOLITAN GROUP HOSPITALS (INCLUDES ILLINOIS MASONIC MEDICAL CENTER, LOUIS A. WEISS MEMORIAL HOSPITAL, MERCY HOSPITAL AND MEDICAL CENTER, RAVENSWOOD HOSPITAL, MAC NEALMEMORIAL HOSPITAL (BERWYN), AND LUTHERAN GENERAL HOSPITAL (PARK RIDGE)	M-030	MISC.					52	RES: GS;
VETERANS ADMIN. RESEARCH 333 E. HURON ST. 60611	M-027	VA	523	64				INT: ST.MED.;
					4		4	RES: AN,D,GS,IM,NS,N,OPH,ORS,OTO,PTH,PM,PS,P,R,TR,U;
VETERANS ADMIN. (WEST SIDE) 820 S. DAMEN AVE. 60612	M-030	VA	545	67				INT: ST.MED.;
								RES: GS,IM,N,ORS,PTH,PM,PS,P,R,TS,U;
DOWNEY								
VETERANS ADMIN. 60064	G-027	VA	2150	66				RES: P;
EVANSTON								
EVANSTON 2650 RIDGE AVE. 60201	M-027	NP CORP	506	61	5	26	35	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.;
					10	4	17	RES: AN,GS,IM,NS,OBG,OPH,ORS,PTH,PD,P,R,U;
ST. FRANCIS 355 RIDGE AVE. 60202	M-028 G-027	CHURCH	505	42	21	1	24	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.;
					22	11	35	RES: GP,GS,IM,OBG,ORS,PTH,PS,R;
EVERGREEN PARK								
LITTLE COMPANY OF MARY 2800 WEST 95TH ST. 60642		CHURCH	569	23	16		24	INT: ROT.;
					15	4	21	RES: GS,PTH,R;
GREAT LAKES								
NAVAL 60088		USN	929	69		4	14	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.;
					1	17	26	RES: GS,IM,OBG;
HINES								
JOHN J. MADDEN ZONE CENTER 1200 S. FIRST AVE. 60141	M-028	STATE	194					RES: P;
VETERANS ADMIN. 5TH AVE. & ROOSEVELT RD. 60141	M-026,028,030	VA	1398	50				INT: ROT.;
					102	54	177	RES: AN,D,GS,IM,NS,N,OPH,ORS,OTO,PTH,PM,PS,P,R,TS,U;
JOLIET								
ST. JOSEPH 333 N. MADISON ST. 60435		CHURCH	463	21	6		6	RES: AN;

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ILLINOIS - CONTINUED								
MAYWOOD								
LOYOLA UNIVERSITY AFFILIATED HOSPITALS	M-028	MISC.			1	13	22	INT: ROT.;
					6	16	53	RES: N,OPH,PM,PS,P;
LOYOLA UNIVERSITY 2160 S. 1ST AVE. 60153	M-028	CHURCH	347	59				INT: ROT.;
					12	22	70	RES: AN,GS,IM,N,OBG,OPH,PTH,PD,PM,PS,P,R;
MELROSE PARK								
GOTTLIEB MEMORIAL 8700 W. NORTH AVE. 60160	L-026	NP CORP	223	31			8	INT: ROT.;
OAK LAWN								
CHRIST COMMUNITY 4440 WEST 95TH ST. 60453	L-123	CHURCH	615	32			20	INT: ROT.,ST.OBG.;
					12		15	RES: GS,OBG,PTH;
OAK PARK								
OAK PARK 520 S. MAPLE AVE. 60304		CHURCH	306	26			2	RES: PTH;
WEST SUBURBAN 518 N. AUSTIN BLVD. 60302	L-30,123	NP CORP	399	46	22		17	INT: ROT.,ST.PATH.;
					4	3	24	RES: FP,ORS,PTH,R;
PARK RIDGE								
LUTHERAN GENERAL 1775 DEMPSTER 60068	M-030	CHURCH	660	47	3	10	25	INT: ROT.;
					3		9	RES: GS,ORS,PTH,PD,PS,R;
PEORIA								
INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION 619 N. E. GLEN OAK AVE. 61603	M-030	NP CORP					3	RES: PM;
METHODIST HOSPITAL OF CENTRAL ILLINOIS 221 N. E. GLEN OAK AVE. 61603	M-030	CHURCH	550	30	1		18	RES: FP,GS,PTH;
ST. FRANCIS 530 N. E. GLEN OAK AVE. 61603	M-030	CHURCH	724	44	4	3	28	INT: ROT.;
					14	18	50	RES: FP,GS,IM,OBG,ORS,PTH,PD,R;
ROCKFORD								
ROCKFORD MEDICAL EDUCATION FOUNDATION 1601 PARKVIEW AVE. 61101	M-030	MISC.	980				27	RES: FP;
ROCKFORD MEMORIAL 2400 N. ROCKTON AVE. 61101	M-030	NP CORP	367	39	2		13	INT: ST.PATH.;
							2	RES: PTH;
SWEDISH AMERICAN 1316 CHARLES ST. 61101	M-030	NP CORP	342	31			2	RES: PTH;
SPRINGFIELD								
ILLINOIS STATE DEPARTMENT OF HEALTH 535 W. JEFFERSON ST. 62706		MISC.			1		4	RES: PM;
ST. JOHNS 701 EAST MASON ST. 62701	M-116	NP CORP	652	40			16	RES: FP,PTH;
INDIANA								
EAST CHICAGO								
ST. CATHERINE 4321 FIR ST. 46312		CHURCH	400	25				INT: ROT.;
ELKHART								
ELKHART GENERAL 600 EAST BLVD. 46514		MISC.	292	16				RES: PTH;
EVANSVILLE								
ST. MARY'S 3700 WASHINGTON AVE. 47715	L-031	CHURCH	421	28		4	6	INT: ROT.;
						4	9	RES: FP,OBG;
FORT WAYNE								
FORT WAYNE MEDICAL EDUCATION PROGRAM (INCLUDES LUTHERAN HOSPITAL OF FORT WAYNE, PARKVIEW MEMORIAL HOSPITAL, AND ST. JOSEPH HOSPITAL OF FORT WAYNE) 700 INDIANA BANK BLDG. 46802	L-031	MISC.				4	8	INT: ROT.;
LUTHERAN HOSPITAL OF FORT WAYNE 3024 FAIRFIELD 46807	L-031	CHURCH	521	31				INT: ROT.;
					1	6	8	RES: ORS;
PARKVIEW MEMORIAL 2200 RANDALIA DR. 46805	L-031	CHURCH	596	30				INT: ROT.;
ST. JOSEPH'S HOSPITAL OF FORT WAYNE 700 BROADWAY 46802	L-031	CHURCH	412	46				INT: ROT.;
							4	RES: PTH;
VETERANS ADMIN. 1600 RANDALIA DR. 46805		VA	178	28				RES: ORS;
GARY								
LAKE COUNTY COOPERATIVE INTERNSHIP (INCLUDES METHODIST HOSPITAL OF GARY, ST. MARY MERCY HOSPITAL, ST. CATHERINE HOSPITAL (EAST CHICAGO) 1600 WEST 6TH AVE. 46402		MISC.			6		12	INT: ROT.;
METHODIST HOSPITAL OF GARY 1600 WEST SIXTH AVE. 46402	L-031	NP CORP	350	34				INT: ROT.;
					5		4	RES: PTH;
ST. MARY MERCY 540 TYLER ST. 46402		CHURCH	238	33				INT: ROT.;
					2		3	RES: PTH;
INDIANAPOLIS								
INDIANA UNIVERSITY HOSPITALS 1100 WEST MICHIGAN 46207	M-031	STATE	534	59	3	49	71	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.;
							2	RES: AN,CHP,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,PS,P,R,TR,TS,U,NPATH;

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INDIANA, INDIANAPOLIS - CONTINUED								
INDIANA UNIVERSITY MEDICAL CENTER (INCLUDES INDIANA UNIVERSITY HOSPITALS, LARUE D. CARTER MEMORIAL HOSPI TAL, MARION COUNTY GENERAL HOSPITAL, VETERANS ADMIN. HOSPITAL, AND SO ME POSITIONS AT METHODIST HOSPITAL OF INDIANA)	M-031	MISC.			40	9 238	9 332	INT: ST.PED.; RES: AN,CHP,D,GS,IM,NS,N,OBG,OPH,ORS, OTO,PTH,PD,PS,P,R,TR,TS,U;
LARUE D. CARTER MEMORIAL 1315 WEST TENTH ST. 46202	M-031	STATE	235		2	32		RES: CHP,P;
MARION COUNTY GENERAL 960 LOCKE ST. 46202	M-031	CY-CO	678	40	4 2	36 7	31 18	INT: ROT.,ST.SURG.,ST.PED.; RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,OTO, PTH,FOP,PD,PS,P,R,TR,U;
METHODIST HOSPITAL OF INDIANA 1604 N. CAPITOL AVE. 46202	L-031	CHURCH	1128	47	3	28 64	22 110	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; RES: AN,FP,GS,IM,NS,OBG,ORS,OTO,PTH,PD, R,U;
ST. VINCENT'S 120 WEST FALL CREEK 46208	L-031	CHURCH	315	43		10 13	9 32	INT: ROT.,ST.MED.,ST.PATH.; RES: FP,GS,IM,OBG,ORS,PTH;
VETERANS ADMIN. 1481 WEST TENTH ST. 46202	M-031	VA	650	80				RES: AN,GS,IM,NS,N,OPH,ORS,OTO,PTH,PS, P,R,TR,TS,U;
LAFAYETTE								
ST. ELIZABETH 1501 HARTFORD ST. 47904		CHURCH	376	26	1		4	RES: PTH;
MISHAWAKA								
ST. JOSEPH 215 W. 4TH ST. 46544		CHURCH	117	23				RES: PTH;
MUNCIE								
BALL MEMORIAL 2401 UNIVERSITY AVE. 47303	L-031	NP CORP	559	36		16 9	15 28	INT: ROT.,ST.PATH.; RES: FP,GS,PTH;
SOUTH BEND								
MEMORIAL HOSPITAL OF SOUTH BEND 615 N. MICHIGAN ST. 46601	L-031	NP CORP	370	27	1	2 5	4 12	INT: ROT.; RES: FP,PTH;
ST. JOSEPH'S 811 E. MADISON ST. 46622	L-031	CHURCH	344	26	1	6	10 12	INT: ROT.; 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	NP CORP	1123	23	3	3	2 8	INT: ST.PATH.; RES: PTH;
IOWA								
CEDAR RAPIDS								
CEDAR RAPIDS MEDICAL EDUCATION PROGRAM (INCLUDES MERCY HOSPITAL AND ST. LUKE'S METHODIST HOSPITAL)		MISC.			1	11	6 24	INT: ROT.; RES: FP;
MERCY 835 SIXTH AVE. S. E. 52403		CHURCH	329	29				INT: ROT.; RES: FP;
ST. LUKE'S METHODIST 1026 A AVE. N. E. 52402		CHURCH	633	34	1		4	INT: ROT.; RES: FP,PTH;
CHEROKEE								
MENTAL HEALTH INSTITUTE 1200 W. CEDAR ST. 51012		STATE	433	72	5	7	12	RES: P;
DES MOINES								
BROADLAWNS POLK COUNTY 18TH & HICKMAN RD. 50314	G-032	COUNTY	184	37	2	7 9	12 24	INT: ROT.; RES: FP,GS;
IOWA LUTHERAN 716 PARNELL AVE. 50316		CHURCH	465		4		14	INT: ROT.;
IOWA METHODIST 1200 PLEASANT 50308		CHURCH	762	40	4	6 10	15 23	INT: ROT.,ST.SURG.,ST.PED.; RES: GS,PTH,PD,R;
MERCY 6TH AND UNIVERSITY 50314		CHURCH	361	29	4 3	4 1	16 4	INT: ROT.,ST.PATH.; RES: PTH;
VETERANS ADMIN. 30TH AND EUCLID AVES. 50310	G-032	VA	362	42	11	3	14	RES: GS,U;
INDEPENDENCE								
MENTAL HEALTH INSTITUTE 50644		STATE	513	47	6	2	12	RES: P;
IOWA CITY								
STATE PSYCHOPATHIC 500 NEWTON RD. 52240	M-032	STATE	80		7	3 19	3 28	INT: ROT.; RES: CHP,P;
UNIVERSITY OF IOWA AFFILIATED HOSPITALS	M-032	MISC.			26	130	210	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.; RES: AN,DR,GS,IM,NS,N,OPH,ORS,OTO,PTH, R,U;
UNIVERSITY OF IOWA HOSPITALS NEWTON RD. 52240	M-032	STATE	1081	64	2 6	48 84	52 122	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.; RES: AN,DR,D,FP,GS,IM,NS,N,OBG,OPH,ORS, OTO,PTH,PD,PDC,R,TR,TS,U,NPATH;
VETERANS ADMIN. HIGHWAY 6-WEST 52240	M-032	VA		66			6	RES: AN,DR,GS,IM,NS,N,OPH,OTO,PTH;

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KANSAS								
KANSAS CITY								
BETHANY MEDICAL CENTER 51 N. 12TH ST. 66102	G-033	NP CORP	298	31	2		8	INT: ROT.; RES: GS;
UNIVERSITY OF KANSAS MEDICAL CENTER 39TH & RAINBOW BLVD. 66103	M-033	STATE	530	60	1 24	32 172	48 286	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.; RES: AN,CHP,DR,FP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDA,PDC,PM,PS,P,R,TS,U;
UNIVERSITY OF KANSAS MEDICAL CENTER-CHILDREN'S MERCY	M-033	MISC.			2	2	4	RES: PDA;
LEAVENWORTH								
VETERANS ADMIN. 66048		VA	637	62	2	2	5	RES: GS;
TOPEKA								
C. F. MENNINGER MEMORIAL 3617 W. 6TH ST. BOX 829 66601		NP CORP	160					RES: P;
CHILDREN'S DIVISION, THE MENNINGER FOUNDATION 3617 W. 6TH ST. 66601		NP CORP	70		6	10	16	RES: CHP;
MENNINGER SCHOOL OF PSYCHIATRY		MISC.			25	33	62	RES: P;
TOPEKA STATE 2700 WEST SIXTH 66606		STATE	715	75				RES: P;
VETERANS ADMIN. 2200 GAGE BLVD. 66622		VA	932	71				RES: P;
WICHITA								
ST. FRANCIS AFFILIATED HOSPITALS	G-033	MISC.			2	9	16	RES: ORS;
ST. FRANCIS 929 N. ST. FRANCIS 67214	G-033	CHURCH	886	35	6	10 5	22 21	INT: ROT.,ST.MED.,ST.SURG.; RES: AN,GS,IM,ORS,PTH,R;
ST. FRANCIS HOSPITAL-VETERANS ADMIN. CENTER	G-033	MISC.			2	12	16	RES: GS;
ST. FRANCIS HOSPITAL-WESLEY MEDICAL CENTER	G-033	MISC.			1	1	18	RES: IM;
ST. JOSEPH HOSPITAL AND REHABILITATION CENTER 3400 GRAND AVE. 67218		CHURCH	448	21	6 1		10 12	INT: ROT.; RES: FP,PTH;
ST. JOSEPH HOSPITAL AND REHABILITATION CENTER-VETERANS ADMIN. CENTER	G-033	MISC.			1		4	RES: PTH;
VETERANS ADMIN. CENTER 5500 EAST KELLOGG 67218	G-033	VA	200	43				RES: GS,ORS,PTH;
WESLEY MEDICAL CENTER 550 NORTH HILLSIDE 67214	G-033	CHURCH	673	35	5	11 27	18 44	INT: ROT.; RES: DR,FP,GS,IM,OBG,ORS,PTH,R;
KENTUCKY								
ANCHORAGE								
CHILDREN'S TREATMENT CENTER 40223		STATE	24					RES: CHP;
COVINGTON								
ST. ELIZABETH 21ST ST. AND EASTERN AVE. 41014		CHURCH	397	19		3	12	INT: ROT.;
FRANKFORT								
DEPARTMENT OF HEALTH STATE OF KENTUCKY 275 E. MAIN ST. 40601		STATE				1	4	RES: PH;
HARLAN								
HARLAN APPALACHIAN REGIONAL 40831	L-034	NP CORP	179				10	RES: GS;
LEXINGTON								
CENTRAL BAPTIST 1740 S. LIMESTONE ST. 40503	L-034	CHURCH	235	21				RES: TS;
GOOD SAMARITAN 310 SOUTH LIMESTONE ST. 40508	L-034	CHURCH	209	20				RES: ORS;
ST. JOSEPH 1400 HARRODSBURG RD. 40504	L-034	CHURCH	325	28				INT: ROT.,ST.SURG.; RES: GS,ORS,PS,U;
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN 1900 RICHMOND RD. 40502	L-034	NP CORP	50					RES: ORS;
UNIVERSITY 800 ROSE ST. 40506	M-034	STATE	403	42	5	71	92	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; RES: AN,CHP,DR,GS,IM,NS,N,OBG,OPH,ORS,PTH,PD,PS,P,R,TR,TS,U;
UNIV. OF KENTUCKY COLLEGE OF MEDICINE, DEPT. OF COMMUNITY MEDICINE 800 ROSE ST. 40506		STATE				2	4	RES: GPM;
UNIVERSITY OF KENTUCKY-LEXINGTON RESIDENCY PROGRAM	M-034	MISC.			1	8	12	RES: ORS;
UNIVERSITY OF KENTUCKY MEDICAL CENTER	M-034	MISC.			3	47 75	51 130	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; RES: AN,CHP,GS,IM,N,OPH,PS,P,R,TS,U;
VETERANS ADMIN. LEESTOWN PIKE 40507	M-034	VA	865	48				INT: ROT.,ST.MED.,ST.SURG.; RES: AN,GS,IM,OPH,ORS,PS,P,R,TS,U;

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KENTUCKY – CONTINUED								
LOUISVILLE								
BINGHAM CHILD GUIDANCE CLINIC 601 S. FLOYD ST. 40202	L-035	PART.			1	1	4	RES: CHP,P;
CENTRAL STATE 40223		STATE	678					RES: P;
CHILDREN'S 226 EAST CHESTNUT ST. 40202	M-035	NP CORP	139	55				INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.;
					3	1	4	RES: AN,GS,NS,OPH,PTH,PD,PDA,PDC,R,TS,U;
JEWISH 217 E. CHESTNUT ST. 40202	L-035	NP CORP	279	30				INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.;
								RES: GS,TS;
JOHN N. NORTON MEMORIAL INFIRMARY 231 WEST OAK ST. 40203	L-035	NP CORP	307	28	4		6	INT: ROT.;
						4	6	RES: GS,NS,P;
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	385	43				INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.;
					2	6	12	RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,PTH,PD,PDA,P,R,TR,TS,U;
REHABILITATION CENTER 220 EAST MADISON ST. 40202		NP CORP	30			1	4	RES: PM;
ST. JOSEPH INFIRMARY 735 EASTERN PARKWAY 40217		CORP.	508	32	1	12	16	INT: ROT.,ST.MED.;
					12	8	25	RES: GS,IM,OBG,R;
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	M-035	MISC.			9	15	54	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.;
					47	82	210	RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,PTH,PD,PDA,PM,P,R,TR,TS,U;
VETERANS ADMIN. MELLWOOD & ZORN AVE. 40202	M-035	VA	476	45				INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.;
						1	4	RES: D,GS,IM,NS,N,OPH,ORS,PTH,P,R,TR,TS,U;
MADISONVILLE								
HOPKINS COUNTY HOSPITAL AND TROVER CLINIC 237 WADDILL AVE. 42431	L-034	NP CORP	272	20			6	RES: FP;
LOUISIANA								
ALEXANDRIA								
VETERANS ADMIN. 71301	L-037	VA	449	24				RES: GS,ORS;
BATON ROUGE								
EARL K. LONG MEMORIAL 5825 AIRLINE HWY. 70805	M-036	STATE	212	43				INT: ROT.;
						9	20	RES: FP,GS,IM,PD,U;
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS	M-036	MISC.			2	12	14	INT: ROT.;
								RES: FP;
INDEPENDENCE								
LALLIE KEMP CHARITY HIGHWAY 51, BOX 7 70443	M-037	STATE	132	27				RES: GS;
LAFAYETTE								
LAFAYETTE CHARITY 311 WEST ST. MARY BLVD. 70501	M-036	STATE	301	20				INT: ROT.;
								RES: GS,IM;
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS 70501	M-036	MISC.				5	15	INT: ROT.;
MANDEVILLE								
SOUTHEAST LOUISIANA P. O. BOX 3850 70448	G-037	STATE	546	50				INT: ROT.;
						2	6	RES: CHP,P;
MONROE								
E. A. CONWAY MEMORIAL 4801 SOUTH GRAND 71201		STATE	166	13				RES: GS,ORS,U;
NEW ORLEANS								
CHARITY HOSPITAL OF LOUISIANA 1532 TULANE AVE. 70140	M-036,037	STATE	1662	46				INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.,ST.OBG.;
					5	60	75	RES: AN,D,IM,IM,OBG,PTH,PD,PM,R;
CHARITY HOSPITAL OF LOUISIANA-LOUISIANA STATE UNIVERSITY DIVISION 1532 TULANE AVE. 70140	M-036	MISC.			2	34	55	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.,ST.OBG.;
					20	105	138	RES: GS,IM,NS,N,OBG,OPH,ORS,OTO,PD,PDA,PM,PS,P,TS,U,NPATH;
CHARITY HOSPITAL OF LOUISIANA-TULANE UNIVERSITY DIVISION 1532 TULANE AVE. 70140	M-037	MISC.			13	32	59	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.,ST.OBG.;
					23	33	70	RES: GS,IM,NS,N,OBG,OPH,ORS,OTO,PD,PS,P,TS,U;
DE PAUL 1040 CALHOUN ST. 70118		CHURCH	182					RES: P;
EYE, EAR, NOSE AND THROAT 145 ELK PL. 70112	G-037	NP CORP	108					RES: OPH,OTO;
HOTEL DIEU 2004 TULANE AVE. 70112	L-036	CHURCH	260					RES: IM;
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS	M-036	MISC			12	75	115	RES: GS,IM,NS,OPH,PTH,PM,PS,TS,U; NPATH;

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LOUISIANA, NEW ORLEANS - CONTINUED								
LOUISIANA STATE UNIVERSITY MEDICAL CENTER 1542 TULANE AVE. 70112	M-036	STATE					8	RES: CHP;
OCHSNER FOUNDATION 1516 JEFFERSON HIGHWAY 70121	L-036,037	NP CORP	353	68		12	8	INT: ROT.,ST.MED.,ST.SURG.;
					9	71	83	RES: AN,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PS,CRS,R,TS,U;
SOUTHERN BAPTIST 2700 NAPOLEON AVE. 70115	L-036,037	NP CORP	485	31			24	INT: ROT.;
					1	1	6	RES: OBG,PS;
TOURO INFIRMARY 1400 FOUCHER ST. 70115	L-036,037	NP CORP	541	29	4	2	8	INT: ST.MED.;
					5	3	16	RES: GS,IM,OPH,ORS,PTH,PS,R,U;
TULANE UNIVERSITY AFFILIATED HOSPITALS	M-037	MISC.				7	8	INT: ROT.;
					9	130	172	RES: CHP,GS,NS,N,OPH,ORS,OTO,PS,P,U;
TULANE UNIVERSITY SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE 1430 TULANE AVE. 70112		MISC.				6	15	RES: GPM;
U. S. PUBLIC HEALTH SERVICE 210 STATE ST. 70118	L-037	USPHS	403	60		15	18	INT: ROT.,ST.MED.;
					1	17	27	RES: GS,IM,OBG,OPH,ORS,PTH,PS,R,U;
VETERANS ADMIN. 1601 PERDIDO ST. 70140	L-036,037	VA	561	52				INT: ROT.;
					26	5	44	RES: GS,IM,NS,N,OPH,ORS,PTH,PS,P,TS,U; NPATH;
PINEVILLE								
HUEY P. LONG CHARITY HOSPITAL BOULEVARD 71360	M-037	STATE	187				6	RES: GP,GS,ORS;
SHREVEPORT								
CONFEDERATE MEMORIAL MEDICAL CENTER 1541 KINGS HIGHWAY 71103	M-106	STATE	650	42		14	43	INT: ROT.,ST.MED.;
					1	50	79	RES: GS,IM,OBG,OPH,ORS,OTO,PTH,PD,P,R,U;
L. S. U. (SHREVEPORT) AFFILIATED HOSPITALS	M-106	MISC.			1	25	34	RES: GS,PTH,U;
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN 3100 SAMFORD AVE. 71103	G-037,106	NP CORP	60					RES: ORS;
VETERANS ADMIN. 510 E. STONER AVE. 71130	M-106	VA	452	42				RES: GS,PTH,U;
MAINE								
BANGOR								
EASTERN MAINE MEDICAL CENTER 489 STATE ST. 04401		NP CORP	304	34		1	2	RES: PTH;
LEWISTON								
CENTRAL MAINE GENERAL 300 MAIN ST. 04240		NP CORP	269	38			1	RES: PTH;
PORTLAND								
MAINE MEDICAL CENTER 22 BRAMHALL ST. 04102	M-042	NP CORP	505	37		15	16	INT: ROT.;
					4	35	52	RES: AN,GP,GS,IM,PTH,PD,P,R;
MARYLAND								
BALTIMORE								
BALTIMORE CITY HOSPITALS 4940 EASTERN AVE. 21224	M-038,039	CITY	388	76	8	20	21	INT: ROT.,ST.MED.,ST.PATH.;
					25	26	46	RES: AN,GS,IM,NS,N,OBG,ORS,OTO,PD,PS;
BON SECOURS 2025 W. FAYETTE ST. 21223		NP CORP	217	47	16		14	INT: ROT.,ST.OBG.;
					6		8	RES: GS,OBG;
CHILDREN'S 3825 GREENSPRING AVE. 21211	G-038	CORP.	135	75				RES: ORS;
CHURCH HOME AND HOSPITAL 100 N. BROADWAY 21231	L-038	NP CORP	297	28	7		10	INT: ST.MED.,ST.SURG.,ST.OBG.;
					22		21	RES: GS,IM,OBG;
FRANKLIN SQUARE 9000 FRANKLIN SQUARE DR. 21237		NP CORP	303	53	33		33	INT: ROT.;
					15	1	33	RES: FP,GS,OBG;
GOOD SAMARITAN 5601 LOCH RAVEN BLVD. 21212	L-038	NP CORP	217	48				RES: IM,ORS;
GREATER BALTIMORE MEDICAL CENTER 6701 N. CHARLES ST. 21204	L-038	NP CORP	400	36	20	4	20	INT: ROT.,ST.MED.;
					26	11	42	RES: GS,IM,OBG,OPH,OTO,PTH;
JAMES LAWRENCE KERNAN WINDSOR MILL RD. & FOREST PARK AVE. 21207	G-039	NP CORP	126					RES: ORS;
JOHN F. KENNEDY INSTITUTE 707 N. BROADWAY 21205	L-038	NP CORP	40					RES: PD;
JOHNS HOPKINS 601 NORTH BROADWAY 21205	M-038	NP CORP	1073	55	4	68	76	INT: ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.;
					41	204	270	RES: AN,CHP,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,PS,P,R,U;
JOHNS HOPKINS AFFILIATED HOSPITALS	M-038	MISC.					21	INT: ST.SURG.;
					8	42	64	RES: GS,ORS,OTO;
JOHNS HOPKINS HOSPITAL-BALTIMORE CITY HOSPITALS	M-038	MISC.			2	13	18	RES: N;
JOHNS HOPKINS UNIVERSITY SCHOOL OF HYGIENE AND PUBLIC HEALTH 615 N. WOLFE ST. 21205		MISC			2	22	25	RES: GPM;
LUTHERAN HOSPITAL OF MARYLAND 730 ASHBURTON ST. 21216		NP CORP	240	31	12		12	INT: ROT.;
					11		26	RES: GS,OBG;
MARYLAND GENERAL 827 LINDEN AVE. 21201	M-039	NP CORP	426	44		7	20	INT: ROT.,ST.MED.,ST.SURG.;
					16	8	31	RES: GS,IM,OBG,OPH,OTO,PTH;

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MARYLAND - CONTINUED								
MERCY 301 ST. PAUL PL. 21202	M-039	CHURCH	364	33	2 10	6 5	 32	INT: ROT.,ST.MED.; RES: GS,IM,NS,OBG,PTH,PD;
MONTEBELLO STATE 2201 ARGONNE DR. 21218	G-039	STATE	378	28				RES: PM;
OFFICE OF THE CHIEF MEDICAL EXAMINER-MARYLAND MEDICAL-LEGAL FOUNDATION 111 PENN ST. 21201		STATE		67	3	1	9	RES: PTH,FOP;
PROVIDENT 2600 LIBERTY HEIGHTS 21215	M-039	NP CORP			2	2	6	INT: ROT.;
ST. AGNES 1000 CATON AVE. 21229	G-039	CHURCH	453	38	9 35	4 5	25 47	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.; RES: GS,IM,OBG,PTH,PD;
ST. JOSEPH 7620 YORK RD. 21204		NP CORP	408	32	15 13		15 22	INT: ROT.; RES: GS,OBG,PTH;
SETON PSYCHIATRIC INSTITUTE 6400 WABASH AVE. 21215		NP CORP	250		9	3	12	RES: P;
SINAI HOSPITAL OF BALTIMORE BELVEDERE AVE. AT GREENSPRING 21215	M-038	NP CORP	492	36	17 59	5 26	19 87	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; RES: GS,IM,OBG,OPH,ORS,PTH,PD,PM,R,U;
SOUTH BALTIMORE GENERAL 3001 SOUTH HANOVER ST. 21230	G-039	NP CORP	340	37	17 16	2 5	20 20	INT: ROT.,ST.MED.; RES: GS,IM,PTH;
SPRING GROVE STATE WADE AVE. 21228		STATE	2485	15	5		12	RES: P;
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 301 W. PRESTON ST. 21201		MISC.			2	1	3	RES: PH;
UNION MEMORIAL 33RD & CALVERT ST. 21218	L-038	NP CORP	414	39	4 27	 8	25 39	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; RES: GS,IM,OBG,ORS,PTH;
U.S. PUBLIC HEALTH SERVICE 3100 WYMAN PARK DR. 21211		USPHS	238	75	 1	6 21	14 33	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,OPH,OTO,PTH,R;
UNIVERSITY OF MARYLAND 22 S. GREENE ST. 21201	M-039	STATE	638	46	 61	34 143	36 240	INT: ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.; RES: AN,CHP,D,FP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PM,P,R,TS,U;
UNIVERSITY OF MARYLAND AFFILIATED HOSPITALS	M-039	MISC.			27	39	113	RES: GS,NS,OBG,OTO,PTH,PM,U;
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE 22 S. GREENE ST. 21201		STATE					3	RES: GPM,NPATH;
VETERANS ADMIN. 3900 LOCH RAVEN BLVD. 21218	M-039 G-038	VA	291	59				INT: ST.SURG.; RES: GS,ORS,PTH,U,U;
BETHESDA								
NATIONAL INSTITUTES OF HEALTH-CLINICAL CENTER 9000 ROCKVILLE PIKE 20014	G-020	USPHS	516	89		11	7	RES: D,N,PTH,P;
NAVAL ROCKVILLE PIKE 20014	M-019 L-021	USN	750	83		20 108	33 145	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.,ST.OBG.; RES: AN,GS,IM,N,OBG,OPH,ORS,OTO,PTH,PD,PS,P,R,TS,U;
SUBURBAN 8600 OLD GEORGETOWN RD. 20014		NP CORP	350	54	6 7		7 13	INT: ROT.; RES: GP,GS,PTH;
CHEVERLY								
PRINCE GEORGE'S GENERAL 20785	G-039	COUNTY	497	60	19 24	 1	22 28	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,OBG,PTH;
CROWNSVILLE								
CROWNSVILLE STATE 21032		STATE	1470				12	RES: P;
EDGEWOOD ARSENAL								
U. S. ARMY ENVIRONMENTAL HYGIENE AGENCY 21010	G-064	MISC.				1	4	RES: OM,GPM;
HAGERSTOWN								
WASHINGTON COUNTY KING & ANTIETAM STS. 21740		NP CORP	364	27	3		3	RES: R;
MOUNT WILSON								
MOUNT WILSON STATE 21112	G-039	STATE	381					RES: TS;
PERRY POINT								
VETERANS ADMIN. 21902		VA	1125	59	1	1	6	RES: P;
ROCKVILLE								
CHESTNUT LODGE 500 W. MONTGOMERY AVE. 20850		CORP.	90			4	5	RES: P;
SYKESVILLE								
SPRINGFIELD STATE 21784		STATE	2927	34	1	1	15	RES: P;
TAKOMA PARK								
WASHINGTON SANITARIUM AND HOSPITAL 7600 CARROLL AVE. 20012		CHURCH	302	33			16	INT: ROT.;

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MARYLAND - CONTINUED								
TOWSON								
SHEPPARD AND ENDCH PRATT YORK RD. 21204	L-039	NP CORP	265	28	9	24	30	RES: CHP,P;
MASSACHUSETTS								
BELMONT								
BEAVERBROOK GUIDANCE CENTER 115 MILL ST. 02178		STATE					4	RES: CHP;
MC LEAN 115 MILL ST. 02178	M-041	NP CORP	247	40	2	27	35	RES: P;
BEVERLY								
BEVERLY HERRICK AND HEATHER STS. 01915		NP CORP	232	45	5		8	INT: ROT.;
BOSTON								
BETH ISRAEL 330 BROOKLINE AVE. 02215	M-041	NP CORP	374	60		26	31	INT: ST.MED.,ST.SURG.,ST.PATH.;
					18	87	120	RES: AN,CHP,GS,IM,NS,N,OBG,PTH,P,R;
BOSTON CITY 818 HARRISON AVE. 02118	M-040,041, 042	CITY	809	32		1	7	INT: ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.;
					35	71	113	RES: AN,D,GS,IM,IM,NS,N,OBG,OPH,ORS, OTO,PTH,PD,P,R,TS,U;
BOSTON HOSPITAL FOR WOMEN 221 LONGWOOD AVE. 02115	M-041	NP CORP	262	71	8	12	14	RES: AN,OBG,PTH;
BOSTON STATE 591 MORTON ST. 02124	M-040,042	STATE			6	13	18	RES: P;
BOSTON UNIVERSITY AFFILIATED HOSPITALS	M-040	MISC.						INT: ST.SURG.;
					16	71	89	RES: GS,IM,N,OPH,ORS,R,TS,U;
BOSTON UNIVERSITY MEDICAL CENTER, CHILDREN'S AMBULATORY SERVICES 82 E. CONCORD ST. 02118	M-040	MISC.				3	10	RES: CHP;
CARNEY 2100 DORCHESTER AVE. 02124	L-040,042	CHURCH	336	42	4	1	8	INT: ST.MED.,ST.SURG.;
					15	6	23	RES: GS,IM,OBG,ORS,PTH;
CHILDREN'S HOSPITAL MEDICAL CENTER 300 LONGWOOD AVE. 02115	M-041	NP CORP	343	97		12	2	INT: ST.PATH.;
					30	55	83	RES: AN,CHP,DR,FP,GS,NS,N,ORS,PTH,PD, PDA,PDC,PS,R;
CHILDREN'S HOSPITAL MEDICAL CENTER-PETER BENT BRIGHAM	M-041	MISC.				4	4	RES: NS;
CHILDREN'S HOSPITAL MEDICAL CENTER-PETER BENT BRIGHAM-BETH ISRAEL	M-041	MISC.				12	12	RES: N;
COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH 600 WASHINGTON ST. ROOM 209 02111		MISC.				1	3	RES: PH;
DOUGLAS A. THOM CLINIC FOR CHILDREN 315 DARTMOUTH ST. 02116		NP CORP			2	2	3	RES: CHP;
FAULKNER 1153 CENTRE ST. 02130	L-042 G-041	NP CORP	186					RES: IM,PTH;
5TH AND 6TH MEDICAL SERVICE (BOSTON UNIV.)	M-040	MISC.				18	18	INT: ST.MED.;
5TH SURGICAL SERVICE (HARVARD)	M-041	MISC.				8	10	INT: ST.SURG.;
					4	30		RES: GS;
1ST AND 3D MEDICAL SERVICE (TUFTS)	M-042	MISC.				16	16	INT: ST.MED.;
					1	18	19	RES: IM;
1ST SURGICAL SERVICE (TUFTS)	M-042	MISC.			3	4	8	INT: ST.SURG.;
					8	13	22	RES: GS;
HARVARD MEDICAL SCHOOL FAMILY HEALTH CARE PROGRAM 83 FRANCIS ST. 02115		MISC.				4	9	RES: FP;
HARVARD SCHOOL OF PUBLIC HEALTH 665 HUNTINGTON AVE. 02115	M-041	NP CORP			6	26	54	RES: AM,OM,GPM;
JAMES JACKSON PUTNAM CHILDREN'S CENTER 244 TOWNSEND 02121		NP CORP					4	RES: CHP;
JOINT CENTER FOR RADIATION THERAPY 50 BINNEY ST. 02115		NP CORP			1	6	16	RES: R,R,R,TR;
JUDGE BAKER GUIDANCE CENTER 295 LONGWOOD AVE. 02115		NP CORP	27		1	6	7	RES: CHP;
LAHEY CLINIC 605 COMMONWEALTH AVE. 02215		NP CORP	336	53	10	6	22	RES: AN,DR,D,GS,ORS,OTO,CRS,R,U;
LAHEY CLINIC-NEW ENGLAND BAPTIST		NP CORP			3	6	9	RES: DR;
LEMUEL SHATTUCK 170 MORTON ST. 02130	M-042 L-040,041	STATE	331	54	17	6	35	RES: DR,IM,R,TR;
MASSACHUSETTS EYE AND EAR INFIRMARY 243 CHARLES ST. 02114	M-041 L-042	NP CORP	179	44	1	38	40	RES: OPH,OTO;
MASSACHUSETTS GENERAL FRUIT ST. 02114	M-041	NP CORP	1084	56		44	45	INT: ST.MED.,ST.SURG.,ST.PATH.;
					22	270	300	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	228			74	80	RES: CHP,P;
NEW ENGLAND BAPTIST 91 PARKER HILL AVE. 02120		NP CORP	270					RES: DR;

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MASSACHUSETTS, BOSTON - CONTINUED								
NEW ENGLAND DEACONESS 185 PILGRIM RD. 02215	L-041	NP CORP	427	50		12	12	INT: ROT.,ST.MED.;
					16	25	44	RES: DR,GS,IM,PTH,TS,U;
NEW ENGLAND MEDICAL CENTER HOSPITALS (INCLUDES BOSTON DISPENSARY AND REHABILITATION INSTITUTE, BOSTON FLOATING HOSPITAL AND NEW ENGLAND CENTER HOSPITAL) 171 HARRISON AVE. 02111	M-042 L-041	NP CORP	380	64		28	30	INT: ST.MED.,ST.SURG.,ST.PED.,ST.PATH.;
					39	101	164	RES: AN,CHP,DR,D,GS,IM,NS,N,OBG,OPH, ORS,OTO,PTH,PD,PM,P,P,R,TR,U;
PETER BENT BRIGHAM 721 HUNTINGTON AVE. 02115	M-041	NP CORP	321	76		24	30	INT: ST.MED.,ST.SURG.,ST.PATH.;
					15	98	127	RES: AN,DR,FP,GS,IM,NS,N,ORS,PTH,PS,P, R,U;
PETER BENT BRIGHAM HOSPITAL-CHILDREN'S HOSPITAL MEDICAL CENTER	M-041	MISC.			1		2	RES: PS;
PROGRAM 1	M-040	MISC.						RES: IM;
PROGRAM 2	M-040	MISC.						INT: ST.SURG.;
					4	18	26	RES: GS,IM;
PROGRAM 3	M-040	MISC.					12	INT: ST.SURG.;
					12	3	30	RES: GS;
ST. ELIZABETH'S HOSPITAL OF BOSTON 736 CAMBRIDGE ST., BRIGHTON 02135	M-042	CHURCH	447	46		16	26	INT: ROT.,ST.MED.,ST.SURG.;
					16	29	62	RES: AN,GS,IM,N,OBG,PTH,PD;
ST. MARGARET'S 90 CUSHING AVE., DORCHESTER 02125	M-042	CHURCH	122					RES: OBG;
2D AND 4TH MEDICAL SERVICES (HARVARD)	M-041	MISC.				16	16	INT: ST.MED.;
					1	22	24	RES: IM;
3RD SURGICAL SERVICE (BOSTON UNIV.)	M-040	MISC.			2	6	8	INT: ST.SURG.;
					4	14	18	RES: GS;
TUFTS-NEW ENGLAND MEDICAL CENTER-VETERANS ADMIN.	M-042	MISC.					6	RES: P;
TUFTS UNIVERSITY AFFILIATED HOSPITALS	M-042	MISC.			22	46	105	RES: DR,D,OBG,OPH,ORS,OTO,R,TR;
U.S. PUBLIC HEALTH SERVICE 77 WARREN ST. 02135	L-040	USPHS	190	61		7	9	INT: ROT.;
						4	4	RES: IM;
UNIVERSITY 750 HARRISON AVE. 02116	M-040	NP CORP	248	54	1	25	24	INT: ST.MED.,ST.SURG.,ST.PATH.;
					13	48	73	RES: AN,D,GS,IM,N,OPH,ORS,OTO,PTH,PM,P, R,TS,U;
UNIVERSITY HOSPITAL AFFILIATED PROGRAM	M-040	MISC.				8	6	RES: GTO;
VETERANS ADMIN. 150 S. HUNTINGTON AVE. 02130	M-040,042	VA	866				20	INT: ST.MED.;
					49	20	83	RES: AN,DR,GS,GS,IM,NS,N,OPH,ORS,OTO, PTH,PM,P,P,R,TR,U;
VETERANS ADMIN. (WEST ROXBURY) 1400 V. F. W. PARKWAY, WEST ROXBURY 02132	L-041	VA	300	73	1	1	3	RES: GS,IM,ORS,PTH;
BROCKTON								
BROCKTON 680 CENTRE ST. 02402	L-040	NP CORP	324	22				INT: ST.SURG.;
								RES: GS;
CARDINAL CUSHING GENERAL 235 N. PEARL ST. 02401	L-042	NP CORP	240					RES: U;
CAMBRIDGE								
CAMBRIDGE GUIDANCE CENTER 5 SACRAMENTO ST. 02138		MISC.			1		4	RES: CHP;
CAMBRIDGE 1493 CAMBRIDGE ST. 02139	L-041	CITY	217	635		11	11	INT: ROT.;
					6	4	37	RES: AN,GS,IM,PTH,PS,P;
HARVARD UNIV. HEALTH SERVICES DIV. OF ENVIRONMENTAL HEALTH AND SAFETY 75 MOUNT AUBURN ST. 02138		NP CORP					1	RES: OM;
MOUNT AUBURN 330 MOUNT AUBURN ST. 02138	L-042	NP CORP	309	57		12	12	INT: ROT.,ST.PATH.;
						5	7	RES: DR,GS,PTH,R;
CANTON								
MASSACHUSETTS HOSPITAL SCHOOL RANDOLPH ST. 02021		STATE	195					RES: ORS;
CHELSEA								
LAWRENCE F. QUIGLEY MEMORIAL 100 SUMMIT AVE. 02150	L-042	STATE	217	50				RES: GS,U;
NAVAL 1 BROADWAY 02150	M-040	USN	454	66		6	14	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.OBG.;
						35	50	RES: AN,GS,IM,OBG,ORS,OTO,PD,PS,U;
FALL RIVER								
UNION HIGHLAND AVE. AT NEW BOSTON RD. 02720		CORP.	308		7		9	INT: ROT.;
FRAMINGHAM								
FRAMINGHAM UNION 25 EVERGREEN ST. 01701	M-040	NP CORP	229	46	11		10	INT: ROT.,ST.MED.,ST.PATH.;
					1		7	RES: GS,IM,PTH;
HARDING								
MEDFIELD STATE HOSPITAL RD. 02042	M-040	STATE	818	24	12		12	RES: P;
HATHORNE								
DANVERS STATE BOX 50 01935		STATE	1600	25	4	2	6	RES: P;

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MASSACHUSETTS - CONTINUED								
LAKEVILLE								
LAKEVILLE MAIN ST. 02346		STATE	240					RES: ORS;
LAWRENCE								
LAWRENCE GENERAL ONE GARDEN ST. 01842		NP CORP	310	31	8		8 4	INT: ROT.; RES: PTH;
LYNN								
LYNN 212 BOSTON ST. 01904	L-042	NP CORP	289	31	1	2	6	RES: PTH;
MALDEN								
MALDEN HOSPITAL RD. 02148	M-040	NP CORP	292	42	6 1		6 2	INT: ROT.,ST.SURG.; RES: GS,PTH;
NEWTON LOWER FALLS								
NEWTON-WELLESLEY 2014 WASHINGTON ST. 02162	L-042	NP CORP	310	49	1 9	7 1	8 12	INT: ROT.,ST.MED.; RES: IM,PTH;
NORFOLK								
PONOVILLE BOX 111 02081		STATE	110	62	4		6	RES: GS,PTH;
PITTSFIELD								
BERKSHIRE MEDICAL CENTER 725 NORTH ST. 01201	L-054	MISC.	438	51	11 22	8 7	18 33	INT: ROT.; RES: AN,GS,IM,OBG,PTH,PO;
QUINCY								
QUINCY CITY 114 WHITWELL ST. 02169		CITY	380	19				RES: GS;
SOUTH SHORE MENTAL HEALTH CENTER 77 PARKINGWAY 02169	L-042	STATE					2	RES: CHP;
SALEM								
SALEM 81 HIGHLAND AVE. 01970		NP CORP	277	27	5 4	1	10 4	INT: ROT.; RES: PTH;
SPRINGFIELD								
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN 516 CAREW ST. 01104		NP CORP	55	100				RES: ORS;
SPRINGFIELD HOSPITAL MEDICAL CENTER 759 CHESTNUT ST. 01107	L-042,104	NP CORP	482	39	9 21	4 9	24 39	INT: ROT.,ST.MED.,ST.PED.; RES: AN,GS,IM,PTH;
WESSON WOMEN'S 735 CHESTNUT ST. 01107		NP CORP	136		5	1	9	RES: OBG;
STOCKBRIDGE								
AUSTEN RIGGS CENTER MAIN ST. 01262		NP CORP	42			1	6	RES: P;
TAUNTON								
TAUNTON STATE HODGES AVE. EXT. 02780		STATE	1385	16	13		13	RES: P;
WALTHAM								
METROPOLITAN STATE 475 TRAPELO RD. 02154	M-042	STATE	1250	23	7	3	13	RES: CHP,P;
WALTER E. FERNALD STATE SCHOOL 200 TRAPELO RD. 02154	L-042	MISC.				1	1	RES: P;
WALTHAM HOPE AVE. 02154	M-040	NP CORP	284	35	8		7	INT: ROT.;
WESTFIELD								
WESTERN MASSACHUSETTS 91 E. MOUNTAIN RD. 01085		STATE	63	50	3		4	RES: GS;
WEST ROXBURY								
VETERANS ADMIN. -SEE BOSTON								
WORCESTER								
MEMORIAL 119 BELMONT ST. 01605	M-107 L-042	NP CORP	379	51	14 19		14 24	INT: ROT.; RES: GS,IM,PTH;
ST. VINCENT 25 WINTHROP ST. 01610	M-107 L-042	CORP.	600	49	10 32	8 8	19 41	INT: ROT.,ST.MED.,ST.PATH.; RES: DR,GS,IM,PTH,PD;
WORCESTER CITY 26 QUEEN ST. 01610	L-042	CITY	448	41	20 29		22 36	INT: ROT.,ST.SURG.; RES: GS,IM,PTH,PD;
WORCESTER STATE 305 BELMONT ST. 01604		STATE	1009	26	12	3	16	RES: P;
WORCESTER YOUTH GUIDANCE CENTER 275 BELMONT ST. 01604		NP CORP			1		4	RES: CHP;
MICHIGAN								
ALLEN PARK								
VETERANS ADMIN. SOUTHFIELD AT OUTER DR. 48101	M-044	VA	689	45				RES: D,GS,IM,N,OPH,ORS,OTO,PTH,PS,R,U;
ANN ARBOR								
ST. JOSEPH MERCY 326 NORTH INGALLS ST. 48104	M-043	CHURCH	554	44	10	20 20	23 42	INT: ROT.,ST.SURG.; RES: DR,GS,IM,NS,OBG,ORS,PTH,PS,U;
UNIVERSITY 1405 EAST ANN ST. 48104	M-043	STATE	1010	72	6	2 38	55	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.; RES: AN,CHP,DR,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDA,PDC,PM,PS,P,R,TR,TS,U;
UNIVERSITY HOSPITAL-WAYNE COUNTY GENERAL (ELOISE)	M-043	MISC.				22	27	INT: ROT.,ST.OBG.;

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MICHIGAN, ANN ARBOR - CONTINUED								
UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS (INCLUDES UNIVERSITY HOSPITAL, ST. JOSPEH MERCY HOSPITAL, VETERANS ADMIN. HOSPITAL AND WAYNE COUNTY GENERAL HOSPITAL (ELOISE)	M-043	MISC.			18	357	430	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; RES: AN,DR,D,GS,IM,NS,N,OBG,OPH,ORS,PTH,PD,PDC,PS,P,R,TR,U;
UNIV. OF MICH. INSTITUTE OF ENVIRONMENTAL AND INDUSTRIAL HEALTH 1506 SCHOOL OF PUBLIC HEALTH 48104		STATE				4	8	RES: OM;
UNIVERSITY OF MICHIGAN SCHOOL OF PUBLIC HEALTH 48104		MISC.				5	10	RES: GPM;
MASSACHUSETTS								
UNIVERSITY-VETERANS ADMIN.-WAYNE COUNTY GENERAL (ELOISE)	M-043	MISC.			1	58	63	INT: ST.MED.,ST.SURG.;
MICHIGAN								
VETERANS ADMIN. 2215 FULLER RD. 48105	M-043	VA	363	67				INT: ST.MED.,ST.SURG.; RES: AN,DR,D,GS,IM,NS,N,OPH,PTH,PS,P,R,TR,U;
DEARBORN								
FORD MOTOR COMPANY AMERICAN RD. 48121		MISC.						RES: OM;
OAKWOOD 18101 OAKWOOD BLVD. 48124	L-098	NP CORP	478	39	6 23	12 7	18 50	INT: ROT.; RES: FP,GS,IM,OBG,ORS,PTH,R;
DETROIT								
CHILDREN'S HOSPITAL OF MICHIGAN 3901 BEAUBIEN BLVD. 48201	M-044	NP CORP	320	74	31	13	57	RES: AN,GS,NS,ORS,OTO,PTH,PD,PS,U;
CRITTENTON 1554 TUXEDO AVE. 48206		NP CORP	171	28	6	1	8	RES: OBG;
DETROIT GENERAL 1326 ST. ANTOINE 48226	M-044	CITY	599	35	23 12	12	42 13	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; RES: D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PS,R,U;
DETROIT-MACOMB HOSPITALS (INCLUDES DETROIT MEMORIAL HOSPITAL, SOUTH MACOMB HOSPITAL (WARREN) 690 MULLETT ST. 48226		NP CORP			23		26 26	INT: ROT.,ST.PATH.; RES: GS,OBG,PTH;
DETROIT MEMORIAL 1420 ST. ANTOINE ST. 48226		NP CORP	309	54				INT: ROT.,ST.PATH.; RES: GS,OBG,PTH,R;
DETROIT PSYCHIATRIC INSTITUTE 1151 TAYLOR 48202		CITY	76	66	1	13	20	RES: P;
EVANGELICAL DEACONESS 3245 E. JEFFERSON 48207		CHURCH	182	28	10 5		10 10	INT: ROT.; RES: GP,GS;
GENERAL MOTORS CORPORATION 3044 W. GRAND BLVD. 48202		MISC.					2	RES: OM;
GRACE 4160 JOHN R ST. 48201	M-044	NP CORP	837	38	27 45	1 16	28 72	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,NS,OBG,OPH,ORS,PTH,PS,R;
HARPER 3825 BRUSH ST. 48201	M-044	NP CORP	679	34	2 24	6 21	24 45	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; RES: D,GS,IM,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PS,R,U;
HENRY FORD 2799 W. GRAND BLVD. 48202	M-043	NP CORP	1142	51	11 141	19 127	34 312	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDA,PS,P,R,TS,U;
HUTZEL 432 E. HANCOCK 48201	M-044	NP CORP	387	33	9		17	INT: ROT.,ST.MED.,ST.OBG.; RES: GS,IM,OBG,PTH;
KIRWOOD GENERAL 4059 W. DAVISON AVE. 48238		NP CORP	160	36	2	2	10	RES: GP;
LAFAYETTE CLINIC 951 E. LAFAYETTE 48207	M-044	STATE	160		9	16	58	RES: CHP,N,P;
METROPOLITAN 1600 TUXEDO AVE. 48206		NP CORP	170	39	1		3	RES: GS;
MOUNT CARMEL MERCY 6071 WEST OUTER DR. 48235	G-043	CHURCH	557	43	14 39	9	24 64	INT: ROT.; RES: GS,IM,OBG,PTH,PD,PS,R;
REHABILITATION INSTITUTE 261 MACK BLVD. 48201	L-044	NP CORP	96	50	3	2	12	RES: PM;
ST. JOHN 22101 MOROSS RD. 48236		NP CORP	500	41	18 32	2	21 40	INT: ROT.; RES: GS,IM,OBG,PTH;
ST. JOSEPH MERCY 2200 EAST GRAND BLVD. 48211		NP CORP	269	27	9 4		9 6	INT: ROT.; RES: GS,OBG;
SINAI HOSPITAL OF DETROIT 6767 WEST OUTER DR. 48235	M-044	NP CORP	538	49	2 29	11 42	23 85	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; RES: AN,GS,IM,OBG,OPH,PTH,PS,P,R,U;
WAYNE COUNTY MEDICAL EXAMINER'S OFFICE 400 E. LAFAYETTE AVE. 48226		COUNTY					2	RES: FOP;
WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS	M-044	MISC.			167	96	6 313	INT: ST.OBG.; RES: D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PM,PS,R,U;
EAST LANSING								
MICHIGAN STATE UNIVERSITY ASSOCIATED HOSPITALS	M-098	MISC.					2 24	INT: ROT.; RES: IM,PD,P;

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MICHIGAN, EAST LANSING - CONTINUED								
MICHIGAN STATE UNIVERSITY HEALTH CENTER 48823	M-098	STATE	107					INT: ROT.; RES: IM,PD,P;
ELOISE								
WAYNE COUNTY GENERAL 48132	M-043	COUNTY	474	40	1 9	1	4 14	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; RES: DR,GS,IM,NS,OBG,OPH,ORS,PTH,PD,PDC,PS,P,R,TR,U;
FLINT								
GENESEE COUNTY COMMUNITY MENTAL HEALTH SERVICES 432 N. SAGINAW 48503	L-098	COUNTY	55					RES: P;
HURLEY 6TH & BEGOLE 48502	M-098 G-043	CITY	716	41	2 16	16 25	25 60	INT: ROT.; RES: GP,GS,IM,OBG,PTH,PD,R;
MC LAREN GENERAL 401 S. BALLENGER HIGHWAY 48502	M-098 G-043	NP CORP	316	43	1 7	 3	12 22	INT: ROT.,ST.SURG.; RES: GS,IM,PTH;
ST. JOSEPH 302 KENSINGTON AVE. 48502	L-098	CHURCH	416	35	22 6		22 29	INT: ROT.; RES: FP,GP,PTH,R;
GRAND RAPIDS								
BLODGETT MEMORIAL 1840 WEALTHY ST., S. E. 49506	M-098 G-043	NP CORP	410	64	18	 15	16 32	INT: ROT.,ST.MED.; RES: GS,IM,OBG,ORS,PTH,PD,PS,R;
BUTTERWORTH 100 MICHIGAN N. E. 49503	M-098 G-043	NP CORP	451	60	4	22 29	22 37	INT: ROT.,ST.SURG.; RES: GS,IM,OBG,ORS,PTH,PD,PS,R,U;
BUTTERWORTH-BLODGETT MEMORIAL HOSPITALS	M-098	MISC.				7	10	RES: PD,PS;
FERGUSON-DROSTE-FERGUSON 72 SHELDON AVE. S. E. 49502		NP CORP	110	52		4	4	RES: CRS;
ST. MARY'S 201 LAFAYETTE, S. E. 49503	M-098 G-043	CHURCH	370	33	5 7	 7	14 16	INT: ROT.; RES: GS,OBG,ORS,PTH;
ST. MARY'S HOSPITAL - BLODGETT MEMORIAL		MISC.				5	9	RES: OBG;
GROSSE POINTE								
BON SECOURS 468 CADIEUX RD. 48230		NP CORP	171	37	10 4		10 6	INT: ROT.; RES: GS;
HIGHLAND PARK								
HIGHLAND PARK GENERAL 369 GLENDALE AVE. 48203		CITY	269	50	14 8		15 11	INT: ROT.,ST.SURG.; RES: GS,OBG;
KALAMAZOO								
BORGESS 1521 GULL RD. 49001		CHURCH	467	51	15		15 2	INT: ROT.; RES: ORS,PTH;
BORGESS-BRONSON HOSPITALS ORTHOPEDIC RESIDENCY		MISC.				7	8	RES: ORS;
BRONSON METHODIST 252 E. LOVELL 49006	G-043	CHURCH	422	43		10 6	15 20	INT: ROT.,ST.OBG.; RES: GS,IM,OBG,ORS,PTH,PD;
LANSING								
EDWARD W. SPARROW 1215 E. MICHIGAN AVE. 48902	M-098	NP CORP	455	56	1 3	 6	17 23	INT: ROT.,ST.PATH.; RES: FP,GS,IM,PTH,PD,R;
INGHAM MEDICAL 401 W. GREENLAWN AVE. 48910	L-098	COUNTY	170	35				RES: IM;
MICHIGAN DEPARTMENT OF PUBLIC HEALTH 3500 N. LOGAN ST. 48914		STATE						RES: PH;
ST. LAWRENCE COMMUNITY MENTAL HEALTH CENTER 1201 OAKLAND 48914	L-098	NP CORP	39	100				RES: P;
ST. LAWRENCE 1210 WEST SAGINAW 48914	M-098	NP CORP	281	52	3		 4	INT: ROT.; RES: IM,PTH,PD;
MIDLAND								
DOW CHEMICAL COMPANY 2030 DOW CENTER 48640		CORP					1	RES: OM;
MIDLAND 4005 ORCHARD DR. 48640	G-043	NP CORP	220	41		1 7	9 18	INT: ROT.; RES: FP;
NORTHVILLE								
HAWTHORN CENTER 18471 HAGGERTY 48167		STATE	152		1	11	6	RES: CHP;
NORTHVILLE STATE 41001 WEST SEVEN MILE 48167		STATE	1296	31	14	1	18	RES: P;
PONTIAC								
OAKLAND MEDICAL CENTER 140 ELIZABETH LAKE RD. 48053	L-098	STATE	1464	45	4	4	22	RES: CHP,GS,GS,ORS,PD,P,P;
PONTIAC AFFILIATED HOSPITALS		MISC.					12	RES: PD;
PONTIAC GENERAL SEMINOLE & W. HURON 48053	G-043	CITY	391	37	10 22	2 3	12 27	INT: ROT.; RES: GS,OBG,PTH,PD;
ST. JOSEPH MERCY 900 WOODWARD AVE. 48053	G-043	CHURCH	354	37	8 30	4 5	12 44	INT: ROT.; RES: GS,IM,OBG,PTH,PD,R;
RIVER ROUGE								
SIDNEY A. SUMBY MEMORIAL 234 VISGER RD. 48218		NP CORP	71	21	2		5	RES: GP;
ROYAL OAK								
WILLIAM BEAUMONT 3601 W. THIRTEEN MILE RD. 48072	G-044	NP CORP	696	41	1 50	13 37	27 100	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; RES: GS,IM,OBG,ORS,PTH,PD,R,U;

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MICHIGAN, ROYAL OAK - CONTINUED								
WILLIAM BEAUMONT HOSPITAL-OAKLAND MEDICAL CENTER		MISC.					8	RES: ORS;
SAGINAW								
SAGINAW COOPERATIVE HOSPITALS (INCLUDES SAGINAW GENERAL HOSPITAL, ST. LUKE'S HOSPITAL, ST. MARY'S HOSPITAL, VETERANS ADMIN. HOSPITAL) 705 COOPER ST. 48602	M-098 G-043	MISC.			1 9	 6	14 32	INT: ROT.; RES: FP,GS,OBG;
SAGINAW GENERAL 1447 N. HARRISON 48602	M-098	NP CORP	363	38	1	1	6	INT: ROT.; RES: FP,GS,OBG;
ST. LUKE'S 705 COOPER ST. 48602	M-098	NP CORP	326	40				INT: ROT.; RES: FP,GS;
ST. MARY'S 830 S. JEFFERSON AVE. 48601	M-098	CHURCH	264	32				INT: ROT.; RES: FP,GS;
VETERAN'S ADMIN 1500 WEISS ST. 48602	L-098	VA	217	45				RES: GS;
SOUTHFIELD								
PROVIDENCE 16001 NINE MILE RD. 48075	G-043	CHURCH	400	43	1 24	8 21	15 51	INT: ROT.; RES: AN,GS,IM,OBG,PS,R;
TRAVERSE CITY								
MUNSON MEDICAL CENTER 6TH AND MADISON STS. 49684	G-043	NP CORP	245	39		1	8	INT: ROT.;
TRAVERSE CITY STATE ELMWOOD & 11TH 49684	G-098	STATE	1841	23	9	9	21	RES: P;
WARREN								
SOUTH MACOMB 11800 E. 12 MILE RD. 48093		NP CORP	202	48				INT: ROT.,ST.PATH.; RES: GS,OBG,PTH;
YPSILANTI								
YORK WOODS CENTER BOX A 48197		STATE	110				4	RES: CHP;
YPSILANTI STATE 3501 WILLIS RD. 48197	G-043	STATE	2765	61	10	9	24	RES: P;
MINNESOTA								
DULUTH								
ST. LUKE'S 915 E. 1ST ST. 55805	M-117	NP CORP	497	52	5	1	8	INT: ROT.;
ST. MARY'S 407 EAST THIRD STREET 55805	M-117	CHURCH	419	74	3	9 1	16 2	INT: ROT.; RES: PTH;
MINNEAPOLIS								
FAIRVIEW 2312 S. 6TH ST. 55406	L-045	CHURCH	430					RES: FP,ORS;
HENNEPIN COUNTY GENERAL FIFTH AND PORTLAND SOUTH 55415	M-045	COUNTY	387	71	2	56 40	58 67	INT: ROT.,ST.PATH.; RES: DR,D,FP,GS,IM,N,OBG,OPH,ORS,OTO, PTH,FOP,PD,P,U;
KENNY REHABILITATION INSTITUTE 1800 CHICAGO AVE. 55404		NP CORP	48					RES: PM;
METROPOLITAN MEDICAL CENTER 914 SOUTH 8TH ST. 55404	L-045	NP CORP	767	43		1	7	RES: PTH,R;
MOUNT SINAI 2215 PARK AVE. 55404	M-045	NP CORP	273	54			2	RES: GS,IM,PTH;
NORTH MEMORIAL 3220 LOWRY AVE. N. 55422	L-045	NP CORP	466					RES: FP;
NORTHWESTERN HOSPITAL OF MINNEAPOLIS 810 EAST 27TH ST. 55407	L-045	NP CORP	460	66	5 8	7 3	14 18	INT: ROT.,ST.MED.; RES: IM,PTH;
ST. MARY'S 2414 S. SEVENTH ST. 55406	L-045	NP CORP	519	65				RES: FP,OBG,ORS;
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN 2025 EAST RIVER RD. 55414		NP CORP	40					RES: ORS;
STATE OF MINNESOTA DEPARTMENT OF HEALTH 717 DELAWARE ST. S. E. 55440		MISC.				1	4	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.			73	423	665	RES: AN,DR,D,FP,GS,IM,NS,N,OBG,OPH,OTO, PD,PM,CRS,P,R,TR,TS,U;
UNIVERSITY OF MINNESOTA HOSPITALS 412 UNION STREET, S. E. 55455	M-045	STATE	801	81	3 12	46 35	66 43	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH., ST.OBG.; RES: AN,CHP,DR,D,FP,GS,IM,NS,N,OBG,OPH, ORS,OTO,PTH,PD,PDC,PM,CRS,P,R,TR, TS,U;
VETERANS ADMIN. 54TH ST. & 48TH AVE.,SO. 55417	M-045	VA	960	74	4	11 27	12 106	INT: ST.MED.; RES: AN,DR,D,GS,IM,NS,N,N,OPH,ORS,OTO, PTH,PM,CRS,P,R,TR,TS,U;
ROCHESTER								
MAYO GRADUATE SCHOOL OF MEDICINE (INCLUDES ROCHESTER METHODIST HOSPITAL AND ST. MARY'S HOSPITAL) 200 FIRST AVE S. W. 55901	L-020 G-045,113	NP CORP			117	25 477	43 597	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.,ST.OBG.; RES: AN,CHP,DR,D,GS,IM,NS,N,OBG,OPH, ORS,OTO,PTH,PD,PDA,PDC,PM,PS,CRS, P,R,TS,U,NPATH;

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MINNESOTA, ROCHESTER - CONTINUED								
ROCHESTER METHODIST 201 WEST CENTER ST. 55901	L-020,045, 113	CHURCH	573	65				INT: ROT.,ST.MED.,ST.SURG.,ST.PATH., ST.OBG.; RES: AN,DR,D,GS,IM,NS,N,OBG,OPH,ORS, OTO,PTH,PDA,PM,PS,CRS,P,R,TS,U, NPATH;
ST. MARY'S 1216 SECOND ST. S. W. 55901	L-020,045, 113	CHURCH	884	83				INT: ROT.,ST.MED.,ST.SURG.,ST.PATH., ST.OBG.; RES: AN,DR,D,GS,IM,NS,N,OBG,OPH,ORS, OTO,PTH,PDA,PDC,PM,PS,CRS,P,R,TS, U,NPATH;
ST. LOUIS PARK								
METHODIST 6500 EXCELSIOR BLVD. 55426	L-045	NP CORP	430	29				RES: FP;
ST. PAUL								
BETHESDA LUTHERAN 559 CAPITOL BLVD. 55101	L-045	CHURCH						RES: FP;
CHILDRENS 311 PLEASANT AVE. 55102	L-045	NP CORP	107	85	1	2	4	RES: PD;
GILLETTE CHILDREN'S 1003 EAST IVY AVE. 55106	G-045	STATE	72	75				RES: AN,ORS;
MILLER DIVISION 125 W. COLLEGE AVE. 55102		NP CORP	368	46	2	9	13	INT: ROT.,ST.PATH.; RES: GS,PTH,R;
ST. JOHN'S 403 MARIA AVE. 55106	L-045	NP CORP	369					RES: FP;
ST. JOSEPH'S 69 W. EXCHANGE ST. 55102	L-045	CHURCH	408					RES: OBG,R;
ST. LUKE'S DIVISION 300 PLEASANT AVE. 55102		NP CORP	360	40	3		8	INT: ROT.; RES: GP;
ST. PAUL-RAMSEY 640 JACKSON ST. 55101	M-045	CY-CO	515	68	3 5	31 31	46 59	INT: ROT.,ST.SURG.; RES: DR,D,FP,GS,IM,N,OBG,OPH,ORS,OTO, PTH,PD,P,U;
UNITED HOSPITALS (INCLUDES MILLER DIVISION AND ST. LUKE'S DIVISION)		NP CORP						INT: ROT.,ST.PATH.; RES: GP,GS,PTH,R;
WILDER DEPARTMENT OF CHILD GUIDANCE AND DEVELOPMENT 919-A LAFOND AVE. 55104		NP CORP				1	2	RES: CHP;
MISSISSIPPI								
BILOXI								
U.S.A.F. MEDICAL CENTER KEESLER A. F. B. 39534	L-037	USAF	350	86		16 21	22 31	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; RES: GS,IM,OBG,PD;
VETERANS ADMIN. CENTER 39531		VA	910	32			3	RES: PM,P;
JACKSON								
MISSISSIPPI BAPTIST 1190 NORTH STATE ST. 39201	G-046	CHURCH	435	28		7	8	INT: ROT.; RES: PS;
STATE OF MISSISSIPPI DEPARTMENT OF HEALTH 2423 N. STATE ST. 39205		MISC.					2	RES: PH;
UNIVERSITY 2500 NORTH STATE ST. 39216	M-046	STATE	440	59	2 1	25 29	40 36	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.,ST.OBG.; RES: GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD, PS,P,R,TS,U;
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	M-046	MISC.			5	88	146	RES: GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD, PS,P,TS,U;
VETERANS ADMIN. CENTER 1500 E. WOODROW WILSON DR. 39216	M-046	VA	498	54				RES: GS,IM,NS,N,OPH,ORS,OTO,PTH,PS,P, TS,U;
WHITFIELD								
MISSISSIPPI STATE 39193	L-046	STATE	4582	27				RES: P;
MISSOURI								
COLUMBIA								
ELLIS FISCHEL STATE CANCER BUSINESS LOOP 70 AND GARTH 65201	G-047,048, 049	STATE	104	63	1	5	10	RES: GS,GS,PTH;
UNIVERSITY OF MISSOURI MEDICAL CENTER 807 STADIUM RD. 65201	M-047	STATE	455	57	2 24	24 103	42 204	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,CHP,D,FP,GS,IM,NS,OBG,OPH,ORS, OTO,PTH,PD,PM,PS,P,R,TS,U;
UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE DEPT. OF COMMUNITY HEALTH AND MEDICAL PRACTICE 76201		STATE				1	9	RES: GPM;
VETERANS ADMIN. 800 STADIUM RD. 65201		VA						RES: GS;
KANSAS CITY								
CHILDREN'S MERCY 24TH AT GILLHAM RD. 64108	M-033,118 G-047	NP CORP	125	74	3	7 9	9 15	INT: ST.PED.; RES: AN,ORS,PD,PDA,PDC;
GRTR. KANSAS CITY MNTL. HLTH. FNDN., UNIV. MO. SCH. MED., K. C. DIV. 600 E. 22D ST. 64108		MISC.			4		8	RES: CHP;
KANSAS CITY AFFILIATED HOSPITALS		MISC.			1	11	12	RES: ORS;

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MISSOURI, KANSAS CITY - CONTINUED								
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER 24TH AND CHERRY 64108	M-118 G-047	NP CORP	238	45	2 16	20 28	16 70	INT: ROT.; RES: GS,IM,IM,OBG,OPH,ORS,PTH,PS,P,U;
MENORAH MEDICAL CENTER 4949 ROCKHILL RD. 64110	L-118 G-033	NP CORP	336	42	3 15	7 11	16 40	INT: ROT.,ST.MED.,ST.PATH.; RES: GS,IM,OBG,PTH,R;
RESEARCH HOSPITAL AND MEDICAL CENTER MEYER BLVD. AT PROSPECT AVE. 64132	L-118	NP CORP	517	38			4	RES: PTH;
ST. LUKE'S 44TH AND WORNALL 64111	L-033,118	CHURCH	517	41	3 5	15 22	20 44	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,IM,OBG,OPH,ORS,PTH,R;
ST. MARY'S 101 MEMORIAL DR. 64108	L-118	CHURCH	365	42			1 4	INT: ST.PATH.; RES: PTH;
TRINITY LUTHERAN 31ST & WYANDOTTE ST. 64108	L-118	CHURCH	275	31	8 1		8 4	INT: ROT.; RES: GP;
UNIVERSITY OF MISSOURI AT KANSAS CITY		MISC						
UNIVERSITY OF MISSOURI RESIDENCY IN PSYCHIATRY	G-047	MISC.			11	3	24	RES: P;
VETERANS ADMIN. 4801 LINWOOD BLVD. 64128	M-033	VA	476	51				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	40				RES: P;
MOUNT VERNON								
MISSOURI STATE CHEST 65712		STATE	459	36				RES: TS;
ST. LOUIS								
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	1057	52	49	46 156	54 219	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.; RES: AN,DR,D,GS,IM,NS,N,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	5	12	18	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						RES: N,P;
DEACONESS 6150 OAKLAND AVE. 63139	G-047	NP CORP	505	44	14 16		16 27	INT: ROT.; RES: GS,IM,OBG,PTH;
DE PAUL 2415 N. KINGSHIGHWAY BLVD. 63113		CHURCH	375	34	5		4	RES: PTH;
FIRMIN DESLOGE GENERAL 1402 S. GRAND BLVD. 63104	M-048	CHURCH	100					RES: GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PS,P,R,U;
HOMER G. PHILLIPS 2601 NORTH WHITTIER 63113	M-049	CITY	432	12	1 39	3 7	20 66	INT: ROT.; RES: GS,OBG,OPH,OTO,PTH,R,U;
JEWISH HOSPITAL OF ST. LOUIS 216 SO. KINGSHIGHWAY 63110	M-049	NP CORP	511	45	1 10	18 32	21 56	INT: ST.MED.,ST.SURG.; RES: GS,IM,OBG,OPH,PTH,PM,P,R;
LUTHERAN 2639 MIAMI ST. 63118		CHURCH	466	26	16 2		16 9	INT: ROT.; RES: GP;
MALCOLM BLISS MENTAL HEALTH CENTER 1420 GRATTAN ST. 63104	M-049	STATE	250	67	15	38	66	RES: CHP,P;
MALLINCKRODT INSTITUTE OF RADIOLOGY 510 S. KINGSHIGHWAY 63110		MISC.						RES: DR,R,TR;
MISSOURI BAPTIST 3015 NO. BALLAS RD. 63131	G-047	NP CORP	313	43	4 17	3	9 25	INT: ROT.; RES: GS,IM,PTH;
MISSOURI INSTITUTE OF PSYCHIATRY - ST.LOUIS STATE 5400 ARSENAL ST. 63139	G-047	STATE	1429	26	35	15	52	RES: GS,P;
ST. JOHN'S MERCY MEDICAL CENTER 615 SO. NEW BALLAS RD. 63141		CHURCH	605	42	2 8	14 23	22 38	INT: ROT.,ST.SURG.; RES: GS,IM,OBG,PTH;
ST. LOUIS CHILDREN'S 500 SO. KINGSHIGHWAY 63110	M-049	NP CORP	165	71	1 7	15 25	16 33	INT: ST.PED.; RES: N,PD,PDC,PM;
ST. LOUIS CITY 1515 LAFAYETTE AVE. 63104	M-048,049	CITY	550	44	9 11	1	10 20	INT: ROT.,ST.MED.; RES: N,OBG,OPH,ORS,PTH,PD,R,U;
ST. LOUIS CITY (ST. LOUIS UNIVERSITY SERVICE) 1515 LAFAYETTE AVE. 63104	M-048	CITY			5		13	RES: GS,IM,ORS;
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	G-049	COUNTY	220	34	7	1	10 12	INT: ROT.; RES: GS,IM;
ST. LOUIS-LITTLE ROCK HOSPITALS 1755 SO. GRAND BLVD. 63104		NP CORP	350	38	7	1	10	RES: GS;
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS 1402 S. GRAND BLVD. 63104	M-048	NP CORP	2807	67	1 38	38 106	54 185	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.OBG.; RES: GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PS,P,R,U;

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MISSOURI, ST. LOUIS - CONTINUED								
ST. LUKE'S 5535 DELMAR BLVD. 63112	L-049	NP CORP	389	38	5 7	5	16 22	INT: ROT.,ST.MED.; RES: GS,IM,NS,PTH;
ST. MARY'S 6420 CLAYTON RD. 63117	M-048	CHURCH	546	45	11 3	1	24 18	INT: ROT.,ST.MED.; 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	1137	60			8	RES: GS,GS,N,OPH,ORS,OTO,PTH,PS,P,R,U;
WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	M-049	MISC.			10	108	127	RES: DR,N,OPH,OTO,P,R,TR,U;
WILLIAM GREENLEAF ELIOT DIVISION OF CHILD PSYCHIATRY 369 N. TAYLOR AVE. 63108	M-049	NP CORP	55		5	1	6	RES: CHP;
NEBRASKA								
LINCOLN								
BRYAN MEMORIAL 4848 SUMNER ST. 68506	G-051	CHURCH	346	35		7	10	INT: ROT.; RES: PTH;
LINCOLN GENERAL 2300 SOUTH 16TH ST. 68502		CITY	244	31		1	6	INT: ROT.; RES: PTH;
PHYSICIANS PATHOLOGY LABORATORY HOSPITALS 1403 SHARP BLDG. 68508	G-051	MISC.				1	2	RES: PTH;
ST. ELIZABETH COMMUNITY HEALTH CENTER 555 S. 70TH ST. 68502		NP CORP	208	29			6	INT: ROT.; RES: GS;
VETERANS ADMIN. 600 SOUTH 70TH ST. 68501	L-051	VA	197	66	2	1	10	RES: GS;
OFFUTT A. F. B.								
EHRLING BERGQUIST U.S.A.F. 68113	L-050,051	USAF						RES: D;
OMAHA								
BISHOP CLARKSON MEMORIAL DEWEY AVE. AT 44TH ST. 68105	M-051	CHURCH	424	42		1		INT: ROT.,ST.MED.,ST.PATH.; RES: D,IM,OTO,PTH,U;
CHILDRENS MEMORIAL 44TH ST. AND DEWEY AVE. 68105	M-050,051	NP CORP	100	88				RES: PD,PD;
CREIGHTON MEMORIAL ST. JOSEPH'S 2305 SOUTH 10TH ST. 68108	M-050	CHURCH	570	41	2	19	37	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: FP,GS,IM,OBG,PTH,PD,R,U;
CREIGHTON UNIVERSITY AFFILIATED HOSPITALS (INCLUDES CREIGHTON MEMORIAL ST. JOSEPH'S HOSPITAL, VETERANS ADMIN. HOSPITAL, DOUGLAS COUNTY HOSPITAL)	M-050	MISC.			13	14 21	30 49	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: GS,IM,OBG,PTH,PD,U;
DOUGLAS COUNTY 4102 WOOLWORTH AVE. 68105	M-050,051	COUNTY	239	48				INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,D,GS,GS,IM,IM,OPH,OTO,U,U;
IMMANUEL MEDICAL CENTER 36TH AND MEREDITH AVE. 68111	M-051	CHURCH	358					INT: ROT.;
NEBRASKA METHODIST 8303 DODGE ST. 68114	M-051	CHURCH	354	40		2 5	14 6	INT: ROT.,ST.PATH.; RES: PTH,U;
NEBRASKA PSYCHIATRIC INSTITUTE 602 SOUTH 44TH AVE. 68105	M-051	STATE	100			1	2	RES: CHP,P;
UNIVERSITY OF NEBRASKA 42ND AND DEWEY AVE. 68105	M-051	STATE	316	78		20	61	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,D,FP,GS,IM,N,OBG,OPH,ORS,OTO,PTH,PD,PDA,PDC,R,U;
UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS (INCLUDES UNIVERSITY OF NEBRASKA HOSPITAL, BISHOP CLARKSON MEM. HOSP)	M-051	MISC.			12	39 111	51 179	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,D,GS,IM,N,OPH,ORS,OTO,PD,P,R,U;
VETERANS ADMIN. 4101 WOOLWORTH AVE. 68105	M-050,051	VA	446	59				INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,D,GS,GS,IM,IM,N,OPH,ORS,OTO,PTH,P,R,U,U;
NEVADA								
LAS VEGAS								
SOUTHERN NEVADA MEMORIAL 1800 WEST CHARLESTON BLVD. 89102	L-037	COUNTY	301	30	1		1	RES: PTH;
NEW HAMPSHIRE								
HANOVER								
DARTMOUTH-HITCHCOCK MENTAL HEALTH CENTER 03755	M-052	NP CORP						RES: CHP;
DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS (INCLUDES MARY HITCHCOCK MEMORIAL HOSPITAL AND VETERANS ADMIN. CENTER, WHITE RIVER JUNCTION, VT.) 03755	M-052	MISC.			6	44	76	RES: CHP,GS,IM,NS,N,ORS,PTH,P,U;
MARY HITCHCOCK MEMORIAL 2 MAYNARD 03755	M-052	NP CORP	362	64	2	29 16	30 40	INT: ST.MED.,ST.SURG.; RES: AN,CHP,D,GS,IM,NS,N,ORS,PTH,PD,P,R,U;
NEW JERSEY								
ATLANTIC CITY								
ATLANTIC CITY 1925 PACIFIC AVE. 08401		NP CORP	398	33	2 15	1 4	13 13	INT: ROT.,ST.SURG.; RES: GS,PTH,R;

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NEW JERSEY - CONTINUED								
BROWNS MILLS								
DEBORAH TRENTON RD. 08015		NP CORP	130					RES: TS;
CAMDEN								
COOPER 6TH & STEVENS ST. 08103	M-073	NP CORP	651	35	6 6	24 13	15 31	INT: ROT.; RES: GS,IM,OBG,PTH,PO,U;
OUR LADY OF LOURDES 1600 HADDON AVE. 08103		CHURCH	335	36	5 1		10 4	INT: ROT.; RES: PTH;
WEST JERSEY MT. EPHRAIM & ATLANTIC AVE. 08104		NP CORP	383	28	2		12 4	INT: ROT.; RES: PTH;
CEDAR GROVE								
ESSEX COUNTY HOSPITAL CENTER 1 FAIRVIEW AVE. 07009		COUNTY	3461				13	RES: P;
EAST ORANGE								
VETERANS ADMIN. TREMONT AVE. 07019	M-053	VA	950	44	11		 21	INT: ST.MED.,ST.SURG.; RES: GS,IM,N,OPH,ORS,PTH,PM,PS,U;
ELIZABETH								
ELIZABETH GENERAL HOSPITAL AND DISPENSARY 925 EAST JERSEY ST. 07201		NP CORP	337	21	12		14	INT: ROT.;
ST. ELIZABETH 225 WILLIAMSON ST. 07207		CHURCH	354	32	17		19	RES: IM,PTH;
ENGLEWOOD								
ENGLEWOOD 350 ENGLE ST. 07631		NP CORP	397	32	10 22	 1	15 26	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,PTH,R;
FLEMINGTON								
HUNTERDON MEDICAL CENTER ROUTE 31 08822	L-075	NP CORP	151			13	17	RES: FP,IM,PTH,P;
FORT DIX								
WALSON ARMY 08640		USA	910				2	RES: PH;
GREEN BROOK								
RARITAN VALLEY 275 GREENBROOK RD. 08812	M-099	STATE	110					RES: IM;
GREYSTONE PARK								
GREYSTONE PARK PSYCHIATRIC 07950		STATE	3350	37	1		12	RES: P;
HACKENSACK								
HACKENSACK 22 HOSPITAL PL. 07601	G-059	NP CORP	439	28	12 23	 1	18 36	INT: ROT.,ST.SURG.; RES: AN,GS,IM,PTH,P,R;
HAMMONTON								
ANCORA PSYCHIATRIC P. O. ANCORA BRANCH 08037		STATE	1520	27	7	1	15	RES: P;
HOBOKEN								
ST. MARY 380 WILLOW AVE. 07030		NP CORP	281	3	15 1		15 10	INT: ROT.; RES: GP,PTH;
JERSEY CITY								
CHRIST 176 PALISADE AVE. 07306		CHURCH	364	17	16 3		16 8	INT: ROT.; RES: PTH,R;
JERSEY CITY MEDICAL CENTER 50 BALDWIN AVE. 07304	M-053 G-059	CITY	579	25	11 65	 1	23 74	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; RES: GS,IM,OPH,ORS,PTH,PD,PS,U;
MARGARET HAGUE MATERNITY 68 CLIFTON PL. 07304		COUNTY	201	28	11		14	RES: OBG;
LIVINGSTON								
ST. BARNABAS MEDICAL CENTER 94 OLD SHORT HILLS RD. 07039		NP CORP	750	40	18 30	2 10	20 42	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; RES: AN,GS,IM,OBG,PTH,PS,R;
LONG BRANCH								
MONMOUTH MEDICAL CENTER 3RD & PAVILION AVENUES 07740	M-072	NP CORP	590	50	10 28	10 13	23 68	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,GS,IM,OBG,ORS,PTH,PD,P,R;
MARLBORO								
MARLBORO PSYCHIATRIC 07746		STATE	1473	23	3	1	9	RES: P;
MONTCLAIR								
MOUNTAINSIDE BAY & HIGHLAND AVENUES 07042		NP CORP	363	33	3 14	 2	15 18	INT: ROT.,ST.MED.; RES: GS,IM,OTO,PTH;
MORRISTOWN								
MORRISTOWN MEMORIAL 100 MADISON AVE. 07960		NP CORP	432	44	12 9	 2	12 16	INT: ROT.; RES: GS,PTH,R;
MOUNT HOLLY								
BURLINGTON COUNTY MEMORIAL 175 MADISON AVE. 08060		NP CORP	253	39	8 2		8 8	INT: ROT.; RES: GS,OBG;
NEPTUNE								
JERSEY SHORE MEDICAL CENTER-FITKIN 1945 CORLIES AVE. 07753		NP CORP	452		12 13		15 17	INT: ROT.,ST.MED.; RES: GS,IM,OBG,PTH,PD;
NEWARK								
CMDNJ-NEW JERSEY MEDICAL SCHOOL AFFILIATED HOSPITALS	M-053	MISC.			1 131	32 61	42 199	INT: ST.MED.,ST.SURG.; RES: GS,IM,N,OPH,ORS,PS,P,U;
MARTLAND 65 BERGEN ST. 07107	M-053	STATE	625	25	9 43	7 19	23 84	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.; RES: GS,IM,OBG,OPH,ORS,PTH,PD,PS,P,U;

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NEW JERSEY, NEWARK - CONTINUED								
NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVE. 07112	M-053	NP CORP	500	39	27 41	2 18	28 72	INT: ROT.,ST.PED.,ST.OBG.; RES: AN,GS,IM,OBG,OTO,PTH,PO,R;
ST. MICHAEL MEDICAL CENTER 306 HIGH ST. 07102	M-053	CHURCH	405	43	9 24	6 9	26 40	INT: ROT.,ST.MED.,ST.PATH.; RES: GS,IM,OBG,PTH,PD;
UNITED HOSPITALS MEDICAL CENTER AFFILIATED PROGRAM	M-053	MISC.			6		6	RES: OTO;
UNITED HOSPITALS MEDICAL CENTER - CHILDREN'S HOSPITAL OF NEWARK 15 SOUTH 9TH STREET 07107	M-053	NP CORP	100	81	13		17	RES: GS,PD;
UNITED HOSPITALS MEDICAL CENTER-NEWARK EYE AND EAR INFIRMARY 15 SOUTH 9TH ST. 07107	M-053	NP CORP	59	25				RES: OPH,OTO;
UNITED HOSPS. ORTHOPEDIC CENTER-HOSP. FOR CRIPPLED CHILDREN-ADULTS 89 PARK AVE. 07104	M-053	NP CORP	114		2	4	6	RES: ORS;
UNITED HOSPITALS MEDICAL CENTER - PRESBYTERIAN 27 SOUTH NINTH ST. 07107	M-053	NP CORP	313	33	10 5		10 6	INT: ROT.; RES: GS,OTO,PTH;
NEW BRUNSWICK								
MIDDLESEX GENERAL 180 SOMERSET ST. 08901	L-099	NP CORP	284	37	8 10	 1	7 13	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,PTH;
NEW BRUNSWICK HOSPITALS PROGRAM		MISC.			4 7	 1	6 12	INT: ST.MED.; RES: IM;
ST. PETER'S GENERAL 254 EASTON AVE. 08903		CHURCH	377	31	1 3		3 4	INT: ROT.,ST.MED.; RES: GS,IM,PTH;
ORANGE								
HOSPITAL CENTER AT ORANGE (INCLUDES NEW JERSEY ORTHOPAEDIC HOSPITAL AND ORANGE MEMORIAL HOSPITAL) 188 S. ESSEX AVE. 07051		MISC.			5	1	6	RES: ORS;
NEW JERSEY ORTHOPAEDIC 289 CENTRAL AVE. 07051		NP CORP	67	100				RES: ORS;
ORANGE MEMORIAL 188 SOUTH ESSEX AVE. 07051		NP CORP	337	38	7 8		7	INT: ROT.; RES: ORS;
PARAMUS								
BERGEN PINES COUNTY EAST RIDGEWOOD AVE. 07652		COUNTY	1099	32	11 17		12 38	INT: ROT.; RES: IM,PTH,P;
BERGEN PINES COUNTY HOSPITAL-PASCACK VALLEY		MISC.			4		8	RES: PTH;
PASSAIC								
PASSAIC GENERAL 350 BOULEVARD 07055		NP CORP	314	23	1	5	6	INT: ROT.;
ST. MARY'S 211 PENNINGTON AVE. 07055		CHURCH	228	25	8 2		8 2	INT: ROT.; RES: PTH;
PATERSON								
BARNERT MEMORIAL HOSPITAL CENTER 680 BROADWAY 07514		NP CORP	248	41	2		2	RES: PTH;
ST. JOSEPH'S 703 MAIN ST. 07503	G-059	CHURCH	508	39	13 29	 4	16 49	INT: ROT.,ST.MED.; RES: AN,GS,IM,OBG,ORS,PTH;
PERTH AMBOY								
PERTH AMBOY GENERAL 530 NEW BRUNSWICK AVE. 08861		NP CORP	491		25 4		25 12	INT: ROT.,ST.PATH.; RES: GP,GS,PTH;
PISCATAWAY								
CMDNJ-RUTGERS MEDICAL SCHOOL AFFILIATED HOSPITALS	M-053	MISC.					58	RES: IM,P;
RUTGERS PSYCHIATRIC INSTITUTE HOES LANE, UNIVERSITY HEIGHTS 08854	M-053	STATE						RES: P;
PLAINFIELD								
MUHLENBERG PARK AVE. & RANDOLPH RD. 07061	M-099	NP CORP	434	42	18 15	 4	22 20	INT: ROT.,ST.MED.,ST.PATH.; RES: IM,IM,PTH,PD,CRS;
UNION COUNTY PSYCHIATRIC CLINIC 111 E. FRONT ST. 07060		NP CORP					2	RES: CHP;
PRINCETON								
NEW JERSEY NEUROPSYCHIATRIC INSTITUTE BOX 1000 08540		STATE	837	67	4	1	12	RES: P;
PRINCETON 253 WITHERSPOON ST. 08540		NP CORP	247				7 9	INT: ROT.; RES: GP,IM;
SOMERS POINT								
SHORE MEMORIAL NEW YORK AVE. 08244		NP CORP	192	20	6		6	RES: GP;
SOMERVILLE								
SOMERSET REHILL AVE. 08876		NP CORP	305	40	12		12 6	INT: ROT.; RES: GP,PTH;
SUMMIT								
OVERLOOK 193 MORRIS AVE. 07901		NP CORP	526	32	12 6	 2	14 20	INT: ROT.; RES: GP,PTH,R;
TEANECK								
HOLY NAME 718 TEANECK RD. 07666		CHURCH	348		3 4	 2	6 4	INT: ROT.; RES: PTH;

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NEW JERSEY - CONTINUED								
TRENTON								
CHILD GUIDANCE CENTER OF MERCER COUNTY 532 W. STATE ST. 08618		NP CORP			1	1	4	RES: CHP;
HELENE FULD 750 BRUNSWICK AVE. 08608		NP CORP	289		10		9	INT: ROT.;
MERCER 446 BELLEVUE AVE. 08607		NP CORP	335	30	8		12 2	INT: ROT.; RES: PTH;
NEW JERSEY STATE DEPARTMENT OF HEALTH P. O. BOX 1540 08625		STATE				2	4	RES: PH;
ST. FRANCIS 601 HAMILTON AVE. 08629		CHURCH	468	35	13 12		16 15	INT: ROT.,ST.SURG.; RES: GS,OBG,PTH;
TRENTON PSYCHIATRIC STATION A 08625		STATE	2653	53	11		12	RES: P;
VINELAND								
NEWCOMB 66 S. STATE ST. 08360		NP CORP	235	21	1		1	RES: PTH;
WESTWOOD								
PASCACK VALLEY OLD HOOK RD. 07675		NP CORP	202					RES: PTH;
NEW MEXICO								
ALBUQUERQUE								
BATAAN MEMORIAL 5400 GIBSON BLVD. S. E. 87108	L-096	NP CORP	257	48				RES: GS,ORS,PD,R;
BERNALILLO COUNTY MEDICAL CENTER 2211 LOMAS BLVD. N. E. 87106	M-096	COUNTY	220	59	2	5	11	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: GS,IM,N,OBG,ORS,PTH,PD,PS,P,R,TS,U;
PRESBYTERIAN HOSPITAL CENTER 1100 CENTRAL AVE. S.E. 87106	G-096	CHURCH	369					RES: PS;
ST. JOSEPH 400 WALTER ST. 87102		NP CORP	231	41				RES: R;
UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS (INCLUDES BERNALILLO COUNTY MEDICAL CENTER AND VETERANS ADMIN. HOSPITAL AND SOME PROGRAMS AT BATAAN MEMORIAL HOSPITAL, PRESBYTERIAN HOSPITAL CENTER AND ST. JOSEPH HOSPITAL)	M-096	MISC.			17	33 102	27 140	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: GS,IM,N,OBG,ORS,PTH,PD,PS,P,R,TS,U;
VETERANS ADMIN. 2100 RIDGECREST DR. S. E. 87108	M-096	VA	430	65				INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: GS,IM,N,ORS,PTH,PS,P,R,TS,U;
GALLUP								
GALLUP INDIAN MEDICAL CENTER P.O. BOX 1337, NIZHONI BLVD. 87301	G-096	USPHS	200	16		6	6	RES: GP;
LOS ALAMOS								
LOS ALAMOS MEDICAL CENTER 3917 WEST ROAD 87544		NP CORP	84	80			2	RES: GP;
TRUTH OR CONSEQUENCES								
CARRIE TINGLEY CRIPPLED CHILDREN'S 1400 SOUTH BROADWAY 87901	G-017,096	STATE	92					RES: ORS;
NEW YORK								
ALBANY								
ALBANY MEDICAL CENTER NEW SCOTLAND AVE. 12208	M-054	NP CORP	738	54	7	41 5	46 28	INT: ROT.,ST.MED.,ST.PED.,ST.PATH.; RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,PM,PS,P,R,TS,U;
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS (INCLUDES ALBANY MED. CENTER HOSP., CHILD'S HOSP., ST. PETER'S HOS)	M-054	MISC.			51	109	168	RES: D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PM,PS,P,R,TS,U;
CHILD'S 25 HACKETT BLVD. 12208	G-054	CHURCH	82	44				RES: OPH,OTO,PS;
MEMORIAL NORTHERN BLVD. 12204		NP CORP	233	28	14 2		14 7	INT: ROT.; RES: GS,PS;
ST. PETER'S 315 SO. MANNING BLVD. 12208	L-054	CHURCH	402	45	19 36	1 3	20 49	INT: ROT.; RES: GS,IM,OBG,PTH,PD,PS,R;
STATE OF NEW YORK DEPARTMENT OF HEALTH 84 HOLLAND AVE. 12208		STATE					2	RES: PTH;
VETERANS ADMIN. 113 HOLLAND AVE. 12208	M-054	VA	950	62				RES: D,GS,IM,NS,N,OPH,ORS,OTO,PTH,PM,PS,P,R,TS,U;
BAY SHORE								
SOUTHSIDE MONTAUK HIGHWAY 11706	L-109	NP CORP	372	25	1 5	7	12 13	INT: ROT.; RES: FP,PTH;
BINGHAMTON								
BINGHAMTON STATE 425 ROBINSON ST. 13901		STATE	1650	15	5	1	7	RES: P;
BRONX -SEE NEW YORK CITY								
BRONXVILLE								
LAWRENCE 55 PALMER AVE. 10708	G-059	NP CORP	302	3	12		12 2	INT: ROT.; RES: PTH;
BROOKLYN -SEE NEW YORK CITY								

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NEW YORK – CONTINUED								
BUFFALO								
BUFFALO GENERAL 100 HIGH ST. 14203	M-055	NP CORP	677	36	2 21	1 9	8 29	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,GS,IM,NS,OBG,OPH,ORS,OTO,PTH,CRS,R,TR,TS,U;
BUFFALO GENERAL HOSPITAL-E. J. MEYER MEMORIAL	M-055	MISC.				33	30	INT: ROT.,ST.MED.;
BUFFALO STATE 400 FOREST AVE. 14213	L-055	STATE	1835	16	17	1	15	RES: P;
CHILDREN'S HOSPITAL OF BUFFALO 219 BRYANT ST. 14222	M-055	NP CORP	315		6	4	4 13	INT: ROT.; RES: AN,AN,GS,NS,OBG,ORS,OTO,PTH,PD,PDA,PDC,TS,U;
DEACONESS HOSPITAL OF BUFFALO 1001 HUMBOLDT PARKWAY 14208	L-055	NP CORP	423	38	5 16	11 20	16 60	INT: ROT.,ST.SURG.,ST.OBG.; RES: FP,GS,OBG,OPH,PTH,CRS,R,U;
EDWARD J. MEYER MEMORIAL 462 GRIDER ST. 14215	M-055	COUNTY	740	43	23	3 22	13 50	INT: ROT.,ST.MED.,ST.SURG.; RES: AN,O,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PM,P,R,U;
EMERGENCY HOSPITAL OF THE DIOCESE OF BUFFALO 108 PINE ST. 14204		MISC.	153	28			RES:	GS;
MERCY 565 ABBOTT RD. 14220		NP CORP	383	40	13 14		21 16	INT: ROT.; RES: GS,IM,PTH,PS;
MILLARD FILLMORE 3 GATES CIRCLE 14209	M-055	NP CORP	549	39	2 30	9 16	23 56	INT: ROT.,ST.SURG.; RES: AN,GS,IM,OBG,PTH,R,U;
ROSWELL PARK MEMORIAL INSTITUTE 666 ELM ST. 14203	L-055	STATE	315	95	24	3	36	RES: D,GS,OBG,PTH,PS,R,TR,U;
ROSWELL PARK MEMORIAL INSTITUTE-SISTERS OF CHARITY	L-055	MISC.			2	1	3	RES: U;
SISTERS OF CHARITY 2157 MAIN ST. 14214	L-055	CHURCH	444	30	11 27	 1	12 32	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; RES: GS,IM,OBG,PTH,U;
S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS (INCLUDES BUFFALO GEN. HOSP., CHILDREN'S HOSP. OF BUFFALO, DEACONE)	M-055	MISC.			62	102	168	RES: AN,D,GS,GS,IM,NS,OBG,ORS,OTO,PTH,PD,P,TS,U;
UNIVERSITY RESIDENCY	M-055	MISC.			13	2	15	RES: OBG;
VETERANS ADMIN. 3495 BAILEY AVE. 14215	M-055	VA	881	46	18	4	24	RES: GS,GS,IM,ORS,OTO,PTH,PM,TS,U;
CASTLE POINT								
VETERANS ADMIN. 12511		VA	258	44			RES:	GS;
CENTRAL ISLIP								
CENTRAL ISLIP STATE CARLETON AVE. 11722	M-109	STATE	6296	22	10	3	30	RES: P;
COOPERSTOWN								
MARY IMOGENE BASSETT ATWELL RD. 13326	M-057 L-063	NP CORP	147	54		15 7	19 20	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,OBG,PTH,PD,P;
EAST MEADOW								
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV. P. O. BOX 175 11554	M-109	COUNTY	588	42	2 79	29 75	39 185	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; RES: AN,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					2	RES: FOP;
ELMHURST -SEE NEW YORK CITY								
FAR ROCKAWAY -SEE NEW YORK CITY								
FLUSHING -SEE NEW YORK CITY								
GLEN COVE								
COMMUNITY HOSPITAL AT GLEN COVE ST. ANDREWS LN. 11542		NP CORP	274	42	9 4	 1	6 6	INT: ROT.; RES: GP,PTH;
GLEN OAKS -SEE NEW YORK CITY								
HARRISON								
ST. VINCENT'S HOSPITAL & MED. CTR. OF NEW YORK WESTCHESTER BRANCH 240 NORTH ST. 10528		NP CORP	104				RES:	P;
JAMAICA -SEE NEW YORK CITY								
JOHNSON CITY								
CHARLES S. WILSON MEMORIAL 33-57 HARRISON ST. 13790	L-063	NP CORP	471	39	4 15	4 5	14 43	INT: ROT.; RES: FP,GS,IM,OBG,PTH;
KENMORE								
KENMORE MERCY 2950 ELMWOOD AVE. 14217		CHURCH	266	39	8		12	INT: ROT.;
KINGS PARK								
KINGS PARK STATE BOX A 11754		STATE	5440	17	17	2	30	RES: P;

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1971 For.*	House Staff Sept. 1, 1971 Non-For.*	Pos. Off. July 1, 1973	Approved Program
NEW YORK - CONTINUED								
KINGSTON								
BENEDICTINE 105 MARYS AVE. 12401		CHURCH	248					RES: PTH;
KINGSTON 400 BROADWAY 12401		NP CORP	473	23				RES: PTH;
KINGSTON LABORATORY HOSPITALS 400 BROADWAY 12401		MISC.					2	RES: PTH;
LEWISTON								
MOUNT ST. MARY'S HOSPITAL OF NIAGARA FALLS 5300 MILITARY RD. 14092		CHURCH	220	53	8		8	INT: ROT.;
							1	RES: PTH;
MANHASSET								
NORTH SHORE COMMUNITY DR. 11030	M-058	NP CORP	424	56				INT: ROT.,ST.MED.,ST.SURG.,ST.PED.;
					16	23	54	RES: GS,IM,OBG,OPH,PTH,PD,R;
MARCY								
MARCY STATE BOX 100 13403		STATE	2907	39	13		9	RES: P;
MIDDLETOWN								
MIDDLETOWN STATE 141 MONHAGEN AVE. 10940		STATE	2151	31	8		18	RES: P;
MINEOLA								
NASSAU FIRST ST. 11501	L-109 G-059	NP CORP	425	39	12		18	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.;
					29	8	42	RES: GS,IM,OBG,ORS,PTH,R,U;
MOUNT KISCO								
NORTHERN WESTCHESTER EAST MAIN ST. 10549		NP CORP	211	43	8		8	INT: ROT.;
					7		10	RES: IM,PTH;
MOUNT VERNON								
MOUNT VERNON 12 N. 7TH AVE. 10550		NP CORP	309	31	16		16	INT: ROT.;
					17	2	21	RES: GS,IM,OBG,PTH;
NEWBURGH								
ST. LUKE'S HOSPITAL OF NEWBURGH 70 DUBOIS ST. 12550		NP CORP	251	32	10		10	INT: ROT.;
					5		6	RES: GS,PTH;
NEW HYDE PARK								
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER 270-05 76TH AVE. 11040	M-061,109	NP CORP	456	41		33	34	INT: ROT.,ST.MED.,ST.PED.;
					9	12	23	RES: AN,GS,IM,OBG,OPH,ORS,OTO,PTH,PD,PDC,PM,R,TS,U;
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER PROGRAM (INCLUDES LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER AND QUEENS HOSP. CENTER (NEW YORK CITY)		MISC.						INT: ROT.,ST.MED.,ST.PED.;
					102	74	199	RES: AN,CHP,GS,IM,OBG,OPH,OTO,PTH,PD,PDC,PM,P,R,TS,U;
NEW ROCHELLE								
NEW ROCHELLE HOSPITAL MEDICAL CENTER 16 GUION PL. 10802	L-059	NP CORP	351	47	15	3	18	INT: ROT.;
					10	6	22	RES: GS,IM,PTH;
NEW YORK CITY								
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS (INCLUDES BRONX MUNICIPAL HOSP. CENTER, BRONX STATE HOSP., HOSPITAL)	M-056	MISC.						INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.;
					103	366	506	RES: AN,CHP,DR,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,PM,PS,P,R,TR,TS,U;
AMERICAN TELEPHONE AND TELEGRAPH CO. AND SUBSIDIARIES 195 BROADWAY 10007		CORP					1	RES: OM;
BEEKMAN-DOWNTOWN 170 WILLIAM ST. 10038		NP CORP	302	43	12		12	INT: ROT.,ST.MED.;
					30		31	RES: GS,IM,PTH;
BELLEVUE HOSPITAL CENTER FIRST AVE. & 27TH ST. 10016	M-060	CITY	1779	35		22	22	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.;
								RES: AN,CHP,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,PM,PS,P,R,TR,TS,U;
BELLEVUE HOSPITAL CENTER - UNIVERSITY	M-060	MISC.			1	55	58	INT: ROT.,ST.SURG.,ST.PATH.;
					1	59	60	RES: IM;
BETH ISRAEL MEDICAL CENTER 10 NATHAN D. PERLMAN PL. 10003	L-108	NP CORP	971	37	8	35	10	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.;
					77	60	242	RES: AN,GS,IM,OBG,OPH,PTH,PD,PS,P,U;
BIRD S. COLER MEMORIAL HOSPITAL AND HOME (UNIT 3) WELFARE ISLAND 10017	M-059	CITY	1564	49				RES: CHP,GS,N,OPH,PTH,PM,U;
BOOTH MEMORIAL 56-45 MAIN ST., FLUSHING 11355	L-060	CHURCH	310	35	14		14	INT: ST.MED.,ST.SURG.;
					20	5	28	RES: GS,IM,OBG,PTH;
BRONX EYE INFIRMARY 321 E. TREMONT AVE. 10457		NP CORP	44			9	9	RES: OPH;
BRONX-LEBANON HOSPITAL CENTER 1276 FULTON AVE. 10456	M-056	NP CORP	575	32	16		16	INT: ROT.,ST.MED.,ST.SURG.;
					99	1	111	RES: DR,GS,IM,OBG,OPH,PTH,PD,R;
BRONX MUNICIPAL HOSPITAL CENTER PELHAM PKWY. S. & EASTCHESTER RD. 10461	M-056	MISC.	1179	41	10	51	74	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.;
					1	13	14	RES: AN,CHP,DR,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,PM,PS,P,R,TR,TS,U;
BRONX MUNICIPAL HOSP. CTR.-HOSP. OF ALBERT EINSTEIN COLL. OF MED.		MISC.			4	18	24	RES: OBG;
BRONX STATE 1500 WATERS PL., BRONX 10461	L-056	STATE	1000	24				RES: P;

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NEW YORK, NEW YORK CITY - CONTINUED								
BROOKDALE HOSPITAL CENTER LINDEN BLVD. & ROCKAWAY PKWY., BROOKLYN 11212		NP CORP	421	41	10 49	8 26	50 130	INT: ROT.,ST.MED.,ST.SURG.; RES: AN,CHP,GS,IM,OBG,ORS,PTH,PD,P;
BROOKLYN-CUMBERLAND MEDICAL CENTER 121 DE KALB AVE, BROOKLYN 11201	M-061	NP CORP	852	26	31 108	2 6	31 125	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.; RES: GS,IM,OBG,OPH,PTH,PD,R,U;
BROOKLYN EYE AND EAR 29 GREENE AVE., BROOKLYN 11238		NP CORP	142		11	8	21	RES: OPH,OTO;
BROOKLYN PSYCHIATRIC CENTERS 189 MONTAGUE ST., BROOKLYN 11201		NP CORP			1	2	2	RES: CHP;
BROOKLYN STATE 681 CLARKSON AVE., BROOKLYN 11203	M-061	STATE	2655	16	19	2	24	RES: P;
BROOKLYN WOMENS 1395 EASTERN PKWY., BROOKLYN 11233		NP CORP	56	20	5		6	RES: OBG;
CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS (INCLUDES HOSPITAL OF THE HOLY FAMILY DIVISION, MARY IMMACULATE DIVISION, ST. CHARLES DIVISION, ST. JOHNS QUEENS DIVISION, AND ST. MARY'S DIVISION) 88-25 153D ST., JAMAICA 11432		MISC.			50 74	2	52 92	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,OBG,OPH,ORS,PTH,P;
CITY HOSPITAL CENTER AT ELMHURST 79-01 BROADWAY, ELMHURST 11373	L-108	CITY	965	24	42 84	18	41 110	INT: ROT.,ST.MED.,ST.SURG.; RES: AN,CHP,D,GS,IM,NS,N,OBG,OPH,ORS, OTO,PTH,PD,PM,PS,P,U;
COLUMBIA UNIVERSITY AFFILIATED HOSPITALS (INCLUDES PRESBYTERIAN HOSPITAL, NEW YORK STATE PSYCHIATRIC INSITIUTE)	M-057	MISC.			16	51	68	RES: CHP,PM,P,TS;
COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND SURGEONS 10032		MISC						RES: NPATH;
COLUMBUS 227 EAST 19TH ST. 10003		CHURCH	288	36	14 9	1	14 12	INT: ROT.; RES: GS;
CONEY ISLAND OCEAN & SHORE PARKWAYS, BROOKLYN 11235		CITY	575	27	7 41	4	26 46	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; RES: AN,GS,IM,OBG,ORS,PTH,U;
CORNELL COOPERATING HOSPITALS (INCLUDES NEW YORK HOSPITAL, MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES, HOSPITAL FOR SPECIAL SURGERY, AND NORTH SHORE HOSPITAL (MANHASSET)	M-058	MISC.			19	111	128	INT: ROT.,ST.SURG.,ST.SURG.; RES: AN,DR,GS,IM,NS,N,PD,PM,R;
CREEDMOOR STATE 80-45 WINCHESTER BLVD., QUEENS VILLAGE 11427		STATE			13	1	36	RES: P;
FLOWER AND FIFTH AVENUE HOSPITALS (UNIT 1) FIFTH AVE. AT 106TH ST. 10029	M-059	NP CORP	405	37				INT: ROT.,ST.MED.,ST.PED.,ST.PATH.; RES: AN,CHP,DR,D,GS,IM,N,OBG,OPH,ORS, OTO,PTH,PD,PM,P,R,TS,U;
FLUSHING HOSPITAL AND MEDICAL CENTER PARSONS BLVD. & 45TH AVE., FLUSHING 11355	G-059	NP CORP	325	37	13 26	1	20 34	INT: ROT.,ST.SURG.,ST.OBG.; RES: GS,IM,OBG,PTH,PD;
FORDHAM SOUTHERN BLVD. & CROTONA AVE. 10458		CITY	406	37	21		25	INT: ROT.,ST.MED.,ST.SURG.; RES: AN,GS,IM,OBG,PTH,PD,R,U;
FRANCIS DELAFIELD 99 FORT WASHINGTON AVE. 10032	M-057	CITY	250	31	12	3	18	RES: GS,GS,PTH,U;
FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER 345 W. 50TH ST. 10019		NP CORP	571	44	30 30	3	32 37	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; RES: AN,GS,IM,OBG,OPH,ORS,PTH,U;
FRENCH AND POLYCLINIC MEDICAL SCHOOL-ST. CLARE'S		MISC.			8		8	RES: PD;
FRENCH DIVISION		NP CORP			14		4	INT: ROT.,ST.OBG.; RES: OBG;
GOLDWATER MEMORIAL WELFARE ISLAND 10017		CITY	1112	49				RES: PM;
GREENPOINT KINGSLAND & SKILLMAN AVES, BROOKLYN 11211		CITY	174	33				INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; RES: GS,IM,OBG,PTH,PD,R;
HARLEM HOSPITAL CENTER 532 LENOX AVE. 10037	M-057	MISC.	1028	23	12 83	37 82	63 189	INT: ROT.,ST.MED.,ST.SURG.; RES: AN,CHP,GS,IM,NS,OBG,DRS,PTH,PD,PS, P,R,TS;
HILLSIDE HOSPITAL DIVISION 75-59 263RD ST., GLEN OAKS 11004		NP CORP	202					RES: CHP,P;
HOSPITAL FOR JOINT DISEASES AND MEDICAL CENTER 1919 MADISON AVE. 10035	L-108	NP CORP	330	28	15	28	46	INT: ROT.,ST.MED.,ST.SURG.; RES: AN,GS,IM,ORS,PTH;
HOSPITAL FOR SPECIAL SURGERY 535 E. 70TH ST. 10021	G-058	NP CORP	200	57	6	21	32	RES: AN,DR,ORS,PM,R;
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE 1825 EASTCHESTER RD., BRONX 10461	M-056	MISC.	375	35				INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,DR,D,GS,IM,NS,N,OBG,DPH,ORS, OTO,PTH,PD,PDC,PM,PS,P,R,TR,TS,U;

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NEW YORK, NEW YORK CITY - CONTINUED								
HOSPITAL OF THE HOLY FAMILY DIVISION 155 DEAN ST., BROOKLYN 11217		CHURCH	93	21	2	2	2	RES: OPH;
HOUSE OF ST. GILES THE CRIPPLE 1346 PRESIDENT ST., BROOKLYN 11213		NP CORP	30					RES: ORS;
INSTITUTE OF REHABILITATION MEDICINE 400 E. 34TH ST. 10016		NP CORP	152	100				RES: PM;
JAMAICA 89TH AVE. & VAN WYCK EXPRY., JAMAICA 11418		NP CORP	286	69	15 43	 1	14 41	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; RES: GS,IM,OBG,PTH,PD;
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN 555 PROSPECT PL., BROOKLYN 11238	M-061	NP CORP	638	22	13 99	13 21	41 134	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; RES: AN,GS,IM,OBG,OPH,ORS,PTH,PD,PDA,R,TS,U;
JEWISH MEMORIAL BROADWAY AND 196TH ST. 10040		NP CORP	200	27	10 24		10 28	INT: ROT.,ST.MED.; RES: GS,IM,OBG,PTH,PD;
KINGSBROOK JEWISH MEDICAL CENTER 86 EAST 49TH ST., BROOKLYN 11203	L-061	NP CORP	822	55	12 19	 3	14 27	INT: ROT.; RES: GS,IM,N,ORS,PTH,PM;
KINGSBROOK JEWISH MEDICAL CENTER - UNITY	L-061	MISC.			24		24	RES: IM;
KINGS COUNTY HOSPITAL CENTER 451 CLARKSON AVE., BROOKLYN 11203	M-061	MISC.	2237	38				INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.; RES: AN,CHP,OR,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,PM,PS,P,TR,TS,U;
KNICKERBOCKER 70 CONVENT AVE. 10027		NP CORP	228	30	12 22		12 21	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,PTH;
LENOX HILL 100 E. 77TH ST. 10021		NP CORP	588	53	3 24	28 49	24 83	INT: ROT.,ST.MED.,ST.PED.; RES: GS,IM,NS,OBG,OPH,ORS,PTH,PD,PS,R,U;
LINCOLN 320 CONCORD AVE., BRONX 10454	M-056	CITY	346	28	 6	 7	31 21	INT: ST.MED.; RES: AN,GS,IM,OBG,ORS,OTO,PTH,PD,POC,PM,PS,P,U;
LONG ISLAND COLLEGE 340 HENRY ST., BROOKLYN 11201	M-061	NP CORP	567		17 34	16 23	32 56	INT: ROT.,ST.MED.,ST.PED.; RES: AN,GS,IM,NS,OBG,OPH,OTO,PTH,PD,PDA,R,U;
LUTHERAN MEDICAL CENTER 4520 FOURTH AVE., BROOKLYN 11220	G-061	NP CORP	288	31	11 37		15 47	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.OBG.; RES: FP,GS,IM,OBG,PTH,PD;
MADELEINE BORG CHILD GUIDANCE INSTITUTE 120 WEST 57TH ST. 10019		NP CORP			2		4	RES: CHP;
MAIMONIDES MEDICAL CENTER 4802 TENTH AVE., BROOKLYN 11219	M-061	NP CORP	613	26	17 35	26 18	43 61	INT: ROT.,ST.MED.,ST.SURG.; RES: AN,CHP,GS,IM,OBG,OPH,ORS,PTH,PD,P,R,U;
MAIMONIDES MEDICAL CENTER TRAINING PROGRAM (INCLUDES CONEY ISLAND HOSPITAL AND MAIMONIDES MEDICAL CENTER)	M-061	MISC.			48	10	65	INT: ROT.,ST.MED.,ST.SURG.; RES: AN,GS,OBG,ORS,U;
MANHATTAN EYE, EAR AND THROAT 210 EAST 64TH ST. 10021	G-059	NP CORP	176	33	1	29	28	RES: OPH,OTO,PS;
MARTIN LUTHER KING JR. NEIGHBORHOOD HEALTH CENTER 3674 3D AVE., BRONX 10456		OTHER				5	15	RES: IM;
MARY IMMACULATE DIVISION 152-11 89TH AVE., JAMAICA 11432		CHURCH	260	27	 3	 1	 4	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,OBG,ORS,PTH;
MARY IMMACULATE DIVISION (ST. CHARLES UNIT) 152-11 89TH AVE., JAMAICA 11432		NP CORP	12					RES: ORS;
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES 444 EAST 68TH ST. 10021	M-058 L-062	NP CORP	444	55	 15	 11	 29	INT: ROT.,ST.MED.; RES: AN,DR,GS,GS,IM,NS,N,PTH,R,TR;
METHODIST HOSPITAL OF BROOKLYN 506 SIXTH ST., BROOKLYN 11215	L-061	NP CORP	547	43	10 98	1 4	13 93	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; RES: AN,GS,IM,OBG,PTH,PD,R,U;
METROPOLITAN HOSPITAL CENTER (UNIT 2) 1901 FIRST AVE. 10029	M-059	CITY	910	46				INT: ROT.,ST.MED.,ST.PED.,ST.PATH.; RES: AN,CHP,DR,D,GS,IM,N,OBG,OPH,ORS,OTO,PTH,PD,PM,P,R,TS,U;
MEYER MANHATTAN PSYCHIATRIC WARD'S ISLAND 10035	L-059	STATE	2743		26	6	49	RES: P;
MISERICORDIA 600 E. 233RD ST., BRONX 10466	L-059	CHURCH	345	48				INT: ROT.,ST.MED.,ST.SURG.; RES: AN,GS,IM,OBG,PTH,PD,R,U;
MISERICORDIA-FORDHAM TRAINING PROGRAM		MISC.			14 106	 1	14 120	INT: ROT.,ST.MED.,ST.SURG.; RES: AN,GS,IM,OBG,PTH,PD,R,U;
MONTEFIORE HOSPITAL AND MEDICAL CENTER 111 E. 210TH ST., BRONX 10467	M-056	NP CORP	719	40	 5	 31	 43	INT: ST.MED.,ST.SURG.,ST.PED.,ST.OBG.; RES: AN,DR,GS,IM,NS,N,OBG,OPH,ORS,PTH,PD,PDC,PM,PS,P,R,TR,TS,U;
MONTEFIORE HOSPITAL TRAINING PROGRAM	M-056	MISC.			2 76	89 126	96 197	INT: ST.MED.,ST.SURG.,ST.PED.,ST.OBG.; RES: AN,GS,IM,IM,OBG,ORS,PTH,PD,PDC,PM,PS,R,U;
MORRISANIA CITY 168TH ST. AND GERARD AVE., BRONX 10452	M-056	MISC.	308	38				INT: ST.MED.,ST.SURG.,ST.PED.,ST.OBG.; RES: AN,GS,IM,OBG,ORS,PTH,PD,PDC,PM,PS,R,U;

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NEW YORK, NEW YORK CITY - CONTINUED								
MOUNT SINAI 11 EAST 100TH ST. 10029	M-108	NP CORP	1151	34	12	54 109	59 126	INT: ST.MED.,ST.SURG.,ST.PATH.; RES: AN,CHP,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PM,PS,P,R,TS,U;
MOUNT SINAI HOSPITAL TRAINING PROGRAM (INCLUDES INTEGRATED RESIDENCIES OF CITY HOSPITAL CENTER AT ELMHURST AND MOUNT SINAI HOSPITAL)	M-108	MISC.			71	113	205	INT: ST.MED.,ST.SURG.,ST.PATH.; RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PM,PS,P,R,U;
MOUNT SINAI SCHOOL OF MEDICINE DEPARTMENT OF COMMUNITY MEDICINE 5TH AVE. AND 100TH ST. 10029		MISC.			4		4	RES: GPM;
NEW YORK 525 EAST 68TH ST. 10021	M-058	NP CORP	1078	59	2 26	19 120	20 164	INT: ST.MED.,ST.SURG.,ST.PATH.; RES: AN,CHP,OR,D,GS,IM,NS,N,OBG,OPH,OTO,PTH,PD,PDC,PM,PS,P,R,U;
NEW YORK CITY DEPARTMENT OF HEALTH 125 WORTH ST. 10013		CITY			2	8	10	RES: PH;
NEW YORK EYE AND EAR INFIRMARY 310 EAST 14TH ST. 10003		NP CORP	207		7	30	36	RES: OPH,OTO;
NEW YORK HOSPITAL-MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	M-058	MISC.				40	42	INT: ST.MED.;
NEW YORK INFIRMARY STUYVESANT SQ. E. AND 15TH ST. 10003	G-060	NP CORP	265	36	13 17	 1	13 25	INT: ROT.; RES: GS,OBG,PD;
NEW YORK MEDICAL COLLEGE - METROPOLITAN HOSPITAL CENTER (INCLUDES UNIT 1-FLOWER AND FIFTH AVE. HOSP., UNIT 2-METROPOLITAN) 1 EAST 105TH ST. 10029	M-059	MISC.			12 127	75 180	96 344	INT: ROT.,ST.MED.,ST.PED.,ST.PATH.; RES: AN,CHP,DR,D,GS,IM,N,OBG,OPH,ORS,OTO,PTH,PD,PM,P,R,TS,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., GOLDWATER MEM. HOSP., INST. OF REHAB. MED., ST. VINCENT'S HOSP. & MED. CTR. OF N. Y., UNIV) 550 FIRST AVE. 10016	M-060	MISC.			170	269	446	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,CHP,D,GS,IM,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PTH,PD,PDC,PM,PS,P,R,TR,TS,U,NPATH;
NORTH SHORE HOSPITAL-MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	M-058	MISC.			2	24	32	INT: ROT.,ST.MED.,ST.SURG.;
OFFICE OF THE CHIEF MEDICAL EXAMINER, CITY OF NEW YORK 520 FIRST AVE. 10016	M-060	CITY		33	2	2	6	RES: FDP;
POLYCLINIC DIVISION 345 W. 50TH ST. 10019		NP CORP			16		 4	INT: ROT.,ST.OBG.; RES: AN,OBG,OPH,ORS,PTH,PD;
POSTGRAD. CTR. FOR MNTL. HLTH., CLIN. FOR CHILDREN AND ADOLESCENTS 124 E. 28TH ST. 10016		NP CORP			2		2	RES: CHP;
PRESBYTERIAN 622 WEST 168TH ST. 10032	M-057	NP CORP	1499	33	47	40 226	43 291	INT: ST.MED.,ST.SURG.,ST.PED.,ST.PATH.; RES: AN,CHP,D,GS,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDA,PDC,PM,PS,P,R,TS,U;
QUEENS HOSPITAL CENTER 82-68 164TH ST., JAMAICA 11432		CITY	1155	38	29 31	1 6	20 41	INT: ROT.,ST.MED.,ST.PED.; RES: AN,CHP,GS,IM,OBG,OPH,ORS,OTO,PTH,PD,PDC,PM,P,R,TS,U;
QUEENS HOSPITAL CENTER (CATHOLIC MEDICAL CENTER AFFILIATION) 82-68 164TH ST., JAMAICA 11432		CITY	92	35				RES: IM;
ROOSEVELT 428 W. 59TH ST. 10019	M-057	NP CORP	595	41	2 34	33 77	35 139	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; 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		NP CORP	415	33			10	RES: IM;
ST. CLARE'S HOSPITAL AND HEALTH CENTER 415 WEST 51ST ST. 10019		CHURCH	410	40	27 44	 3	6 57	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,OBG,OPH,PTH,PD;
ST. JOHN'S EPISCOPAL 480 HERKIMER ST., BROOKLYN 11213	G-061	CHURCH	288	44	17 33		14 33	INT: ROT.; RES: GS,IM,OBG,PTH,PD;
ST. JOHN'S QUEENS DIVISION 90-02 QUEENS BLVD., ELMHURST 11373		CHURCH	308	31				INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,OBG,ORS;
ST. LUKE'S HOSPITAL CENTER AMSTERDAM AVE. & 114TH ST. 10025	M-057	NP CORP	725	39	9 66	16 63	27 144	INT: ST.MED.,ST.SURG.; RES: AN,CHP,OR,D,GS,IM,OBG,OPH,ORS,OTO,PTH,PD,PS,P,R,U;
ST. MARY'S DIVISION 1298 ST. MARKS AVE., BROOKLYN 11213		CHURCH	235	27	2		 2	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,OBG,ORS,PTH;
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK 153 WEST 11 ST. 10011		CHURCH	818	37	23 41	12 87	35 156	INT: ROT.,ST.MED.; RES: AN,DR,GS,IM,NS,N,OBG,OPH,PTH,PD,PDA,PM,P,R,TR;
ST. VINCENT'S MEDICAL CENTER OF RICHMOND 355 BARD AVE., STATEN ISLAND 10310	G-059	CHURCH	310	38	16 36	 4	18 39	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.OBG.; RES: CHP,GS,IM,OBG,ORS,PTH,PD,P,R;
SOUTH SHORE-ROCKAWAY MENTAL HEALTH CENTER 1600 CENTRAL AVE., FAR ROCKAWAY 11691		CHURCH						RES: P;

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NEW YORK, NEW YORK CITY - CONTINUED								
STATE UNIVERSITY 445 LENOX ROAD, BROOKLYN 11213	M-061	STATE	350	40				INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.; RES: AN,CHP,DR,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,PM,PS,P,TR,TS,U;
STATE UNIVERSITY-KINGS COUNTY HOSPITAL CENTER (INCLUDES KINGS COUNTY HOSP. CENTER, STATE UNIV. HOSP., AND SOME PO)	M-061	MISC.			11 242	45 187	73 454	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.; RES: AN,CHP,DR,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,PM,PS,P,TR,TS,U;
STATEN ISLAND 101 CASTLETON AVE., STATEN ISLAND 10301		NP CORP	279	47	9 11	5 10	14 23	INT: ROT.; RES: GS,IM,OBG,PTH,PD;
STATEN ISLAND MENTAL HEALTH SOCIETY 657 CASTLETON AVE., STATEN ISLAND 10301		NP CORP	2					RES: CHP,P;
STATEN ISLAND MENTAL HLTH. SOCIETY-ST. VINCENT'S MED. CTR. OF RICHMOND		MISC.			4	6	15	RES: CHP,P;
SYDENHAM 565 MANHATTAN AVE. 10027		CITY	207	34	7 10		9 11	INT: ROT.; RES: GS,OBG;
U. S. PUBLIC HEALTH SERVICE BAY AND VANDERBILT ST., STATEN ISLAND 10304		USPHS	500	40	3	21 49	34 59	INT: ROT.,ST.MED.,ST.SURG.; RES: AN,D,IM,OPH,ORS,PTH,R,U;
UNITY 1545 ST. JOHNS PLACE, BROOKLYN 11213		NP CORP	220	30	10 11	1	10 12	INT: ROT.; RES: GS,IM,OBG;
UNIVERSITY 550 FIRST AVE. 10016	M-060	NP CORP	630	40				INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,CHP,D,GS,IM,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,PS,P,R,TR,TS,U;
UNIVERSITY HOSPITAL-VETERANS ADMIN. (MANHATTAN)	M-060	MISC.			1 19	9 15	12 31	INT: ST.MED.; RES: IM;
VETERANS ADMIN. (BRONX) 130 W KINGSBRIDGE RD., BRONX 10468	L-108	VA	1023	43	68	26	137	RES: AN,D,GS,IM,NS,N,OPH,ORS,OTO,PTH,PM,PS,P,R,TR,U;
VETERANS ADMIN. (BROOKLYN) 800 POLY PL., BROOKLYN 11209	M-061	VA	1000	40	4 47	3	22 50	INT: ST.MED.,ST.SURG.; RES: D,GS,IM,N,OPH,ORS,PTH,PM,PS,U;
VETERANS ADMIN. (BROOKLYN)-KINGSBROOK JEWISH MEDICAL CENTER	M-061	MISC.			3		11	RES: N;
VETERANS ADMIN. (MANHATTAN) FIRST AVE. AT E. 24TH ST. 10010	L-060	VA	1080	37	31	3	49	INT: ST.MED.; RES: AN,D,GS,IM,NS,N,OPH,ORS,OTO,PTH,PTH,PM,PS,P,R,TS,U;
WYCKOFF HEIGHTS 374 STOCKHOLM ST., BROOKLYN 11237		NP CORP	377	25	15 49		16 56	INT: ROT.; RES: GS,IM,OBG,PTH,PD;
NIAGARA FALLS								
NIAGARA FALLS MEMORIAL MEDICAL CENTER 621 TENTH ST. 14302		NP CORP	360	47	13 4		13 4	INT: ROT.; RES: PTH;
NORTHPORT								
VETERANS ADMIN. MIDDLEVILLE RD. 11768	M-109	VA	1200				12 36	INT: ST.MED.; RES: IM;
OCEANSIDE								
SOUTH NASSAU COMMUNITIES 2445 OCEANSIDE RD. 11572	L-109	NP CORP	321	27		1	2	RES: PTH;
OGDENSBURG								
ST. LAWRENCE STATE STATION A 13669		STATE	1694	60	2		11	RES: P;
ORANGEBURG								
ROCKLAND STATE 10962		STATE	4763	29	10	2	15	RES: P;
POMONA								
ROCKLAND COUNTY COMMUNITY MENTAL HEALTH CENTER 10970		MISC.					12	RES: P;
PORT CHESTER								
HIGH POINT UPPER KING ST. 10573		INDIV.	45				2	RES: P;
UNITED 406 BOSTON POST RD. 10573		NP CORP	327	22			8 3	INT: ROT.; RES: GS,PTH;
PORT JEFFERSON								
ST. CHARLES 200 BELLE TERRE RD. 11777		NP CORP	183	13				RES: ORS;
POUGHKEEPSIE								
HUDSON RIVER STATE BRANCH B 12601		STATE	3379	22	5	I	20	RES: P;
QUEENS VILLAGE -SEE NEW YORK CITY								
RHINEBECK								
ASTOR HOME FOR CHILDREN 36 MILL ST. 12572		CHURCH	84				1	RES: CHP;
ROCHESTER								
EASTMAN KODAK COMPANY 343 STATE ST. 14650		CORP					2	RES: OM;
GENESEE 224 ALEXANDER ST. 14607	M-062	NP CORP	368	54	10 12	2 9	25 26	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,OBG,ORS,PTH,PD;

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NEW YORK, ROCHESTER - CONTINUED								
HIGHLAND HOSPITAL OF ROCHESTER SOUTH AVE. AT BELLEVUE DR. 14620	M-062	NP CORP	262	45	3 6	3 4	12 15	INT: ROT.,ST.MED.; RES: FP,GS,IM,OBG,ORS;
MONROE COMMUNITY 435 E HENRIETTA RD 14620	L-062	COUNTY	414					RES: PM;
OFFICE OF THE MONROE COUNTY MEDICAL EXAMINER 435 E HENRIETTA RD 14620		COUNTY		32		1	2	RES: FOP;
ROCHESTER GENERAL 1425 PORTLAND AVE. 14621	M-062	NP CORP	526	7	8 12	8 17	21 44	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,OBG,ORS,PTH,PD,P,R,TS;
ROCHESTER STATE 1600 SOUTH AVE. 14620	G-062	STATE	2682	38			12	RES: P;
ST. MARY'S 89 GENESEE ST. 14611	L-062	NP CORP	318	38	10 11	2 4	19 22	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; RES: GS,IM,OBG,OPH;
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER 260 CRITTENDEN BLVD. 14642	M-062	NP CORP	665	55	49	52 119	60 193	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.; RES: AN,CHP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDA,POC,PM,PS,P,R,TR,TS,U,NPATH;
UNIVERSITY OF ROCHESTER AFFILIATED HOSPITALS	M-062	MISC.			24	42	74	RES: GS,ORS,TS;
UNIVERSITY OF ROCHESTER COMMUNITY PEDIATRICS PROGRAM	M-062	MISC.			4	15	20	INT: ROT.; RES: PD;
UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE 14620	M-062	MISC.						RES: PDC;
UNIV.-ROCHESTER SCH.-MED. AND DENTISTRY, DEPT.-PREV. MED.-COMM. HLTH. 260 CRITTENDEN BLVD. 14620		STATE					2	RES: OM;
UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE - HIGHLAND 335 MOUNT VERNON ST. 14620	M-062	NP CORP	262	45		19	26	RES: FP;
ROCKVILLE CENTRE								
MERCY 1000 N. VILLAGE AVE. 11570		CHURCH	386	37	11	1	12	INT: ROT.; RES: OBG;
SCHENECTADY								
ELLIS 1101 NOTT ST. 12308	L-054	NP CORP	466	48	20 11	5	20 16	INT: ROT.; RES: GS,OBG,ORS,PTH;
ST. CLARE'S 600 MC CLELLAN ST. 12304		CHURCH	240		12		15	INT: ROT.; RES: OBG;
SCHENECTADY AFFILIATED PROGRAM	L-054	MISC.			3		5	RES: OBG;
SCHENECTADY COUNTY CHILD GUIDANCE CENTER 821 UNION ST. 12308		NP CORP					4	RES: CHP;
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER 1270 BELMONT AVE. 12308	G-054	NP CORP	78					RES: ORS,PM;
STATEN ISLAND -SEE NEW YORK CITY								
STONY BROOK								
S. U. N. Y. AT STONY BROOK AFFILIATED HOSPITALS 11790	M-109	MISC.						INT: ST.MED.; RES: IM;
SYRACUSE								
CROUSE IRVING-MEMORIAL 820 S. CROUSE AVE. 13210	M-063	NP CORP	450	29				RES: AN,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,PS,R,U;
ST. JOSEPH'S HOSPITAL HEALTH CENTER 301 PROSPECT AVE. 13203	M-063	CHURCH	352	35	3	7 8	6 13	INT: ROT.; RES: AN,FP,GS,OBG,ORS,PTH;
STATE UNIVERSITY 750 E. ADAMS ST. 13210	M-063	STATE	322	45	2 3	44 21	46 33	INT: ROT.,ST.MED.,ST.SURG.; RES: AN,DR,FP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,PS,P,R,TR,U;
S.U.N.Y. UPSTATE MEDICAL CENTER 766 IRVING AVE. 13210	M-063	MISC.			61	140	208	RES: AN,OR,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PO,PDC,PS,P,R,TR,U;
S. U. N. Y. UPSTATE MEDICAL CENTER - ST. JOSEPH'S	M-063	MISC.				24	36	RES: FP;
SYRACUSE PSYCHIATRIC 708 IRVING AVE. 13210	M-063	STATE	40	100				RES: P;
VETERANS ADMIN. IRVING AVE. AND UNIV. PL. 13210	M-063	VA	383	59				RES: AN,GS,IM,NS,N,OPH,ORS,OTO,PTH,PS,P,R,U;
THIELLS								
LETCHWORTH VILLAGE 10984		STATE	3700	84	2		2	RES: P;
TROY								
SAMARITAN PEOPLES AND BURDETT AVES. 12180		NP CORP	227	21			3	RES: PTH;
UTICA								
CHILDREN'S HOSPITAL AND REHABILITATION CENTER OF UTICA 1675 BENNETT ST. 13502	G-063	NP CORP	54	38				RES: ORS;

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NEW YORK, UTICA - CONTINUED								
UTICA STATE 1213 COURT ST. 13502		STATE	1641				16	RES: P;
VALHALLA								
BLYTHEDALE CHILDREN'S BRADHURST AVE. 10595		NP CORP	54					RES: PM;
GRASSLANDS 10595	L-059	COUNTY	406	63	16		18	INT: ROT.,ST.MED.,ST.SURG.;
					47	5	59	RES: AN,AN,GS,IM,OPH,PTH,PD,PM,P;
OFFICE OF THE MEDICAL EXAMINER 10595		COUNTY				1	2	RES: FOP;
WEST BRENTWOOD								
PILGRIM STATE BOX A 11717		STATE	8714	14	18	2	25	RES: P;
WEST HAVERSTRAW								
NEW YORK STATE REHABILITATION ROUTE 9 W 10993		STATE	162					RES: ORS,PM;
WHITE PLAINS								
BURKE REHABILITATION CENTER 785 MAMARONECK AVE 10605	L-058	NP CORP	151	50				RES: PM;
NEW YORK HOSPITAL-CORNELL MEDICAL CENTER (WESTCHESTER DIVISION) 21 BLOOMINGDALE RD. 10605	L-058	NP CORP	281	29	8	18	26	RES: P;
WHITE PLAINS 41 EAST POST RD. 10601		NP CORP	273	27	10		10	INT: ROT.;
					1		2	RES: GS;
WILLARD								
WILLARD STATE 14588		STATE	1492	23	4		6	RES: P;
WINGDALE								
HARLEM VALLEY STATE 12594		STATE	3887	31	1		2	RES: P;
YONKERS								
ST. JOHN'S RIVERSIDE 967 NORTH BROADWAY 10701	G-059	NP CORP	285	31	16		16	INT: ROT.;
ST. JOSEPH'S 127 SOUTH BROADWAY 10701		NP CORP	165	21		8	12	INT: ROT.;
YONKERS GENERAL 127 ASHBURTON AVE. 10701		NP CORP	188	37	8		8	INT: ROT.;
					3		3	RES: GP;
NORTH CAROLINA								
BUTNER								
JOHN UMSTEAD 12TH ST. 27509	L-064	STATE	1825	31	3	5	15	RES: P;
MURDOCH CENTER, CHILDREN'S PSYCHIATRIC INSTITUTE 27509		STATE	45		1	2	4	RES: CHP;
CHAPEL HILL								
NORTH CAROLINA MEMORIAL PITTSBORO RD. 27514	M-064	STATE	377	57		43	55	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.;
					11	165	220	RES: AN,CHP,D,GS,IM,NS,N,OBG,OPH,OPH, ORS,OTO,PTH,PD,PDC,PS,P,R,TS,U;
NORTH CAROLINA MEMORIAL HOSPITAL-MC PHERSON	M-064	MISC.				3	4	RES: OPH;
OFFICE OF THE CHIEF MEDICAL EXAMINER P. O. BOX 2488 27514		STATE				1	1	RES: FOP;
UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE	M-064	MISC.						RES: POC;
UNIVERSITY OF NORTH CAROLINA SCHOOLS OF MEDICINE AND PUBLIC HEALTH 27514		STATE				2	6	RES: GPM;
CHARLOTTE								
CHARLOTTE MEMORIAL 1000 BLYTHE BLVD. 28203	M-064	NP CORP	811	34		14	14	INT: ROT.;
					3	46	58	RES: FP,GP,GS,IM,OBG,ORS,PTH,PD,TS,U;
DURHAM								
DUKE UNIVERSITY AFFILIATED HOSPITALS (INCLUDES INTEGRATED PROGRAMS OF DUKE UNIVERSITY MEDICAL CENTER AND)	M-065	MISC.			9	226	313	RES: AN,DR,GS,IM,NS,N,OPH,ORS,OTO,PTH, PS,P,R,TR,U;
DUKE UNIVERSITY MEDICAL CENTER 27706	M-065	NP CORP	802	61		72	76	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.;
					5	125	95	RES: AN,DR,D,GS,IM,NS,N,OBG,OPH,ORS, OTO,PTH,PD,PDA,PDC,PS,P,R,TR,TS,U, NPATH;
DURHAM CHILD GUIDANCE CLINIC, DUKE UNIVERSITY MEDICAL CENTER 402 TRENT ST. 27705	M-065	MISC.				4	4	RES: CHP;
MC PHERSON 1110 WEST MAIN ST. 27701	L-064 G-065	PART.	28					RES: OPH,OPH;
MC PHERSON HOSPITAL-NORTH CAROLINA MEMORIAL	L-064	MISC.				4	4	RES: OPH;
VETERANS ADMIN. 508 FULTON ST. 27705	M-065	VA		64				RES: AN,DR,GS,IM,NS,N,OPH,ORS,OTO,PTH, PS,P,R,TR,U;
WATTS CLUB BLVD. AT BROAD ST. 27705	L-064,065	COUNTY	318	32	6		14	INT: ROT.,ST.SURG.;
					5		6	RES: GS;

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NORTH CAROLINA - CONTINUED								
FORT BRAGG								
WOMACK ARMY HOSPITAL SPECIALIZED TREATMENT CENTER 28307		USA	669				4	RES: PH;
GASTONIA								
NORTH CAROLINA ORTHOPEDIC NEW HOPE RD. 28052	G-064	STATE	100					RES: ORS;
GREENSBORO								
MOSES H. CONE MEMORIAL 1200 N. ELM ST. 27405	M-064	NP CORP	426	41		6	19	RES: FP,PTH;
OTEEN								
VETERANS ADMIN. 28805		VA	577	43	1	3	4	RES: TS,U;
RALEIGH								
DOROTHEA DIX STATION B 27611	L-064	STATE	1919	28	8	3	15	RES: P;
MEMORIAL HOSPITAL OF WAKE COUNTY 3000 NEW BERN AVE. 27610	L-064	COUNTY	386	22				RES: OBG,ORS;
NORTH CAROLINA STATE BOARD OF HEALTH 225 N. MC DOWELL ST. 27602		STATE			1	1	3	RES: PH;
WILMINGTON								
NEW HANOVER MEMORIAL 2431 S. 17TH ST. 28401	L-064	NP CORP	360	34	2 4	3	12 11	INT: ROT.,ST.SURG.; RES: GS,OBG;
WINSTON-SALEM								
BOWMAN GRAY SCHOOL OF MEDICINE AFFILIATED HOSPITALS	M-066	MISC.			1	10	16	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.; RES: AN,DR,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,P,TR,TS,U;
FORSYTH MEMORIAL 3333 SILAS CREEK PARKWAY 27103	M-066	NP CORP	603	24			6	INT: ROT.; RES: ORS;
NORTH CAROLINA BAPTIST 300 S. HAWTHORNE RD. 27103	M-066	CHURCH	477	58	3 21	14 89	49 153	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.; RES: AN,DR,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,P,TR,TS,U;
REYNOLDS MEMORIAL 741 HIGHLAND AVE. 27101	M-066	MISC.					16	INT: ROT.;
NORTH DAKOTA								
BISMARCK								
BISMARCK 323 6TH ST. 58501	L-097	NP CORP	187	30			1	RES: GS,R;
BISMARCK AFFILIATED HOSPITALS	L-097	MISC.				2	3	RES: R;
ST. ALEXIUS 311 N. 9TH ST. 58501	L-097	CHURCH	259	49				RES: R;
FARGO								
ST. LUKE'S HOSPITALS 5TH ST. & MILLS AVE. 58102	L-097	NP CORP	284	12	6 1		12 15	INT: ROT.; RES: GS;
GRAND FORKS								
UNITED 212 S. 4TH ST. 58201	G-097	NP CORP	314	45				RES: PTH;
UNIVERSITY OF NORTH DAKOTA AFFILIATED HOSPITALS	L-097	MISC.			2		4	RES: PTH;
OHIO								
AKRON								
AKRON CITY 525 E. MARKET ST. 44309	L-069	NP CORP	651	43	11	20 50	17 73	INT: ROT.,ST.MED.,ST.SURG.; RES: FP,GS,IM,OBG,OPH,ORS,PTH,PS,R,U;
AKRON GENERAL 400 WABASH AVE. 44307		NP CORP	540	43	5	3 28	20 61	INT: ROT.,ST.MED.,ST.SURG.; RES: FP,GS,IM,OBG,ORS,PTH,PS,U;
CHILDREN'S HOSPITAL OF AKRON BUCHTEL AVE. AT BOWERY ST. 44308		NP CORP	253	67	1 4	3 14	8 23	INT: ST.PED.; RES: ORS,PTH,PD,PS;
ST. THOMAS 444 NORTH MAIN ST. 44310		NP CORP	364	45	18 19		20 26	INT: ROT.,ST.SURG.; RES: GP,GS,OBG,PTH;
BARBERTON								
BARBERTON CITIZENS TUSCORA PARK 44203		NP CORP	437	31	19 1		18 12	INT: ROT.; RES: GP,GS,PTH;
CANTON								
AULTMAN 2600 SIXTH ST. S. W. 44710		NP CORP	673	41	13 15	5	14 17	INT: ROT.,ST.PATH.; RES: OBG,PTH,R;
CINCINNATI								
BETHESDA 619 OAK ST. 45206		CHURCH	500	26	3	1	6	RES: OBG;
CENTRAL PSYCHIATRIC CLINIC CINCINNATI GENERAL HOSPITAL 45229	M-067	CITY						RES: CHP;
CHILDREN'S ELLAND AVE. AND BETHESDA 45229	M-067	NP CORP	215	73				RES: AN,GS,NS,N,ORS,PTH,PD,PDA,POC,PM,R,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	685	41	8	7 6	21 19	INT: ROT.,ST.SURG.; RES: GS,NS,PS,U;

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OHIO, CINCINNATI - CONTINUED								
CHRISTIAN R. HOLMES EDEN AND BETHESDA AVES. 45219	L-067	CITY	86					RES: TR;
CINCINNATI GENERAL 3231 BURNET AVE. 45229	M-067	CY-CO	651	48	3 3	64 24	68 38	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,DR,O,GP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDA,PM,P,R,TR,U;
CONVALESCENT HOSPITAL FOR CHILDREN AUBURN AVE. AND WELLINGTON PL. 45219	G-067	NP CORP	100					RES: PDA;
DANIEL DRAKE MEMORIAL GALBRAITH RD. AT VINE ST. 45216	G-067	COUNTY	889	46	12		12	RES: IM,PM;
GOOD SAMARITAN 3217 CLIFTON AVE. 45220	L-067	CHURCH	725		25	16	27 45	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,NS,OBG,ORS,PTH,PD,U;
GOOD SAMARITAN HOSPITAL TRAINING PROGRAM	L-067	MISC.			17	1	19	RES: GS;
JEWISH BURNET AVE. 45229	L-067	NP CORP	532	46	14 23	8	9 22	INT: ROT.,ST.SURG.; RES: GS,DRS,PTH,R;
NAVY ORDNANCE ENVIRONMENTAL HEALTH CENTER 3333 VINE ST. 45220		USN				2	2	RES: OM;
PROVIDENCE 2366 KIPLING AVE. 45239		MISC.						RES: GS;
ROLLMAN PSYCHIATRIC INSTITUTE 3009 BURNET AVE. 45219		STATE	124		22	6	30	RES: P;
U.S.P.H.S. ENVIRONMNTL. CONTROL ADMIN. BUR. OF OCCUP. SAFETY AND HLTH. 1014 BROADWAY 45202		MISC.				1	4	RES: OM;
UNIVERSITY OF CINCINNATI HOSPITAL GROUP (INCLUDES CHILDREN'S HOSPITAL, CHRIST HOSPITAL, CHRISTIAN R. HOLMES)	M-067	MISC.			49	255	392	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,CHP,DR,D,GP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDA,PDC,PM,P,R,TR,U;
UNIVERSITY OF CINCINNATI INSTITUTE OF ENVIRONMENTAL HEALTH KETTERING LABORATORY 45219	G-067	NP CORP				1	16	RES: OM;
VETERANS ADMIN. 3200 VINE ST. 45220	M-067	VA	460	49				RES: AN,DR,GS,IM,NS,N,OPH,ORS,OTO,PTH,PM,P,U;
CLEVELAND								
CASE WESTERN RESERVE UNIVERSITY 2085 ADELBERT RD. 44106	M-068	MISC						RES: NPATH;
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.			32	137	188	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; RES: CHP,D,GS,NS,OPH,ORS,OTO,PTH,PD,PM,PS,TS,U;
CLEVELAND CLINIC 2020 E. 93RD ST. 44106		NP CORP	610	58	42	44 118	50 195	INT: ROT.,ST.MED.; RES: AN,DR,D,GS,IM,NS,N,OPH,ORS,OTO,PTH,PD,PS,CRS,P,R,TS,U;
CLEVELAND CLINIC-ST. VINCENT CHARITY		MISC.			9	16	26	RES: GS;
CLEVELAND GUIDANCE CENTER 2525 E. 22ND ST. 44115		MISC.						RES: CHP;
CLEVELAND METROPOLITAN GENERAL 3395 SCRANTON RD. 44109	M-068	COUNTY	557	64	3 42	32 44	34 89	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.; RES: AN,D,GS,IM,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PM,PS,R,TS,U,NPATH;
CLEVELAND METROPOLITAN GENERAL HOSPITAL-LUTHERAN MEDICAL CENTER	M-068	MISC.			23	1	27	RES: IM;
CLEVELAND PSYCHIATRIC INSTITUTE 1708 AIKEN AVE. 44109		STATE	255	41	7	3	24	RES: P;
CUYAHOGA COUNTY CORONER'S OFFICE 2121 ADELBERT RD. 44106		MISC.			1	2	2	RES: FOP;
FAIRHILL MENTAL HEALTH CENTER 12200 FAIRHILL RD. 44120		STATE	161		23	4	25	RES: P;
FAIRVIEW GENERAL 18101 LORAIN 44111		NP CORP	447	43	21 33		25 43	INT: ROT.; RES: AN,GP,GS,OBG,PTH;
HIGHLAND VIEW 3901 IRELAND DR. 44122	L-068	COUNTY	340	40				RES: N,PM;
HURON ROAD 13951 TERRACE RD. 44112		NP CORP	385	38	14 33	3	13 32	INT: ROT.; RES: AN,GS,IM,OBG,PTH,U;
HURON ROAD HOSPITAL-CLEVELAND CLINIC		MISC.			22	3	27	RES: AN;
LUTHERAN MEDICAL CENTER 2609 FRANKLIN BLVD. 44113		CHURCH	331	35	12 8		12 11	INT: ROT.; RES: GS,IM,PTH;
MARYMOUNT 12300 MC CRACKEN RD. 44125		CHURCH	253	35	10 3	1	12 10	INT: ROT.; RES: AN,OTO,PTH;
MOUNT SINAI HOSPITAL OF CLEVELAND UNIVERSITY CIRCLE 44106	L-068	NP CORP	537	44	3 49	4 23	12 74	INT: ROT.,ST.MED.,ST.SURG.; RES: AN,D,GS,IM,OBG,OPH,ORS,PTH,PD,R;

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OHIO, CLEVELAND - CONTINUED								
POLYCLINIC 6606 CARNEGIE AVE. 44103		NP CORP	131	36	6		9	RES: GP;
ST. ALEXIS 5163 BROADWAY AVE. 44127		DIST.	385	43	10 12		12 14	INT: ROT.; RES: GS,PTH;
ST. ANN 2475 EAST BOULEVARD 44120		CHURCH	85	100	6		6	RES: OBG;
ST. JOHN'S 7911 DETROIT AVE. 44102		CHURCH	323	29	13 9		15 16	INT: ROT.; RES: GP;
ST. LUKE'S 11311 SHAKER BLVD. 44104	L-068	NP CORP	489	44	9 34	1 15	20 59	INT: ROT.,ST.MED.,ST.SURG.; RES: AN,D,GS,IM,OBG,OPH,ORS,OTO,PTH,PD,PS;
ST. LUKE'S HOSPITAL-ST. VINCENT CHARITY	L-06B	MISC.			1	1	2	RES: PS;
ST. VINCENT CHARITY 2351 E. 22ND ST. 44115		CHURCH	442	42	10 5		12 8	INT: ROT.; RES: GS,NS,OPH,ORS,OTO,PTH,PS,TS,U;
STRAIGHT INTERNSHIP IN MEDICINE	M-068	MISC.				8	14	INT: ST.MED.;
STRAIGHT INTERNSHIP IN SURGERY	M-068	MISC.				18	18	INT: ST.SURG.;
UNIVERSITY HOSPITALS OF CLEVELAND 2065 ADELBERT RD. 44106	M-06B	NP CORP	968	63	38	33 100	44 161	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; RES: AN,CHP,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,PS,P,R,TS,U;
VETERANS ADMIN. 10701 EAST BLVD. 44106	M-068	VA	780	46	21	7	40	INT: ST.MED.,ST.SURG.; RES: AN,D,GS,IM,NS,N,OPH,ORS,OTO,PTH,PS,P,R,TS,U;
COLUMBUS								
CHILDREN'S 561 SOUTH 17TH ST. 43205	M-069	NP CORP	301	53		43	43	RES: GS,GS,NS,ORS,OTO,PTH,PD,PS,TS,U;
COLUMBUS STATE 1960 W. BROAD ST. 43223		STATE	1553	43	11	2	24	RES: P;
GRANT 309 EAST STATE ST. 43215	L-069	NP CORP	453	29	1	1	16 16	INT: ROT.; RES: FP,PTH;
MOUNT CARMEL 793 WEST STATE ST. 43222	M-069	NP CORP	504	45	4 8	13 21	12 46	INT: ROT.; RES: GP,GS,IM,OBG,ORS;
OHIO STATE UNIVERSITY AFFILIATED HOSPITALS (INCLUDES OHIO STATE UNIVERSITY HOSPITALS, CHILDREN'S HOSPITAL AND SOMEPOSITIONS AT RIVERSIDE METHODIST HOSPITAL)	M-069	MISC.			2	40	51	RES: NS,ORS,OTO,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		MISC.				1	6	RES: OM,GPM;
OHIO STATE UNIVERSITY HOSPITALS 410 W. 10TH AVE. 43210	M-069	STATE	962	45	13	121	48 173	INT: ST.MED.,ST.SURG.,ST.PED.,ST.PATH.; RES: AN,CHP,DR,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PM,PS,P,R,TR,TS,U;
OHIO STATE UNIVERSITY MEDICAL CENTER 410 W. 10TH AVE. 43210	M-069	MISC.			3	6	9	RES: AM;
RIVERSIDE METHODIST 3535 OLENTANGY RIVER RD. 43214	M-069	CHURCH	842	39	1 4	21 12	24 32	INT: ROT.; RES: GP,GS,IM,NS,OBG,ORS,PS,R;
RIVERSIDE METHODIST HOSPITAL-ST. ANN'S HOSPITAL FOR WOMEN		MISC.			1	4	12	RES: OBG;
ST. ANN'S HOSPITAL FOR WOMEN 1555 BRYDEN RD. 43205	L-069	MISC.	115					RES: OBG;
CUYAHOGA FALLS								
FALLSVIEW MENTAL HEALTH CENTER 330 BROADWAY EAST 44222		STATE	120	100	9	1	20	RES: P;
DAYTON								
DAYTON CHILDREN'S PSYCHIATRIC HOSPITAL - CHILD GUIDANCE CENTER 141 FIRWOOD DR. 45419		STATE					4	RES: CHP;
GOOD SAMARITAN 1425 W. FAIRVIEW AVE. 45406		CHURCH	503	36	5 13	3 2	13 27	INT: ROT.; RES: FP,GS,IM,OBG;
MIAMI VALLEY 1 WYOMING ST. 45409		NP CORP	632	41	1 15	6 29	12 59	INT: ROT.; RES: FP,GP,GS,IM,OBG,ORS,PTH,R;
ST. ELIZABETH MEDICAL CENTER 601 MIAMI BLVD. WEST 45408		CHURCH	532	46		17 2	9 18	INT: ROT.; RES: FP;
VETERANS ADMIN. CENTER 4100 WEST THIRD ST. 45428	G-069	VA	718	40	33	5	47	RES: GS,IM,PTH,R,U;
ELYRIA								
ELYRIA MEMORIAL 630 E. RIVER ST. 44035		NP CORP	335	38	10 13	2	12 15	INT: ROT.; RES: GP,GS,ORS,PTH,R;
EUCLID								
EUCLID GENERAL EAST 185TH ST. & LAKE ERIE 44119		NP CORP	378	25	13 4	6	14 12	INT: ROT.; RES: GP;
KETTERING								
CHARLES F. KETTERING MEMORIAL 3535 SOUTHERN BLVD. 45429		CHURCH	407	41	1 4	11 6	12 25	INT: ROT.; RES: GS,IM,PTH,PS;

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OHIO - CONTINUED								
LAKEWOOD								
LAKEWOOD 14519 DETROIT AVE. 44107		CITY	332	40	12		12	INT: ROT.;
LORAIN								
ST. JOSEPH 205 WEST 20TH ST. 44052		CHURCH	301	35	12 1		12 5	INT: ROT.; RES: PTH,R;
ST. JOSEPH-ELYRIA MEMORIAL HOSPITALS		MISC.			8		8	RES: R;
RAVENNA								
ROBINSON MEMORIAL PORTAGE COUNTY 449 S. MERIDIAN ST. 44266		COUNTY	245	27	10		15	RES: GP,GS;
STEUBENVILLE								
OHIO VALLEY 360 SUMMIT AVE. 43952		NP CORP	372	19	15		15	INT: ROT.;
TOLEDO								
FLOWER 3350 COLLINGWOOD BLVD. 43610		NP CORP	209	29			3 1	INT: ROT.; RES: GS;
HOSPITAL OF MEDICAL COLLEGE OF OHIO AT TOLEDO ARLINGTON AT DETROIT 43614	M-112	STATE	258	46	5		17	INT: ST.SURG.,ST.PED.; RES: AN,GS,IM,OBG,ORS,PTH,PD,PS,P,U;
MEDICAL COLLEGE OF OHIO AT TOLEDO P. O. BOX 6190 43614	M-112	STATE	258	46			4	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.			1 76	 19	10 128	INT: ST.SURG.,ST.PED.; RES: AN,GS,IM,OBG,ORS,PTH,PD,PS,P,U;
MERCY 2221 MADISON AVE. 43624	L-112	CHURCH	350	41	17 6	1 1	18 26	INT: ROT.,ST.SURG.; RES: FP,GP,GS,OBG,PTH,PD;
RIVERSIDE 1609 SUMMIT ST. 43604		NP CORP	186	23	9		9	INT: ROT.;
ST. CHARLES 2600 NAVARRE AVE. 43616		NP CORP	245	26	9 3		9 4	INT: ROT.; RES: GP;
ST. VINCENT HOSPITAL AND MEDICAL CENTER 2213 CHERRY ST. 43608	L-112	NP CORP	620	43	8 4		18	INT: ROT.,ST.SURG.; RES: GS,IM,OBG,ORS,PD,PS,P,U;
TOLEDO 2142 N. COVE BLVD. 43606	G-112	NP CORP	513	48	18 2	 4	18 11	INT: ROT.,ST.PED.; RES: AN,GP,IM,OBG,ORS,PTH,PD;
TOLEDO MENTAL HEALTH CENTER 930 S. DETROIT AVE. 43603	L-112	STATE	2100					RES: GS,P;
WARREN								
TRUMBULL MEMORIAL 1350 EAST MARKET ST. 44482		NP CORP	462	32	15 7		16 14	INT: ROT.; RES: GP,PTH,R;
WORTHINGTON								
HARDING 445 E. GRANVILLE RD. 43085		NP CORP	125		2	2	9	RES: P;
WRIGHT-PATTERSON A.F.B.								
U.S. AIR FORCE HEADQUARTERS AIR FORCE LOGISTICS COMMAND 45431		USAF					2	RES: OM;
WRIGHT-PATTERSON A. F. B.								
U. S. A. F. MEDICAL CENTER WRIGHT-PATTERSON A. F. B. 45433		USAF	425	80		10	12	INT: ROT.;
YOUNGSTOWN								
ST. ELIZABETH 1044 BELMONT AVE. 44505		CHURCH	545	35	5 42	12 4	21 59	INT: ROT.; RES: AN,GP,GS,IM,OBG,PTH,R;
YOUNGSTOWN S. UNIT OAK HILL AND FRANCIS STS.; N. UNIT, GYPSY LANE-GOLETA AVE. 44501		NP CORP	843	43	12 43	8 14	30 57	INT: ROT.,ST.MED.,ST.SURG.; RES: AN,GS,IM,PTH,R;
OKLAHOMA								
NORMAN								
CENTRAL STATE GRIFFIN MEMORIAL BOX 151 73069	L-070	STATE	1592	9	3	5	15	RES: GS,P;
OKLAHOMA CITY								
BAPTIST MEMORIAL 5800 NORTHWEST GRAND BLVD. 73112	L-070	CHURCH	376	37		9 8	4 7	INT: ROT.; RES: PTH,R;
BONE AND JOINT 605 N. W. 10TH ST. 73102		CORP.	74					RES: ORS;
CHILDREN'S MEMORIAL 940 N. E. 13TH ST.	M-070	MISC.						RES: TS;
MERCY 501 N. W. 12TH ST. 73103	L-070	CHURCH	196	36			2	RES: FP,GS;
OFFICE OF STATE MED. EXAMINER, UNIV. OF OKLA. HEALTH SCIENCES CENTER 800 N. E. 13TH ST. 73104		STATE					1	RES: FOP;
PRESBYTERIAN 300 N. W. 12TH ST. 73103	L-070	CHURCH	193	34				INT: ROT.; RES: FP,GS,R;
ST. ANTHONY 601 NORTHWEST NINTH 73102	L-070	CHURCH	541	37		2 10	14 28	INT: ROT.; RES: GS,IM,NS,OBG,OPH,ORS,PTH,R;

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OKLAHOMA, OKLAHOMA CITY - CONTINUED								
STATE OF OKLAHOMA DEPT. OF HEALTH 800 N. E. 13TH ST. 73104		MISC.					1	RES: PH;
UNIVERSITY FAMILY PRACTICE PROGRAM	M-070	MISC.						RES: FP;
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER (INCLUDES UNIVERSITY OF OKLAHOMA HOSPITALS, PRESBYTERIAN HOSPITAL, ST. ANTHONY HOSPITAL, VETERANS ADMIN. HOSPITAL AND CENTRAL STATE GRIFFIN MEMORIAL HOSPITAL (NORMAN) P. O. BOX 26901, 800 N. E. 13TH ST. 73190	M-070	MISC.				17	254	INT: ROT.,ST.PED.; RES: AN,AM,CHP,D,FP,GP,GS,IM,NS,N,OBG,OM,OPH,ORS,OTO,PTH,GPM,P,R,TS,U;
UNIVERSITY OF OKLAHOMA HOSPITALS 800 NORTHEAST 13TH 73190	M-070	STATE	410	52		10 19	9 38	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; RES: AN,D,FP,GP,GS,IM,NS,N,OBG,OPH,ORS,DTO,PTH,PD,PDC,P,R,TS,U;
UNIVERSITY OF OKLAHOMA HOSPITALS-PRESBYTERIAN	M-070	MISC.			I	6	12	INT: ROT.;
UNIVERSITY OF OKLAHOMA HOSPITALS-VETERANS ADMIN.	M-070	MISC.				21	20	INT: ST.MED.,ST.SURG.;
VETERANS ADMIN. 921 N. E. 13TH ST. 73104	M-070	VA	441	51				INT: ST.MED.,ST.SURG.; RES: AN,D,GS,IM,NS,N,OPH,ORS,OTO,PTH,P,R,TS,U;
TINKER A. F. B. U.S.A.F. 73145		USAF					1	RES: OM;
TULSA								
CHILDREN'S MEDICAL CENTER 4818 SOUTH LEWIS, P. O. BOX 7352 74105		NP CORP	40		1		4	RES: CHP;
HILLCREST MEDICAL CENTER UTICA ON THE PARK 74104	L-070	NP CORP	469	34	2	3 2	12 4	INT: ROT.; RES: GS,IM,OBG,PTH,PD;
HILLCREST MEDICAL CENTER-ST. JOHN'S		MISC.				5	3	RES: OBG;
ST. FRANCIS 6161 SOUTH YALE 74135	L-070	NP CORP	587	30		5	16 4	INT: ROT.; RES: GS,IM,PTH,PD;
ST. JOHN'S 1923 SOUTH UTICA 74104	L-070	NP CORP	556	40		13 1	28 4	INT: ROT.; RES: GS,IM,OBG,PTH,PD;
TULSA COMBINED RESIDENCY		MISC.				6	12	RES: IM;
TULSA PEDIATRIC EDUCATIONAL TRUST		MISC.			1	1	12	RES: PD;
TULSA SURGICAL EDUCATION TRUST		MISC.				4	15	RES: GS;
OREGON								
PORTLAND								
EMANUEL 2801 N. GANTENBEIN AVE. 97227	L-071	CHURCH	494	55	1	16 12	16 17	INT: ROT.; RES: GS,OBG,ORS,PTH,R;
GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER 1015 N. W. 22ND 97210	G-071	CHURCH	508	52	1 3	15 20	16 30	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,NS,N,OPH,PTH,PS;
PROVIDENCE 700 N. E. 47TH AVE. 97213		CHURCH	426	42	3 5	7 4	12 12	INT: ROT.; RES: GS,IM,PTH;
ST. VINCENT HOSPITAL AND MEDICAL CENTER 9205 S. W. BARNES RD. 97225	G-071	CHURCH	394	46	1 4	11	6 20	INT: ST.SURG.; RES: GP,GS,PTH;
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN 8200 N. E. SANDY BLVD. 97220	G-071	NP CORP	60					RES: ORS;
STATE OF OREGON DEPT. OF HEALTH 1400 S. W. 5TH AVE. 97201		STATE					4	RES: PH;
UNIVERSITY OF OREGON AFFILIATED HOSPITALS (INCLUDES UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS, VETERANS ADMIN. HOSPITAL AND SOME POSITIONS AT EMANUEL HOSPITAL AND GOOD SAMARITAN HOSPITAL)	M-071	MISC.			11	156	195	RES: AN,CHP,DR,D,FP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,P,TR,TS,U;
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS 3181 S. W. SAM JACKSON PARK 97201	M-071	STATE	608	68	1 1	35 59	37 76	INT: ROT.,ST.MED.,ST.PATH.; RES: AN,CHP,DR,D,FP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,P,TR,TS,U;
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS-VETERANS ADMIN.	M-071	MISC.				8	8	INT: ST.MED.;
VETERANS ADMIN. SAM JACKSON PARK 97207	M-071	VA	518	70	1	3	7	INT: ST.MED.; RES: AN,D,GS,IM,NS,N,OPH,ORS,OTO,PTH,PM,TS,U;
SALEM								
OREGON STATE STATION A 97310		STATE	920	45	1	5	9	RES: P;
PENNSYLVANIA								
ABINGTON								
ABINGTON MEMORIAL 1200 YORK RD. 19001	L-074	NP CORP	461	35		18 28	18 42	INT: ROT.,ST.MED.,ST.SURG.; RES: GP,GS,IM,OBG,ORS,PTH,R,U;
ALLENTOWN								
ALLENTOWN 17TH & CHEW STS. 18102	G-073	NP CORP	543	49	4	16 17	16 26	INT: ROT.; RES: GS,IM,OBG,PTH,PS,CRS;
SACRED HEART FOURTH & CHEW 18102		CHURCH	360	38	1 3		10 3	INT: ROT.; RES: R;

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PENNSYLVANIA - CONTINUED								
ALTOONA								
ALTOONA 701 HOWARD AVE. 16603		NP CORP	450	34	15 6		16 15	INT: ROT.; RES: GP,GS,PTH;
BETHLEHEM								
ST. LUKE'S 801 OSTRUM ST. 18015	G-073	NP CORP	451	38	7	1 4	14 20	INT: ROT.; RES: GS,IM,OBG,PTH;
BRIDGEVILLE								
MAYVIEW STATE 15017		STATE	2809	1		3	12	RES: P;
BRISTOL								
LOWER BUCKS BATH RD. & ORCHARD AVE. 19007		NP CORP	272	46			8 6	INT: ROT.; RES: GP;
BRYN MAWR								
BRYN MAWR BRYN MAWR AVE. 19010	G-073	NP CORP	408	49	2 12	9 15	14 30	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,PTH,R;
CHESTER								
CROZER-CHESTER MEDICAL CENTER 15TH ST. & UPLAND AVE. 19013	M-072	NP CORP	409	38		2	8	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,OBG,U;
COATESVILLE								
VETERANS ADMIN. 19320	M-073	VA	1555	87		1	14	RES: N,P;
DANVILLE								
DANVILLE STATE 17821		STATE	2076	14			6	RES: P;
GEISINGER MEDICAL CENTER 17821	L-074	NP CORP	367	17	15 3	54	20 76	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; RES: DR,D,GS,IM,OBG,OPH,ORS,OTO,PTH,R,TR,U;
DARBY								
FITZGERALD MERCY DIVISION LANSDOWNE AVE. AND BAILY RD. 19023	M-073	CHURCH	394	39	14		14	INT: ROT.; RES: GS,OBG,PTH,PD,R;
MERCY CATHOLIC MEDICAL CENTER	M-073	CHURCH						INT: ROT.;
DREXEL HILL								
DELAWARE COUNTY MEMORIAL 501 N. LANSDOWNE AVE. 19026		NP CORP	301	33	7		8 4	INT: ROT.; RES: GP;
EASTON								
EASTON 21ST AND LEHIGH STS. 18042	M-072	NP CORP	305	30	1 5		10 17	INT: ROT.; RES: GS,IM;
ELIZABETHTOWN								
STATE HOSPITAL FOR CRIPPLED CHILDREN 17022	L-110 G-073	STATE	169					RES: ORS;
ERIE								
HAMOT 4 E. SECOND ST. 16512		NP CORP	446	36	5 7	1 4	12 17	INT: ROT.; RES: GS,OBG,ORS,PTH,PS,U;
HAMOT HOSPITAL-ST. VINCENT		MISC.			4		4	RES: OBG;
ST. VINCENT 232 W. 25TH ST. 16512		NP CORP	497	28	3 7	1	10 10	INT: ROT.; RES: OBG,PTH,U;
GREENSBURG								
WESTMORELAND 532 W. PITTSBURGH ST. 15601		NP CORP	279	21			8	INT: ROT.;
HARRISBURG								
HARRISBURG S FRONT ST. 17101	M-110	NP CORP	612	41	6	9 20	20 50	INT: ROT.,ST.MED.,ST.PATH.,ST.OBG.; RES: DR,GS,IM,OBG,ORS,PTH,PD,PS,U;
HARRISBURG POLYCLINIC THIRD AND RADNOR STS. 17105	M-072	NP CORP	758	45	1	11 16	18 23	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; RES: GS,IM,ORS,PD,PS,R;
PENNSYLVANIA DEPT. OF ENVIRONMENTAL RESOURCES, DIV. OF OCCUP. HEALTH P. O. BOX 2351 17120		MISC					1	RES: OM;
PENNSYLVANIA DEPT. OF HEALTH P. O. BOX 90 17120		MISC.				1	12	RES: PH;
HAZLETON								
ST. JOSEPH 667 N. CHURCH ST. 18201		CHURCH	235	16			4	RES: GS;
HERSHEY								
MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY 500 UNIVERSITY DR. 17033	M-110	MISC.	350	75	4	11 17	12 91	INT: ROT.,ST.MED.,ST.PED.; RES: AN,FP,GS,IM,OBG,DRS,PTH,PD,PS,P,R,U;
PENNSYLVANIA STATE UNIVERSITY AFFILIATED HOSPITALS	M-110	MISC.					16	RES: ORS,PS;
JOHNSTOWN								
CONEMAUGH VALLEY MEMORIAL 1086 FRANKLIN ST. 15905	G-073	NP CORP	472	38	13 5	8	12 45	INT: ROT.; RES: AN,FP,GS,IM,PTH;
LANCASTER								
LANCASTER GENERAL 555 N. DUKE ST. 17604	L-074	NP CORP	496	34		6 8	6 24	INT: ROT.; RES: FP;
MC KEESPORT								
MC KEESPORT 1500 FIFTH AVE. 15132	L-077	NP CORP	519	26	12 4		12 8	INT: ROT.; RES: GS;
NORRISTOWN								
MONTGOMERY 1301 POWELL ST. 19401		NP CORP	296	26	6 4		6 10	INT: ROT.; RES: GP,PTH;

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PENNSYLVANIA, NORRISTOWN - CONTINUED								
MONTGOMERY COUNTY MENTAL HEALTH CLINICS 1122 POWELL ST. 19401		NP CORP			2		4	RES: CHP;
NORRISTOWN STATE STANBRIDGE & STERIGERE STS. 19401		STATE	2889	41	4	9	30	RES: P;
SACRED HEART 1430 DE KALB ST. 19401		CHURCH	224		8	1	13	RES: GP,GS;
PHILADELPHIA								
ALBERT EINSTEIN MEDICAL CENTER (INCLUDES NORTHERN DIVISION AND SOUTHERN DIVISION) YORK & TABOR RDS. 19141	M-074 L-073	NP CORP	688	38	24 52	13 54	32 116	INT: ROT.,ST.MED.,ST.SURG.; RES: AN,CHP,GS,IM,NS,N,OBG,ORS,PTH,PD,PM,P,R,TR,U;
AMERICAN ONCOLOGIC CENTRAL & SHELMIRE AVES. 19111		NP CORP	60	34	1	1	3	RES: TR;
CHESTNUT HILL 8835 GERMANTOWN AVE. 19118	L-073 G-074	NP CORP	225	43	2	9 1	9 4	INT: ROT.,ST.PATH.; RES: GS,PTH;
CHILDREN'S HOSPITAL OF PHILADELPHIA 1740 BAINBRIDGE ST. 19146	M-075 G-073	NP CORP	153	81	1	17 40	17 42	INT: ST.PED.; RES: AN,GS,NS,N,DPH,ORS,OTO,PTH,PD,PDA,PDC,TS;
EASTERN PENNSYLVANIA PSYCHIATRIC INSTITUTE HENRY AVE. & ABBOTSFORD RD. 19129	M-076	STATE	122		5	7	15	RES: P;
EPISCOPAL FRONT ST. & LEHIGH AVE. 19125	M-074	NP CORP	326	52	8 22	13	12 45	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; RES: GS,IM,NS,OBG,PTH,R,TS,U;
FRANKFORD FRANKFORD AVE. & WAKELING 19124	G-076	NP CORP	205	28	9		10 2	INT: ROT.; RES: PTH;
GERMANTOWN DISPENSARY AND HOSPITAL E. PENN & E. WISTER STS. 19144	M-074	NP CORP	331	41	2 10	6 10	12 22	INT: ROT.; RES: GS,IM,OBG,PTH,R;
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA 19TH & LOMBARD STS. 19146	M-075	NP CORP	332	49	3 37	4 23	7 51	INT: ROT.,ST.MED.; RES: AN,D,GS,IM,N,OPH,ORS,OTO,PTH,PS,R,U;
HAHNEMANN MEDICAL COLLEGE AFFILIATED HOSPITALS	M-072	MISC.			2 34	24 46	42 93	INT: ST.MED.,ST.SURG.; RES: GS,IM,OBG,ORS,U;
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL 230 N. BROAD ST. 19102	M-072	NP CORP	511	40	37	2 71	23 127	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.; RES: AN,CHP,D,FP,GS,IM,NS,N,OBG,ORS,PTH,PD,P,R,TR,TS,U;
HOSPITAL OF THE MEDICAL COLLEGE OF PENNSYLVANIA 3300 HENRY AVE. 19129	M-076	MISC.	320	52	2 34	6 23	21 74	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.; RES: GS,IM,N,OBG,PTH,PD,P,R,U;
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA 3400 SPRUCE ST. 19104	M-075	NP CORP	862	51	1 17	55 86	53 119	INT: ROT.,ST.MED.,ST.SURG.; RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PM,PS,P,R,TS,U;
INSTITUTE OF THE PENNSYLVANIA HOSPITAL 111 N. 49TH ST. 19139	L- 75	NP CORP	239			17	18	RES: P;
IRVING SCHWARTZ INST. FOR CHILDREN & YOUTH OF THE PHILA. PSYCH. CTR. FORD RD. AND MONUMENT AVE. 19131		NP CORP			3	2	8	RES: CHP;
JEANES HARTEL & HASBROOK AVE. 19111		CHURCH	176	36	3		3	RES: GS;
LANKENAU LANCASTER & CITY LINE AVES. 19151	M-073	NP CORP	425	38	10	17 18	7 40	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; RES: GS,IM,OBG,OPH,ORS,PTH;
MEDICAL COLLEGE OF PENNSYLVANIA AFFILIATED HOSPITALS	M-076	MISC.			2 9	12 18	15 32	INT: ST.MED.; RES: IM,N;
MEDICAL COLLEGE OF PA.-EASTERN PENNSYLVANIA PSYCHIATRIC INSTITUTE HENRY AVE. AND ABBOTSFORD RD. 19129	M-076	MISC.	150		4	5	12	RES: CHP;
MEMORIAL 5800 RIDGE AVE. 19128		NP CORP	182	29	7		9	INT: ROT.;
MERCY CATHOLIC MEDICAL CENTER (INCLUDES MISERICORDIA DIVISION AND FITZGERALD MERCY DIVISION (DARBY) 54TH ST. AND CEDAR AVE. 19143	M-073	MISC.			20	15	47	INT: ROT.,ST.MED.; RES: GS,IM,OBG,PTH,PD,R;
MERCY-DOUGLASS 5000 WOODLAND AVE. 19143	M-072	NP CORP	223	23	8		8	INT: ROT.;
METHODIST 2301 S. BROAD ST. 19148	M-073	CHURCH	257	16	2	1	8	INT: ROT.; RES: GS,OBG,ORS;
MISERICORDIA DIVISION 54TH ST. & CEDAR AVE. 19143	M-073	CHURCH	380	44	13 5	2 5	18 10	INT: ROT.,ST.MED.; RES: GS,IM,OBG,PTH,PD,R;
MOSS REHABILITATION 12TH ST. & TABOR RD. 19141	M-074	NP CORP	145	33				RES: PM;
NAVAL 17TH & PATTISON AVE. 19145	M-073 L-072	USN	1000	45	1	10 79	14 107	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.; RES: AN,D,GS,IM,OBG,OPH,ORS,OTO,PD,P,R,U;
NAZARETH 2601 HOLME AVE. 19152		CHURCH	352	27	12 8		18 15	INT: ROT.; RES: GS,PTH,R;
NORTHEASTERN HOSPITAL OF PHILADELPHIA 2301 E. ALLEGHENY AVE. 19134		NP CORP	220	23	8		8	INT: ROT.;

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PENNSYLVANIA, PHILADELPHIA - CONTINUED								
OFFICE OF THE MEDICAL EXAMINER, CITY OF PHILADELPHIA DEPT OF HEALTH 321 UNIVERSITY AVE. 19104		CITY					2	RES: FOP;
PENNSYLVANIA EIGHTH & SPRUCE STS. 19107	M-075	NP CORP	425	43	7	24 45	20 58	INT: ROT.,ST.MED.,ST.SURG.; RES: D,GS,IM,N,OBG,ORS,PTH,PS,R,U;
PHILADELPHIA CHILD GUIDANCE CLINIC 1700 BAINBRIDGE ST. 19146		USPHS				9	10	RES: CHP;
PHILADELPHIA GENERAL CIVIC CENTER BLVD. AT 34TH ST. 19104	M-072,075 L-073	CY-CO	1050	39	4 28	2 34	9 71	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: CHP,IM,NS,OTO,PTH,PD,PM,R,U, NPATH;
PHILADELPHIA GENERAL HOSPITAL, HAHNEMANN MEDICAL COLLEGE SERVICE CIVIC CENTER BLVD. AT 34TH ST. 19104	M-072,075 L-073	MISC.			6	7	35	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,ORS;
PHILADELPHIA GENERAL HOSPITAL, UNIVERSITY OF PENNSYLVANIA SERVICE CIVIC CENTER BLVD. AT 34TH ST. 19104	M-072,075 L-073	MISC.			4	18 500	25 21	INT: ROT.,ST.MED.; RES: D,GS,N,OBG,OPH,ORS,PS,P;
PHILADELPHIA PSYCHIATRIC CENTER FORD RD. & MONUMENT AVE. 19131	L-075	NP CORP	152		3	13	21	RES: P;
PHILADELPHIA STATE ROOSEVELT BLVD. & SOUTHAMPTON RD. 19114	L-073 G-076	STATE	2976	18	7	11	30	RES: P;
PRESBYTERIAN-UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER 51 N. 39TH ST. 19104	M-075	MISC.	335	46	9 15	12 13	21 36	INT: ROT.,ST.MED.,ST.SURG.; RES: AN,GS,IM,OBG,OPH,ORS,OTO,PTH,R;
ST. AGNES 1900 S. BROAD ST. 19145	M-072	NP CORP	302				10 2	INT: ROT.,ST.MED.,ST.SURG.; RES: GP,GS,IM;
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN 2600 N. LAWRENCE ST. 19133	M-074	NP CORP			7	5	17	RES: AN,CHP,GS,NS,N,OPH,ORS,PTH,PD,PDA, PDC,TS,U;
ST. JOSEPH'S 16TH ST. AND GIRARD AVE. 19130		NP CORP	200	17	6		6 3	INT: ROT.; RES: GS;
ST. LUKE'S AND CHILDREN'S MEDICAL CENTER GIRARD AVE. & 8TH 19122		NP CORP	326	40	11	1	12	INT: ROT.;
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN 8400 ROOSEVELT BLVD. 19152	L-074	NP CORP	80					RES: ORS;
TEMPLE UNIVERSITY AFFILIATED HOSPITALS (INCLUDES TEMPLE UNIVERSITY HOSPITAL, MOSS REHABILITATION HOSPITAL, ST.CHRISTOPHER'S HOSPITAL, SOME POSITIONS AT ALBERT EINSTEIN MEDICAL CENTER, SHRINER'S HOSPITAL AND ABINGTON MEM. HOSPITAL (ABINGTON)	M-074	MISC.			25	69	129	RES: NS,N,ORS,PD,PM,TS,U;
TEMPLE UNIVERSITY 3401 N. BROAD ST. 19140	M-074	NP CORP	631	50	3 32	26 111	32 149	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,OR,D,GS,IM,NS,N,OBG,OPH,ORS, OTO,PTH,PD,PM,PS,CRS,P,R,TS,U;
THOMAS JEFFERSON UNIVERSITY AFFILIATED HOSPITALS (INCLUDES THOMAS JEFFERSON UNIVERSITY HOSPITAL AND SOME POSITIONS AT)	M-073	MISC.			6	67	63	RES: GS,OPH,ORS,U;
THOMAS JEFFERSON UNIVERSITY 11TH & WALNUT STS. 19107	M-073	NP CORP	738	43	1 36	29 104	30 162	INT: ROT.,ST.MED.,ST.SURG.; RES: AN,DR,D,GS,IM,NS,N,OBG,OPH,ORS, OTO,PTH,PD,PDA,PM,GPM,P,R,U;
UNIVERSITY OF PENNSYLVANIA AFFILIATED HOSPITALS (INCLUDES HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, VETERANS ADMIN. HOSPITAL, AND SOME POSITIONS AT THE GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA AND PHILADELPHIA GENERAL HOSPITAL)	M-075	MISC.			17	234	268	RES: D,GS,IM,N,OBG,ORS,OTO,PM,P,R,TS;
VETERANS ADMIN. UNIVERSITY & WOODLAND AVES. 19104	M-075,076	VA	492	49		1	4	INT: ST.MED.; RES: AN,D,GS,GS,1M,IM,N,OPH,ORS,OTO, PTH,PM,P,R,TS,U;
WILLS EYE HOSPITAL AND RESEARCH INSTITUTE 1601 SPRING GARDEN ST. 19130	L-074,076	MISC.						RES: OPH;
WILLS EYE HOSPITAL AND RESEARCH INSTITUTE-TEMPLE UNIVERSITY 19130	L-076	MISC.			3	35	35	RES: OPH;
PITTSBURGH								
ALLEGHENY GENERAL 320 E. NORTH AVE. 15212	L-077	NP CORP	612	40	5 39	1 23	16 68	INT: ROT.; RES: AN,GS,IM,OBG,OPH,ORS,PTH,R,TS;
CHILDREN'S HOSPITAL OF PITTSBURGH -SEE ALSO HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH								
EYE AND EAR HOSPITAL OF PITTSBURGH -SEE ALSO HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH								
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH (INCLUDES CHILDREN'S HOSPITAL, EYE AND EAR HOSPITAL, MAGEE-WOMENS HOSPITAL, MONTEFIORE HOSPITAL, PRESBYTERIAN-UNIVERSITY HOSPITAL, VETERANS ADMIN. HOSPITAL, WESTERN PSYCHIATRIC INSTITUTE AND CLINIC) 3550 TERRACE ST. 15213	M-077	MISC.			56	179	293	INT: ROT.,ST.MED.,ST.SURG.,ST.PED., ST.PATH.; RES: AN,CHP,D,GS,GS,IM,1M,NS,N,OBG,OPH, OPH,ORS,OTO,PTH,PTH,PD,PDA,PDC,PS, P,R,TR,TS,U;

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PENNSYLVANIA, PITTSBURGH - CONTINUED								
JONES AND LAUGHLIN CORPORATION (PITTSBURGH WORKS DIVISION) 2812 E. CARSON ST. 15230		CORP.					1	RES: OM;
MAGEE-WOMENS -SEE ALSO HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH								
MERCY 1400 LOCUST ST. 15219	L-077	NP CORP	604	47		22	23	INT: ROT.,ST.MED.;
					29	36	73	RES: AN,DK,GS,IM,NS,OBG,OPH,ORS,OTO,PTH,R,U;
MONTEFIORE 3459 FIFTH AVE. 15213	M-077	NP CORP	480	43	1	18	21	INT: ROT.,ST.MED.;
					11	9	22	RES: GS,IM,NS,OPH,PTH,R;
OFFICE OF THE MEDICAL EXAMINER 220 MEYRAN AVE. 15213		MISC.					2	RES: FOP;
PITTSBURGH 6655 FRANKSTOWN AVE. 15206		NP CORP	248	15	5		6	INT: ROT.;
					2		3	RES: OBG;
PRESBYTERIAN-UNIVERSITY -SEE ALSO HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH								
ST. FRANCIS GENERAL 45TH ST. AND PENN AVE. 15201	L-077	NP CORP	824	27	19	2	29	INT: ROT.,ST.MED.;
					37	12	58	RES: GS,IM,OBG,OPH,ORS,PTH,PM,R,TS;
ST. FRANCIS GENERAL-WESTERN PENNSYLVANIA HOSPITALS	L-077	MISC.					4	RES: OPH;
ST. JOSEPH'S HOSPITAL AND DISPENSARY 2117 CARSON ST. 15203		NP CORP	177	15	2		6	INT: ROT.;
ST. MARGARET MEMORIAL 265 - 46TH ST. 15201		NP CORP	250	34	12		12	INT: ROT.;
					4	5	11	RES: FP,GS,PTH;
SHADYSIDE 5230 CENTRE AVE. 15232		CORP.	373	30	8		14	INT: ROT.;
					9	3	19	RES: FP,OBG,PTH,TS;
SOUTH SIDE S. 20TH AND JANE STS. 15203		NP CORP	340	22	8		10	INT: ROT.;
					3		3	RES: PTH;
UNIVERSITY OF PITTSBURGH GRADUATE SCHOOL OF PUBLIC HEALTH 130 DE SOTO ST. 15213		MISC.			1	2	8	RES: OM;
VETERANS ADMIN. -SEE ALSO HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH								
WESTERN PENNSYLVANIA 4800 FRIENDSHIP AVE. 15224	L-077	NP CORP	614	75	2	7	29	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.;
					31	19	59	RES: AN,GS,IM,OBG,OPH,PTH,PS,R,TS,U;
WESTERN PSYCHIATRIC INSTITUTE AND -SEE ALSO HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH								
POTTSVILLE								
GOOD SAMARITAN E. NORWEGIAN AND TREMONT STS. 17901		CHURCH	222	15	6		6	RES: GP;
POTTSVILLE HOSPITAL AND WARNE CLINIC MAUCH CHUNK & JACKSON STS. 17901		NP CORP	320	20	6		6	INT: ROT.;
					2		2	RES: GP;
READING								
READING 6TH & SPRUCE ST. 19602		MISC.	609	50	1	10	16	INT: ROT.,ST.MED.,ST.SURG.;
					1	13	43	RES: FP,GS,IM,OBG,ORS,PTH,R;
ST. JOSEPH'S 215 N. 12TH ST. 19603		NP CORP	301				11	RES: GP,PTH;
ROCHESTER								
ROCHESTER GENERAL 15074		NP CORP	273	30			1	RES: PTH;
SAYRE								
ROBERT PACKER 200 S. WILBUR AVE. 18840		NP CORP	322	59		12	12	INT: ROT.;
					6	5	25	RES: AN,GS,IM,OPH,PTH,R;
UNIONTOWN								
UNIONTOWN 500 W. BERKELEY 15401		NP CORP	293	19	6		7	INT: ROT.;
WARREN								
WARREN STATE JAMESTOWN RD. 16365		STATE	2033	36	3	3	27	RES: P;
WASHINGTON								
WASHINGTON 155 WILSON AVE. 15301		NP CORP	583	31		5	12	INT: ROT.;
							12	RES: FP;
WEST CHESTER								
CHESTER COUNTY 701 E. MARSHALL ST. 19380		NP CORP	243	31	7		8	INT: ROT.;
WILKES-BARRE								
CHILDRENS SERVICE CENTER OF WYOMING VALLEY 335 S. FRANKLIN ST. 18702		NP CORP	22				2	RES: CHP;
VETERANS ADMIN. 1111 EAST END BLVD. 18703	G-074	VA	500	35				RES: GS;
WILKES-BARRE GENERAL N. RIVER & AUBURN STS. 18702		NP CORP	362	31	1		10	INT: ROT.;
						1	6	RES: GS,PTH;
WILKINSBURG								
COLUMBIA PENN AVE. AND WEST ST. 15221		CORP.	282	19	6		6	INT: ROT.;
					3		3	RES: OBG;
YORK								
YORK 1001 SOUTH GEORGE ST. 17405	M-039	NP CORP	530	44	16		16	INT: ROT.,ST.MED.,ST.SURG.;
					2	36	56	RES: FP,GS,IM,OBG,PTH;

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PUERTO RICO								
BAYAMON								
HOSPITAL DR. ALEJANDRO RUIZ SOLER 2KM 8HM2 00619	G-078	STATE	650					RES: TS;
PUERTO RICO INSTITUTE OF PSYCHIATRY P. O. BOX 127 00619		NP CORP	430		8		6	RES: P;
HATO REY								
AUXILIO MUTUO PONCE DE LEON AVE. STOP 37 00918		NP CORP	150	20	6		10	INT: ROT.;
MAYAGUEZ								
MAYAGUEZ MEDICAL CENTER HIGHWAY 1 00708		STATE	400	50	3 13	 3	20 46	INT: ROT.; RES: GS,IM,OBG,PD;
PONCE								
HOSPITAL DE DAMAS CONCORDIA ST. 00731		NP CORP	153	22	 6		6 7	INT: ROT.; RES: AN,GS;
PONCE DISTRICT GENERAL BO. MACHUELO 00731	L-076	STATE	600		4 21	1	18 54	INT: ROT.; RES: GS,IM,OBG,PD;
SAN JUAN								
I. GONZALEZ MARTINEZ PUERTO RICO MEDICAL CENTER 00935	M-078	NP CORP	136	34	 1	 2	 3	INT: ST.SURG.; RES: GS,GS,NS,ORS,OTO,PTH,U;
INDUSTRIAL PUERTO RICO MEDICAL CENTER 00935	G-078	STATE	260					RES: AN,DR;
INSTITUTE OF LEGAL MEDICINE, UNIVERSITY OF PUERTO RICO PUERTO RICO MEDICAL CENTER 00935	M-078	STATE					1	RES: FOP;
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA PUERTO RICO MEDICAL CENTER 00935	M-078	CITY			21 41	18 22	54 69	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.; RES: AN,DR,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,TS,U;
PUERTO RICO REHABILITATION CENTER PUERTO RICO MEDICAL CENTER 00935		NP CORP						RES: PM;
UNIVERSITY DISTRICT PUERTO RICO MEDICAL CENTER 00935	M-078	STATE	380	74	 33	 53	 133	INT: ST.SURG.; RES: AN,DR,D,GP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PM,TS,U;
UNIVERSITY OF PUERTO RICO AFFILIATED HOSPITALS PUERTO RICO MEDICAL CENTER 00935	M-078	MISC.			3 57	4 55	28 189	INT: ST.SURG.; RES: AN,DR,GS,NS,N,OPH,ORS,OTO,PM,TS,U;
UNIVERSITY OF PUERTO RICO SCHOOL OF MEDICINE DEPARTMENT OF PSYCHIATRY PUERTO RICO MEDICAL CENTER 00935	M-078	STATE	944	100	5	6	28	RES: CHP,P;
VETERANS ADMIN. CENTER G. P. O. BOX 4867 00936	M-078	VA	688	66	1 25	 4	12 56	INT: ST.MED.,ST.SURG.; RES: DR,GS,IM,NS,OPH,ORS,PTH,PM,P,U;
RHODE ISLAND								
HOWARD								
RHODE ISLAND MEDICAL CENTER-INSTITUTE OF MENTAL HEALTH BOX 5 02834		STATE	1915	31	14	2	19	RES: P;
PAWTUCKET								
MEMORIAL PROSPECT ST. 02860	M-101	NP CORP	302	35	9 8		12 13	INT: ROT.,ST.MED.; RES: D,GS,IM,PTH;
PROVIDENCE								
BROWN UNIVERSITY DIV. OF BIOLOGICAL AND MED. SCIENCES 02912	M-101	MISC.						RES: NPATH;
BROWN UNIVERSITY AFFILIATED HOSPITALS	M-101	MISC.			 2	 6	 9	INT: ROT.,ST.MED.; RES: D,IM;
MIRIAM 164 SUMMIT AVE. 02906	M-101	NP CORP	247	38	14 8	 1	16 13	INT: ROT.,ST.MED.; RES: D,GS,IM,PTH;
PROVIDENCE LYING-IN 50 MAUDE ST. 02908	M-042,101	NP CORP	190	50				RES: OBG,PD;
PROVIDENCE LYING-IN HOSPITAL-RHODE ISLAND	M-042,101	MISC.			4	2	9	RES: OBG;
RHODE ISLAND 593 EDDY ST. 02902	M-101	NP CORP	726	40	 47	32 56	32 127	INT: ROT.,ST.MED.,ST.SURG.; RES: AN,D,GS,IM,NS,OBG,OPH,ORS,OTO,PTH,PD,PDA,PS,R,U;
ROGER WILLIAMS GENERAL 825 CHALKSTONE AVE. 02908	M-101	NP CORP	253	41	13 12	2	24 14	INT: ROT.,ST.MED.; RES: D,IM,PTH;
ST. JOSEPH'S 21 PEACE ST. 02907	L-042	CHURCH	544	29	16 5		16 5	INT: ROT.; RES: PTH;
VETERANS ADMIN. DAVIS PARK 02908	L-040	VA	321	53	8	2	14	RES: GS,IM;
RIVERSIDE								
EMMA PENDLETON BRADLEY 1011 VETERANS MEML. PKWY. 02915		NP CORP	69			1	5	RES: CHP;
SOUTH CAROLINA								
CHARLESTON								
CHARLESTON COUNTY 326 CALHOUN 29401	M-079	COUNTY	172	31				RES: GS,IM,OPH,ORS,OTO,PTH,PS,R,TS,U;

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1971 For.*	House Staff Sept. 1, 1971 Non-For.*	Pos. Off. July 1, 1973	Approved Program
SOUTH CAROLINA, CHARLESTON - CONTINUED								
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 HOSPITAL AND ST. FRANCIS XAVIER HOSPITAL)	M-079	MISC.			9	126	186	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PS,P,R,TS,U;
MEDICAL UNIVERSITY OF SOUTH CAROLINA 80 BARRE ST. 29401	M-079	STATE	485	61	3	40 40	51 75	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,FP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,FOP,PO,PDC,PS,P,R,TS,U,NPATH;
NAVAL NAVAL BASE 29408		USN	552	48				RES: ORS;
ST. FRANCIS XAVIER CALHOUN ST. AND ASHLEY AVE. 29402		CHURCH						RES: PS;
VETERANS ADMIN. 109 BEE ST. 29403	M-079	VA	388	59				RES: AN,GS,IM,NS,OPH,ORS,OTO,PTH,PS,P,R,TS,U;
COLUMBIA								
COLUMBIA HOSPITAL OF RICHLAND COUNTY	-SEE RICHLAND MEMORIAL							
RICHLAND MEMORIAL 3301 HARDEN ST. 29203	L-079	COUNTY	565	20	13	6	15 24	INT: ROT.,ST.SURG.; RES: GS,OBG,ORS,PD;
WILLIAM S. HALL PSYCHIATRIC INSTITUTE 2100 BULL ST. 29202		STATE	92	25	4	9	30	RES: CHP,P;
GREENVILLE								
GREENVILLE GENERAL 100 MALLARD ST. 29601	G-079	NP CORP	630	38		11 22	18 57	INT: ROT.; RES: FP,GS,OBG,ORS,PD;
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN 2100 N. PLEASANTBURG DR. 29609		MISC.	60					RES: ORS;
SPARTANBURG								
SPARTANBURG GENERAL 101 E. WOOD ST. 29303	G-079	COUNTY	457	46		6 13	15 34	INT: ROT.,ST.SURG.; RES: FP,GS;
SOUTH DAKOTA								
SIOUX FALLS								
MC KENNAN 800 E. 21ST ST. 57101	M-080	NP CORP	303	36		6	6	INT: ROT.;
SIOUX VALLEY 1123 SD. EUCLID 57105	M-080	NP CORP	287	49		9 3	8 4	INT: ROT.,ST.PATH.; RES: PTH;
UNIVERSITY OF SOUTH DAKOTA AFFILIATED HOSPITALS	M-080	MISC.						INT: ROT.,ST.PATH.; RES: PTH;
YANKTON								
SACRED HEART WEST 4TH ST. 57078	M-080	NP CORP	200	36	1	4	2 12	INT: ST.SURG.; RES: GS,OBG;
TENNESSEE								
CHATTANOOGA								
BARONESS ERLANGER 261 WIEHL ST. 37403		CY-CO	652	27	2 22	11 25	22 60	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,OBG,OPH,ORS,PTH,PS,R;
NEWELL CLINIC 707 WALNUT ST. 37402		CORP.	46	16	1	1	3	RES: GS;
S. E. TENNESSEE MEDICAL EDUCATION CENTER		MISC.				4	5	INT: ROT.,ST.MED.,ST.SURG.; RES: GS,IM,OBG,OPH,ORS,PTH,PD,PS,R;
T. C. THOMPSON CHILDREN'S 1001 GLENWOOD DR. 37406		CY-CO	100	46	4	2	6	RES: OPH,PD;
TENNESSEE VALLEY AUTHORITY, DIV. OF HEALTH AND SAFETY 320 EDNEY BLDG. 37401		MISC.				1	1	RES: OM;
KNOXVILLE								
EAST TENNESSEE AFFILIATED HOSPITALS		MISC.			2	4	9	RES: ORS;
EAST TENNESSEE BAPTIST 137 BLOUNT AVE. 37901		CHURCH	349	12				RES: ORS;
ST. MARY'S MEMORIAL OAK HILL AVE. 37917		CHURCH	425	16				RES: ORS;
UNIVERSITY OF TENNESSEE MEMORIAL RESEARCH CENTER AND HOSPITAL 1924 ALCOA HIGHWAY 37920		STATE	466	29	1	15 30	20 38	INT: ROT.; RES: AN,FP,GS,IM,OBG,ORS,PTH,PD,R;
MEMPHIS								
BAPTIST MEMORIAL 899 MADISON AVE. 38103	M-081	CHURCH	1601	29	5	21 45	39 80	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: GS,IM,NS,OBG,ORS,PTH,PS,R;
CAMPBELL FOUNDATION AND UNIVERSITY OF TENNESSEE (INCLUDES BAPTIST MEMORIAL HOSPITAL, CITY OF MEMPHIS HOSPITALS, LE BONHEUR CHILDREN'S HOSPITAL, METHODIST HOSPITAL, CRIPPLED CHILDREN'S HOSPITAL AND VETERANS ADMIN. HOSP.)	M-081	MISC.				24	24	RES: ORS;
CITY OF MEMPHIS HOSPITALS 860 MADISON AVE. 38103	M-081	CITY	659	37	2 4	49 20	66 61	INT: ROT.,ST.MED.,ST.SURG.; RES: AN,CHP,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDA,PDC,PS,P,R,TS,U;
CRIPPLED CHILDREN'S 2009 LAMAR AVE. 38114		MISC.						RES: ORS;
GAILOR MENTAL HEALTH CENTER 42 NORTH DUNLAP ST. 38103	M-081	STATE						RES: CHP;

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TENNESSEE, MEMPHIS - CONTINUED								
LE BONHEUR CHILDREN'S 848 ADAMS AVE. 38103	L-081	NP CORP	69	73				RES: ORS,PD,R;
METHODIST 1265 UNION AVE. 38104	G-081	NP CORP	817	29	1	8	16	INT: ROT.;
						30	34	RES: GS,NS,OBG,OPH,ORS,OTO,PTH,R;
ST. JOSEPH 220 OVERTON AVE. 38101		CHURCH	440	36	2	6	20	INT: ROT.,ST.SURG.,ST.PED.,ST.PATH.,ST.OBG.;
					3	3	11	RES: GS,OBG,PTH,PD;
ST. JUDE CHILDREN'S RESEARCH 332 NORTH LAUDERDALE ST. 38101	L-081	NP CORP	25	79		3	6	INT: ST.PED.;
					2	1	12	RES: PD;
TENNESSEE PSYCHIATRIC HOSPITAL AND INSTITUTE 865 POPLAR AVE. 38105	L-081	STATE	199					RES: CHP,P;
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS (INCLUDES CITY OF MEMPHIS HOSPITALS, LE BONHEUR CHILDREN'S HOSPITAL, METHODIST HOSPITAL, TENNESSEE PSYCHIATRIC HOSPITAL AND INSTITUTE, VETERANS ADMIN. HOSPITAL, WEST TENNESSEE CHEST DISEASE HOSPITAL)	M-081	MISC.			18	160	204	RES: AN,CHP,D,GS,IM,NS,N,OBG,OPH,OTO,PD,PDC,PS,P,R,TS,U;
UNIVERSITY OF TENNESSEE-INSTITUTE OF PATHOLOGY 858 MADISON AVE. 38103	M-081	CITY	659	37	1		2	RES: FDP;
VETERANS ADMIN. 1030 JEFFERSON AVE. 38104	M-081	VA	983	62			8	RES: D,GS,IM,NS,N,OPH,ORS,OTO,PTH,PS,P,R,TS,U;
WEST TENNESSEE CHEST DISEASE 842 JEFFERSON AVE. 38103	L-081	STATE	280	31				RES: IM,TS;
NASHVILLE								
BAPTIST 2000 CHURCH ST. 37203	L-083	CHURCH	625	24	11	1	27	RES: GS,OBG,PTH,PD,U;
GEORGE W. HUBBARD HOSPITAL OF THE MEHARRY MEDICAL COLLEGE 1005 18TH AVE. N. 37208	M-082	NP CORP	208	41		22	25	INT: ROT.,ST.MED.,ST.SURG.,ST.OBG.;
					2	29	49	RES: GS,IM,OBG,OPH,PTH,PD,P,R,U;
MIDDLE TENNESSEE CHEST DISEASE BEN ALLEN RD. 37216		STATE	162					RES: TS;
NASHVILLE METROPOLITAN GENERAL 72 HERMITAGE AVE. 37210	M-083	CY-CO	189	36				INT: ST.MED.,ST.PED.,ST.PATH.,ST.OBG.;
								RES: GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PS,R,TS,U;
ST. THOMAS 2000 HAYES ST. 37203	M-083	CHURCH	331	40			5	INT: ST.MED.,ST.SURG.;
					12	9	26	RES: GS,IM,OBG;
STATE OF TENNESSEE DEPARTMENT OF HEALTH CORDELL HULL BLDG. 37219		STATE				2	2	RES: PH;
VANDERBILT UNIVERSITY 1161 21ST AVE. SOUTH 37203	M-083 G-082	NP CORP	481	51				INT: ST.MED.,ST.PED.,ST.PATH.,ST.OBG.;
					6	7	16	RES: AN,CHP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PS,P,R,TR,TS,U;
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	M-083 G-082	MISC.			2	57	61	INT: ST.MED.,ST.PED.,ST.PATH.,ST.OBG.;
					13	170	214	RES: GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PS,P,R,TS,U;
VETERANS ADMIN. 1310 24TH AVE., SOUTH 37203	M-083 L-082	VA	485	44				INT: ST.MED.,ST.PATH.;
					1	1	4	RES: GS,IM,NS,N,OPH,ORS,OTO,PTH,PS,P,R,TS,U;
TEXAS								
AUSTIN								
AUSTIN STATE 4110 GUADALUPE 78751		STATE	1979	67	3	11	24	RES: P;
BRACKENRIDGE 15TH & EAST AVE. 78701	L-085	CITY	284	34		14	14	INT: ROT.;
							2	RES: GS,PTH;
STATE OF TEXAS DEPT. OF HEALTH 1100 W. 49TH ST. 78756		STATE					1	RES: PH;
BROOKS AIR FORCE BASE								
U. S. AIR FORCE SCHOOL OF AEROSPACE MEDICINE 78235		USAF				28	78	RES: AM,GPM;
CORPUS CHRISTI								
DRISCOLL FOUNDATION CHILDREN'S 3533 S. ALAMEDA, P. O. DRAWER 6530 78411		NP CORP	105	74	2		4	INT: ST.PED.;
					7	1	14	RES: PD;
MEMORIAL MEDICAL CENTER 2606 HOSPITAL BLVD. 78405		DIST.	501	25	7	3	10	INT: ROT.;
							3	RES: OBG;
DALLAS								
BAYLOR UNIVERSITY MEDICAL CENTER 3500 GASTON AVE. 75246	L-084	CHURCH	975	32		26	31	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.;
					8	55	72	RES: GS,IM,OBG,ORS,PTH,PM,PS,CRS,R,TS,U;
CHILDREN'S MEDICAL CENTER 1935 AMELIA 75235	M-084	NP CORP	122	70		10	15	INT: ST.PED.;
					1	20	29	RES: DR,NS,N,OTO,PD,PDC,R,TR,TS;
DALLAS CHILD GUIDANCE CLINIC 2101 WELBORN 75219	L-084	NP CORP						RES: CHP;
GASTON EPISCOPAL 3505 GASTON AVE. 75246		NP CORP	107	35		1	3	RES: GS;

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TEXAS, DALLAS - CONTINUED								
METHODIST HOSPITAL OF DALLAS 301 W. COLORADO 75208	L-084	CHURCH	465	34		18	17	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.;
					10	22	33	RES: GS,IM,OBG,PTH,R;
OFFICE OF THE COUNTY MEDICAL EXAMINER 5201 HARRY HINES BLVD. 75235		MISC.					2	RES: FOP;
PARKLAND MEMORIAL 5201 HARRY HINES BLVD. 75235	M-084	DIST.	765	45		69	73	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.;
					2	130	135	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	373	35		2	12	INT: ROT.;
					1		1	RES: PS,CRS,P,U;
ST. PAUL 5909 HARRY HINES BLVD. 75235	L-084	CHURCH	490	35	5	3	17	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.;
					7	21	39	RES: GS,IM,NS,OBG,PTH,R,TR,TS;
TEXAS SCOTTISH RITE HOSPITAL FOR CRIPPLED CHILDREN 2201 WELBORN 75219	L-084	NP CORP	78					RES: ORS;
TIMBERLAWN PSYCHIATRIC 4600 SAMUELL BLVD. 75223	L-084	CORP.	152			8	15	RES: P;
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL 5323 HARRY HINES BLVD. 75235		MISC.			3	12	16	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.,)	M-084	MISC.			10	101	143	RES: DR,GS,NS,N,OPH,ORS,OTO,PS,P,R,TR,TS,U;
VETERANS ADMIN. 4500 S. LANCASTER 75216	M-084	VA	733	42		15	15	INT: ST.MED.;
					5	25	37	RES: GS,IM,N,OPH,ORS,OTO,PTH,PS,P,R,TS,U;
EL PASO								
R. E. THOMASON GENERAL 4815 ALAMEDA AVE. 79905		DIST.	335	47	21	1	20	INT: ROT.,ST.OBG.;
					2		26	RES: GP,IM,OBG,PTH,U;
WILLIAM BEAUMONT GENERAL HAYES ST. 79920		USA	750	90		22	24	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.OBG.;
					8	61	72	RES: GS,IM,OBG,ORS,PTH,PD,U;
FORT WORTH								
FORT WORTH AFFILIATED HOSPITALS		MISC.			1	3	14	RES: OBG,ORS;
FORT WORTH CHILDREN'S HOSPITAL-FORT WORTH MEDICAL CENTER 1400 COOPER 76104	G-027	NP CORP	102	57				RES: ORS;
HARRIS HOSPITAL-FORT WORTH MEDICAL CENTER 1300 W. CANNON 76104		CHURCH	544	35			3	INT: ST.PATH.;
						2	4	RES: OBG,ORS,PTH;
JOHN PETER SMITH 1500 S. MAIN ST. 76104	L-084	DIST.	210	45		21	24	INT: ROT.;
						11	16	RES: GP,OBG,ORS,OTO,U;
GALVESTON								
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS 8TH & MECHANIC STS. 77550	M-085	STATE	1094	48		38	51	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.;
					17	194	251	RES: AN,CHP,DR,D,FP,GS,IM,NS,N,OBG,OBG,OPH,ORS,OTO,PTH,PD,PDA,PDC,PS,P,R,TS,U;
HOUSTON								
BAYLOR COLLEGE OF MEDICINE AFFILIATED HOSPITALS	M-086	MISC.						INT: ROT.,ST.MED.,ST.PATH.,ST.OBG.;
					103	206	417	RES: AN,CHP,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PM,PS,P,R,TR,TS,U;
BEN TAUB GENERAL 1502 TAUB LOOP 77025	M-086	DIST.	467	33	26		26	INT: ROT.,ST.MED.,ST.PATH.,ST.OBG.;
								RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PM,PS,P,R,TR,TS,U;
BEN TAUB GENERAL-JEFFERSON DAVIS-METHODIST-ST. LUKE'S	M-086	MISC.					9	INT: ST.OBG.;
BEN TAUB GENERAL-TEXAS CHILDREN'S	M-086	MISC.			2	16	3	INT: ST.PATH.;
BEN TAUB GENERAL-VETERANS ADMIN.-METHODIST	M-086	MISC.			1	7	16	INT: ST.MED.;
HERMANN 1203 ROSS STERLING AVE. 77025	M-120 L-085	NP CORP	480	35	2	5	25	INT: ROT.,ST.MED.,ST.PATH.;
					10	41	65	RES: AN,DR,GS,IM,OBG,OPH,ORS,PTH,PD,PS,CRS,R,U;
JEFFERSON DAVIS 1801 ALLEN PARKWAY 77019	M-086	DIST.	264	43				INT: ST.OBG.;
								RES: AN,IM,OBG,PTH,PD,PM;
MEMORIAL BAPTIST 1100 LOUISIANA 77002	L-120	NP CORP	1024	25	11		12	INT: ROT.;
					5	2	12	RES: GP;
METHODIST 6516 BERTNER 77025	M-086	NP CORP	1040	52		21	22	INT: ST.MED.,ST.SURG.,ST.OBG.;
								RES: AN,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PM,PS,P,TR,TS;
ST. JOSEPH 1919 LA BRANCH 77002	M-120 L-085	CHURCH	755	37	3	4	13	INT: ROT.,ST.PATH.;
					7	16	30	RES: AN,DR,GS,OBG,PTH,PS,R;
ST. LUKE'S EPISCOPAL 6720 BERTNER 77025	M-086	CHURCH	580	55	1	5	6	INT: ST.MED.,ST.SURG.,ST.OBG.;
					3	2	8	RES: AN,GS,IM,OBG,PTH,PM,TS,U;
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN 1402 OUTER BELT DR. 77025	G-086	NP CORP	40					RES: ORS;

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TEXAS, HOUSTON - CONTINUED								
TEXAS CHILDREN'S 6621 FANNIN 77025	M-086	NP CORP	169	80	3	6	6	INT: ST.SURG.,ST.PATH.; RES: AN,GS,ORS,PTH,PD,POC,PM,PS,R,TS,U;
TEXAS HEART INSTITUTE P. O. BOX 20345 77025		NP CORP	749	70	1	1	2	RES: TS;
TEXAS INSTITUTE FOR REHABILITATION AND RESEARCH 1333 MOURSUND AVE. 77025	M-086	NP CORP	65	58				RES: PM;
TEXAS RESEARCH INSTITUTE OF MENTAL SCIENCES 1300 MOURSUND AVE. 77025	G-086	STATE	110	60				RES: CHP,P;
UNIVERSITY OF TEXAS AFFILIATED SYSTEMS	M-120	MISC.			4	3	9	RES: OBG;
UNIVERSITY OF TEXAS AT HOUSTON AFFILIATED HOSPITALS	M-120	MISC.			3	22	46	RES: DR,PD,R;
UNIVERSITY OF TEXAS M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE 6723 BERTNER AVE. 77025	M-120 L-085	STATE	294	65	8	19	3 41	INT: ST.PATH.; RES: AN,DR,GS,NS,PTH,PD,R,TR,U;
VETERANS ADMIN. 2002 HOLCOMBE BLVD. 77031	M-086	VA	1219	41				INT: ST.MED.,ST.SURG.; RES: AN,D,GS,IM,NS,N,OPH,ORS,OTO,PTH,PM,PS,P,R,TR,TS,U;
LUBBOCK								
METHODIST 3615-19TH ST. 79410	M-121	CHURCH					4	RES: PTH;
SAN ANTONIO								
BAPTIST MEMORIAL 111 DALLAS ST. 78205	G-111	CHURCH	688	30	8	2	9	RES: PTH,PS,R;
BEXAR COUNTY TEACHING 4502 MEDICAL DR. 78229	M-111	DIST.	475	49	27	80	117	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.; RES: AN,GS,IM,OBG,OPH,ORS,OTO,PTH,PD,PM,PS,P,R,U;
BROOKE GENERAL FORT SAM HOUSTON 78234	G-111	USA	900	BD	9	28 132	34 155	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.OBG.; RES: AN,D,GS,IM,OBG,OPH,ORS,OTO,PTH,PD,PS,R,TS,U;
COMMUNITY GUIDANCE CENTER OF BEXAR COUNTY 2135 BABCOCK RD. 78229		NP CORP	30			2	6	RES: CHP;
SANTA ROSA MEDICAL CENTER 745 W. HOUSTON ST. 78207	L-111	CHURCH	826				12	INT: ROT.; RES: ORS,OTO,PTH,PD,PS,R,U;
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS	M-111	MISC.			2 22	41 41	47 78	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.; RES: AN,CHP,GS,IM,OBG,OPH,ORS,OTO,PTH,PD,PM,PS,P,R,U;
WILFORD HALL U.S.A.F. MEDICAL CENTER LACKLAND A. F. B. 78236	L-111	USAF	1000	1		34 171	46 192	INT: ROT.,ST.MED.,ST.OBG.; RES: AN,DR,D,GS,IM,NS,OBG,OPH,ORS,OTO,PTH,PD,PDA,PS,P,R,TS,U;
TEMPLE								
SCOTT AND WHITE MEMORIAL 2401 S. 31ST ST. 76501		NP CORP	974	46	5 22	5 27	15 81	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,GS,IM,OBG,OPH,ORS,PTH,PD,P,R,U;
VETERANS ADMIN. CENTER SOUTH FIRST ST. 76501		VA	700	50				RES: GS,U;
TERRELL								
TERRELL STATE BOX 70 75160	L-084	STATE	2694	24				RES: P;
WACO								
HILLCREST BAPTIST 3000 HERRING AVE. 76708		CHURCH	306	18				RES: FP;
MC LENNAN COUNTY FAMILY PRACTICE PROGRAM 1725 COLCORD AVE. 76703		MISC.			3	3	19	RES: FP;
PROVIDENCE 1725 COLCORD AVE. 76703		CHURCH	186	15				RES: FP;
UTAH								
OGDEN								
MC KAY-DEE HOSPITAL CENTER 3939 HARRISON BLVD. 84402	M-087	MISC.						RES: FP,GS;
ST. BENEDICT'S 3000 POLK AVE. 84403	G-087	NP CORP	188				10	INT: ROT.; RES: FP;
PROVO								
UTAH STATE 1500 EAST CENTER 84601	M-087	STATE	324	15				RES: P;
SALT LAKE CITY								
HOLY CROSS HOSPITAL OF SALT LAKE CITY 1045 EAST FIRST SOUTH 84102	M-087	CHURCH	355	45		1	2	INT: ST.SURG.; RES: AN,GS,NS,ORS,PTH;
LATTER-DAY SAINTS 325-8TH AVE. 84103	M-087	CHURCH	568	36	1 2	24 29	20 43	INT: ROT.,ST.MED.; RES: AN,GP,GS,IM,OBG,ORS,PTH,PD,PS,R,TR,TS;
OFFICE OF STATE MEDICAL EXAMINER-UNIVERSITY OF UTAH MEDICAL CENTER 44 MEDICAL DR. 84112	L-087	STATE				1	1	RES: FOP;

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UTAH, SALT LAKE CITY - CONTINUED								
PRIMARY CHILDREN'S 320 TWELFTH AVE. 84103	M-087	CHURCH	135	77				RES: AN,ORS,PD,PDC,PS,R,TS;
ST. MARK'S 803 NORTH SECOND WEST 84103	G-087	CHURCH	258	41				RES: AN,ORS,R;
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN FAIRFAX AT VIRGINIA STS., BOX 1865 84103	G-087	NP CORP	45					RES: AN,ORS,PD;
UNIVERSITY 50 NORTH MEDICAL DR. 84112	M-087	STATE	281	58				INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.;
					1	1	6	RES: AN,CHP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,PM,PS,P,R,TS,U;
UNIVERSITY OF UTAH AFFILIATED HOSPITALS (INCLUDES UNIVERSITY HOSPITAL, VETERANS ADMIN. HOSPITAL AND SOME POSITIONS AT HOLY CROSS HOSP., LATTER-DAY SAINTS HOSP., PRIMARY CHILDREN'S HOSP., ST. MARK'S HOSP., SHRINERS HOSP. AND UTAH STATE HOSP. (PROVO)	M-087	MISC.				42	44	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.;
					10	172	237	RES: AN,CHP,FP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,PM,PS,P,R,TS,U;
UTAH STATE DIVISION OF HEALTH 44 MEDICAL DR. 84113		STATE				2	2	RES: PH;
VETERANS ADMIN. 500 FOOTHILL DR. 84113	M-087	VA	561	67				INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.;
								RES: AN,GS,IM,NS,N,OPH,ORS,OTO,PTH,PS,P,R,TS,U;
VERMONT								
BURLINGTON								
MEDICAL CENTER HOSPITAL OF VERMONT COLCHESTER AVE. 05401	M-088	NP CORP	527	64		29	25	INT: ROT.,ST.SURG.,ST.PATH.;
					5	100	114	RES: AN,CHP,GS,IM,NS,N,OBG,ORS,OTO,PTH,PD,P,R,U;
WHITE RIVER JUNCTION								
VETERANS ADMIN. CENTER NORTH HARTLAND RD. 05001	L-052	VA	200	82				RES: GS,IM,NS,N,ORS,PTH,U;
VIRGINIA								
ALEXANDRIA								
ALEXANDRIA 4320 SEMINARY RD. 22314		NP CORP	330		2		4	RES: PTH;
ARLINGTON								
ARLINGTON 5129 N. 16TH ST. 22205	M-019	NP CORP	266					RES: ORS,PD;
NATIONAL ORTHOPAEDIC AND REHABILITATION 2455 ARMY NAVY DR. 22206		NP CORP	140		3	2	8	RES: ORS;
CHARLOTTESVILLE								
UNIVERSITY OF VIRGINIA JEFFERSON PARK AVE. 22903	M-089	STATE	560	50		41	47	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.;
					9	170	246	RES: AN,CHP,DR,D,FP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDC,PS,P,R,TR,TS,U;
UNIVERSITY OF VIRGINIA AFFILIATED HOSPITALS	M-089	MISC.			2	41	56	RES: GS,ORS,U;
UNIVERSITY OF VIRGINIA SCHOOL OF MEDICINE 22901	M-089	STATE						RES: NPATH;
DANVILLE								
MEMORIAL 142 SOUTH MAIN ST. 24541		NP CORP	420	34	2	5	8	RES: GS,PTH,U;
FALLS CHURCH								
FAIRFAX 3300 GALLOWS RD. 22046	M-020 L-019	NP CORP	494	35	1		3	RES: GS,OBG,PTH;
FAIRFAX-FALLS CHURCH MENTAL HEALTH CENTER 2949 SLEEPY HOLLOW RD. 22044		STATE					2	RES: CHP;
NORTHERN VIRGINIA MENTAL HEALTH INSTITUTE 3302 GALLOWS RD. 22046		STATE	120		3		9	RES: P;
HAMPTON								
VETERANS ADMIN. CENTER 23367	M-122	VA	538	64				RES: PS;
NEWPORT NEWS								
RIVERSIDE J. CLYDE MORRIS BLVD. 23606	L-090	NP CORP	563	46		6	16	INT: ROT.;
					2	6	13	RES: FP,OBG,PTH,R;
NORFOLK								
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS 609 COLLEY AVE. 23057	M-122	NP CORP	88	75	6	1	10	RES: PD;
DE PAUL KINGSLEY LANE AND GRANBY ST. 23505	L-090	CHURCH	298	35	11		12	INT: ROT.;
					12		17	RES: GP,GS,PTH,R;
NORFOLK GENERAL 600 GRESHAM DR. 23507	M-122	NP CORP	698	39	8	5	21	INT: ROT.,ST.PATH.;
					11	31	56	RES: GP,GS,IM,OBG,PTH,PS,R,U;
U. S. PUBLIC HEALTH SERVICE 6500 HAMPTON BLVD. 23508	M-122	USPHS	210	55		4	8	INT: ROT.;
PETERSBURG								
CENTRAL STATE BOX 271 23803		STATE	3027	16	5	1	10	RES: P;

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affiliations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1971 For.*	House Staff Sept. 1, 1971 Non-For.*	Pos. Off. July 1, 1973	Approved Program
VIRGINIA - CONTINUED								
PORTSMOUTH								
MARYVIEW 3636 HIGH ST. 23707	M-122	CHURCH	287	20	3		4	RES: GP;
NAVAL 23708	M-122	USN	1228	63		29	32	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.;
						67	86	RES: AN,GS,IM,OBG,ORS,PTH,PD,U;
PORTSMOUTH GENERAL 900 LECKIE ST. 23704	M-122	NP CORP	252	23	3		10	RES: GP;
RICHMOND								
CRIPPLED CHILDREN'S 2924 BROOK RD. 23220	G-090	NP CORP	100					RES: ORS;
JOHNSTON-WILLIS 2908 KENSINGTON AVE. 23221	G-090	CORP.	359	31	2		14	INT: ROT.;
MEDICAL COLLEGE OF VIRGINIA BOX 41 23219	M-090	NP CORP			1	1	3	RES: FOP,NPATH;
MEDICAL COLLEGE OF VIRGINIA HOSPITALS 1200 E. BROAD ST. 23219	M-090	STATE	995	35				INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.;
					21	76	123	RES: AN,D,FP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDA,PDC,PM,P,R,TR,U;
RICHMOND MEMORIAL 1300 WESTWOOD AVE. 23227	L-090	NP CORP	517	26				RES: GS,U;
STATE OF VIRGINIA DEPT. OF PUBLIC HEALTH 109 GOVERNOR ST. 23219		STATE						RES: PH;
VETERANS ADMIN. 1201 BROAD ROCK RD. 23219	M-090	VA	868	51				INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.;
					3	4	11	RES: D,GS,IM,NS,N,OPH,ORS,OTO,PTH,PM,R,U;
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS (INCLUDES MEDICAL COLLEGE OF VIRGINIA HOSPITALS AND VETERANS ADMIN. HOSPITAL, AND SOME POSITIONS AT RICHMOND MEMORIAL HOSPITAL, AND RIVERSIDE HOSPITAL (NEWPORT NEWS)	M-090	MISC.				80	94	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.PATH.;
					24	173	243	RES: AN,D,FP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDA,PDC,PM,P,R,TR,U;
VIRGINIA TREATMENT CENTER FOR CHILDREN 515 NORTH 10TH ST. 23219		STATE	40			2	3	RES: CHP;
ROANOKE								
COMMUNITY HOSPITAL OF ROANOKE VALLEY 101 ELM AVE., P. O. BOX 2201 24009		NP CORP	400	32	2		12	INT: ROT.;
					3		6	RES: GS;
ROANOKE MEMORIAL HOSPITALS BELLEVIEW AT JEFFERSON ST. 24014	L-089	NP CORP	725	32		21	20	INT: ROT.;
					3	13	40	RES: FP,GP,GS,ORS,PTH,R;
SALEM								
VETERANS ADMIN. 1970 BOULEVARD, ROANOKE 24153	G-089	VA	1543	30				RES: GS,ORS,U;
SUFFOLK								
LOUISE OBICI MEMORIAL WINDSOR RD. 23434	L-122	NP CORP	205	22	7		7	RES: GP;
WILLIAMSBURG								
EASTERN STATE DRAWER A 23185		STATE	2396	23	6	5	14	RES: P;
WASHINGTON								
FORT STEILACOOM								
WESTERN STATE 98494	G-091	STATE	1617	57		5	12	RES: P;
OLYMPIA								
STATE OF WASHINGTON DEPT. OF HEALTH OLYMPIA AIRPORT 98501		STATE				1	3	RES: PH;
RICHLAND								
HANFORD ENVIRONMENTAL HEALTH FOUNDATION P. O. BOX 100 99352		MISC.					2	RES: OM;
SEATTLE								
BOEING COMPANY P. O. BOX 3707, M.S. 10-27 98124		MISC.					2	RES: OM;
CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER 4800 SAND POINT WAY N. E. 98105	M-091	NP CORP	225	81	1	1	2	RES: AN,DR,GS,GS,N,OPH,ORS,OTO,PTH,PD,PDA,PM,TR;
DOCTORS 909 UNIVERSITY ST. 98101		NP CORP	183	37	1	9	14	RES: FP;
GROUP HEALTH 201 16TH AVE. E. 98102	G-091	NP CORP	231	45		4	6	RES: FP;
HARBORVIEW MEDICAL CENTER 325 NINTH AVE. 98104	M-091	MISC.	253	80		13	20	INT: ROT.,ST.MED.;
								RES: AN,DR,FP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDA,PM,P,TR,U;
PROVIDENCE 17TH & E. JEFFERSON 98122		CHURCH	327	49	1	6	11	INT: ROT.,ST.SURG.;
					5	2	9	RES: GS,PTH;
SWEDISH HOSPITAL MEDICAL CENTER 1212 COLUMBIA 98104	L-091	NP CORP	433	49		12	12	INT: ROT.;
					2	18	20	RES: GS,OBG,ORS,PTH,R;
U.S. PUBLIC HEALTH SERVICE 1131 14TH AVE. S. 98144	M-091 L-082	USPHS	257	84				INT: ST.MED.;
								RES: GS,IM,OBG,OPH,ORS,OTO,PTH,PM,U;

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affili-ations	Control	Number of Beds	Nec %†	House Staff Sept. 1, 1971 For.*	Non-For.*	Pos. Off. July 1, 1973	Approved Program
WASHINGTON, SEATTLE - CONTINUED								
UNIVERSITY 1959 N. E. PACIFIC ST. 98105	M-091	STATE	324	83	1 1	2 17	5 17	INT: ST.MED.,ST.PATH.; RES: AN,CHP,DR,D,FP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDA,PDC,PM,P,TR,U;NPATH;
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.			30	21 309	21 372	INT: ST.MED.; RES: AN,CHP,DR,FP,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,PDA,PDC,PM,P,TR,U;NPATH;
UNIVERSITY OF WASHINGTON SCHOOL OF PUBLIC HEALTH & COMMUNITY MEDICINE RD 96 98195		MISC.				8	43	RES: GPM,PH;
VETERANS ADMIN. 4435 BEACON AVE. S. 98108	M-091	VA	302	75				INT: ST.MED.; RES: AN,DR,GS,IM,NS,N,OPH,ORS,PTH,PM,P,TR,U;
VIRGINIA MASON 1111 TERRY AVE. 98101	L-091	NP CORP	292	64	5	17 34	17 45	INT: ROT.,ST.MED.; RES: AN,GS,IM,OBG,PTH,R,U;
SEDRO WOOLLEY								
NORTHERN STATE BOX 309 98284	G-091	STATE	842	50	1	4	5	RES: P;
SPOKANE								
DEACONESS 800 W. FIFTH AVE. 99210		CHURCH	296	46		12 2	10 2	INT: ROT.; RES: PTH;
SACRED HEART W. 101 EIGHTH AVE. 99204		CHURCH	518	43		15 7	13 13	INT: ROT.; RES: GS,OBG,PTH,R;
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN NORTH 820 SUMMIT BLVD. 99201	G-091	NP CORP	40					RES: ORS;
TACOMA								
MADIGAN GENERAL 98431	L-091	USA	1024	76	1	23 56	24 60	INT: ROT.,ST.MED.,ST.SURG.,ST.PED.,ST.OBG.; RES: GS,IM,OBG,OTO,PTH,PD,U;
TACOMA GENERAL 315 SOUTH K ST. 98405	G-091	NP CORP	261	26	1		4	RES: AN,PTH;
WEST VIRGINIA								
BECKLEY								
APPALACHIAN REGIONAL BOX 1149 25801	L-092	NP CORP	220	41	12	1	12	RES: GS,PTH;
CHARLESTON								
CHARLESTON AREA MEDICAL CENTER	L-092	MISC.			3		3	INT: ROT.; RES: GS,OBG,PTH,PD,U;
CHARLESTON GENERAL DIVISION BROOKS ST. & ELMWOOD AVE. 25325	L-092	NP CORP	452	20	7		17	RES: GS,PTH,U;
MEMORIAL DIVISION 3200 NOYES AVE. S. E. 25304	L-092	NP CORP	382	42	1 12	5 4	13 23	INT: ROT.; RES: GS,OBG,PTH,PD,U;
CLARKSBURG								
VETERANS ADMIN. 26301	M-092	VA						RES: GS;
HUNTINGTON								
CABELL HUNTINGTON 1340 16TH ST. 25701	L-092	NP CORP	280	21		1	4	RES: PTH;
MARTINSBURG								
VETERANS ADMIN. CENTER 25401	L-020	VA	680	36			4	RES: PTH;
MORGANTOWN								
WEST VIRGINIA UNIVERSITY MEDICAL CENTER MEDICAL CENTER 26506	M-092	STATE	433	53	1 26	17 73	23 146	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.; RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,OTO,PTH,PD,P,R,U;
PHILIPPI								
BROADDUS COLLEGE HILL 26416	L-092	NP CORP	101	36	3		4	RES: GS;
SOUTH CHARLESTON								
HERBERT J. THOMAS MEMORIAL 4605 MAC CORKLE AVE S. W. 25309	L-092	NP CORP	229	16			2	RES: GP;
WHEELING								
OHIO VALLEY GENERAL 2000 EOFF ST. 26003	L-092	NP CORP	434	29	4 14	1 2	22 26	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.,ST.OBG.; RES: GS,IM,OBG,PTH,R;
WHEELING 109 MAIN ST. 26003	L-092	CHURCH	229	29	9		10 4	INT: ROT.; RES: GP;
WISCONSIN								
LA CROSSE								
LA CROSSE LUTHERAN HOSPITAL AND GUNDERSEN CLINIC 1836 SOUTH AVE. 54601	M-093	NP CORP	344	66	1	11 8	11 14	INT: ROT.,ST.MED.; RES: GS,IM,PD;
MADISON								
CHILDRENS TREATMENT CENTER 3814 HARPER RD. 53704	M-093	STATE						RES: CHP;
MADISON GENERAL 202 S. PARK ST. 53715	M-093	NP CORP	473	44	1	2	4	RES: GS,IM,NS,OBG,ORS,OTO,PTH,PD,TS,U;

Name and Location † Necropsy Percentage * Foreign and Non-Foreign	Medical School Affili-ations	Control	Number of Beds	Nec %†	House Staff Sept.1,1971 For.*	Non-For.*	Pos. Off. July 1, 1973	Approved Program
WISCONSIN, MADISON - CONTINUED								
MENDOTA STATE 301 TROY DR. 53704	M-093	STATE	665					RES: P;
ST. MARYS HOSPITAL MEDICAL CENTER 720 S. BROOKS ST. 53715	M-093	CHURCH	332	44				RES: OBG,ORS,PD,U;
STATE OF WISCONSIN DEPT. OF HEALTH AND SOCIAL SERVICES, DIV. OF HEALTH 1 W. WILSON ST. 53701		STATE				1	1	RES: PH;
UNIVERSITY FAMILY HEALTH SERVICE 1552 UNIVERSITY AVE. 53706	M-093	NP CORP						RES: FP;
UNIVERSITY HOSPITALS 1300 UNIVERSITY AVE. 53706	M-093	STATE	666	66	2	52	61	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH.;
					3	43	65	RES: AN,CHP,D,FP,GS,IM,NS,N,OBG,OPH, ORS,OTO,PTH,PD,PDA,PS,P,R,TS,U;
UNIVERSITY OF WISCONSIN AFFILIATED HOSPITALS (INCLUDES UNIVERSITY HOSPITALS, CHILDRENS TREATMENT CTR., MADISON GENERAL HOSPITAL, ST. MARYS HOSP. MEDICAL CENTER, VETERANS ADMIN. HOSPITAL, MENDOTA STATE HOSPITAL, AND MARSHFIELD CLINIC (MARSHFIELD)	M-093	MISC.			26	180	268	RES: AN,CHP,D,GS,IM,NS,N,OBG,OPH,ORS, OTO,PTH,PD,P,TS,U;
UNIVERSITY OF WISCONSIN MEDICAL CENTER	M-093	STATE			3	9	30	RES: FP;
VETERANS ADMIN. 2500 OVERLOOK TERR. 53705	M-093	VA	420	72				RES: AN,D,GS,IM,N,OPH,ORS,OTO,PTH,TS,U;
MARSHFIELD								
MARSHFIELD CLINIC 650 S. CENTRAL AVE. 54449	M-093	CHURCH	408	44				RES: O;
ST. JOSEPH'S 611 ST. JOSEPH AVE. 54449	M-093	CHURCH	408	44			8	INT: ROT.;
							2	RES: GS;
MILWAUKEE								
ALLIS-CHALMERS MFG. CO. 1126 S 70TH ST. 53201		MISC.					1	RES: OM;
COLUMBIA 3321 N. MARYLAND AVE. 53211	L-094	NP CORP	406	57			13	INT: ROT.,ST.PATH.;
						3	7	RES: GS,ORS,PTH,R,U;
EVANGELICAL DEACONESS 620 NORTH 19TH ST. 53233	L-094	CHURCH	261	38	18		18	INT: ROT.;
					6		22	RES: GP,GS,PTH,R,TS;
LUTHERAN HOSPITAL OF MILWAUKEE 2200 W. KILBOURN AVE. 53233	L-094	NP CORP	374	35	2		7	RES: GS,OPH,PTH,R,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., EVANGELICAL DEACONESS HOSP., AND LUTHERAN HOSPITAL OF MILWAUKEE)	M-094	MISC.						INT: ROT.,ST.MED.,ST.SURG.,ST.PATH., ST.OBG.;
					52	194	264	RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,PTH, PD,PDA,PM,PS,P,R,TS,U;
MEDICAL COLLEGE OF WISCONSIN DIVISION OF PREVENTIVE MEDICINE 1725 W WISCONSIN AVE 53233		MISC.					6	RES: GPM;
MILWAUKEE CHILDREN'S 1700 W. WISCONSIN AVE. 53233	M-094	NP CORP	200	85		2	8	INT: ST.PED.;
					10	13	28	RES: CHP,GS,N,OPH,ORS,PTH,PTH,PD,PDA, PDC,PS,P,R,TS,U;
MILWAUKEE COUNTY GENERAL 8700 W. WISCONSIN AVE. 53226	M-094	COUNTY	479	50		41	54	INT: ROT.,ST.MED.,ST.SURG.,ST.PATH., ST.OBG.;
						11	16	RES: AN,D,GS,IM,NS,N,OBG,OPH,ORS,PTH, PD,PDA,PM,PS,R,TS,U;
MILWAUKEE COUNTY MENTAL HEALTH CENTER 9191 WATERTOWN PLANK RD. 53226	M-094	COUNTY	523	80	1		6	RES: CHP,P;
MOUNT SINAI MEDICAL CENTER 948 N. 12TH ST. 53233	L-094	NP CORP	359	43	16		18	INT: ROT.,ST.PATH.;
					11	2	21	RES: GS,IM,OBG,PTH;
ST. FRANCIS 3237 S. 16TH ST. 53215		NP CORP	255	15			1	RES: PTH;
ST. JOSEPH'S 5000 W. CHAMBERS 53210	L-094	CHURCH	580	33	2	8	15	INT: ROT.;
					4	22	32	RES: DR,GS,OBG,PTH,R,TS;
ST. LUKE'S 2900 W. OKLAHOMA AVE. 53215	L-094	NP CORP	503	39		6	17	INT: ROT.,ST.SURG.;
					11	1	22	RES: GS,PTH,R,TS;
ST. MARY'S 2320 N. LAKE DR. 53211	L-094	CHURCH	296	36	3		10	INT: ROT.;
					2	1	7	RES: OBG,PTH;
ST. MICHAEL 2400 WEST VILLARD AVE. 53209		NP CORP	297	42	12		12	INT: ROT.;
					19		24	RES: FP;
VETERANS ADMIN. CENTER (WOOD) 5000 W. NATIONAL AVE. 53193	M-094	VA	807	67	4	11	18	RES: AN,D,GS,IM,NS,N,OPH,ORS,OTO,PTH, PM,PS,P,R,TS,U;
WAUWATOSA								
MILWAUKEE PSYCHIATRIC 1220 DEWEY AVE. 53213	M-094	NP CORP	120					RES: P;
WINNEBAGO								
WINNEBAGO STATE 54965		STATE	814	26		3	12	RES: P;

ABBREVIATIONS AND NOTES

Symbols in Column for Medical School Affiliations:

10 through 122	—see list on Page 100-101 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
CyCo	City and County
Corp	Corporation
Dist	District
Fed	Federal
HEW	Department of Health, Education, and Welfare
NPCorp	Nonprofit corporation
Part	Partnership
TVA	Tennessee Valley Authority
VA	Veterans Administration
USAF	U.S. Air Force
USA	U.S. Army
USN	U.S. Navy
USPHS	U.S. Public Health Service
Misc	Miscellaneous

Abbreviations Used for Approved Internships:

Rot.	Rotating
St.	Straight
Int.	Internship
Med.	Internal Medicine
Surg.	Surgery
Ped.	Pediatrics
ObG	Obstetrics-Gynecology
Path.	Pathology

See Page 149 for explanation of straight and rotating internship.

Other Symbols and Abbreviations Used in Directory:

Nec	Necropsy
#	Internships begin during June rather than July 1.
For.	Foreign (medical graduate)

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
FoP	Forensic Pathology
DR	Diagnostic Radiology
FP	Family Practice
GP	General Practice
GPM	General Preventive Medicine
IM	Internal Medicine
NS	Neurological Surgery
N	Neurology
NPATH	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

Medical School Affiliations

Numbers 10 to 122 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 Cty, Kansas
34. University of Kentucky College of Medicine, Lexington
35. University of Louisville School of Medicine, Louisville, Ky.
36. Louisiana State University School of Medicine, New Orleans
37. Tulane University School of Medicine, New Orleans
38. Johns Hopkins University School of Medicine, Baltimore
39. University of Maryland School of Medicine, Baltimore
40. Boston University School of Medicine, Boston
41. Harvard Medical School, Boston
42. Tufts University School of Medicine, Boston
43. University of Michigan Medical School, Ann Arbor, Mich.
44. Wayne State University College of Medicine, Detroit
45. University of Minnesota Medical School, Minneapolis
46. University of Mississippi School of Medicine, Jackson, Miss.
47. University of Missouri School of Medicine, Columbia, Mo.
48. St. Louis University School of Medicine, St. Louis, Mo.
49. Washington University School of Medicine, St. Louis, Mo.
50. Creighton University School of Medicine, Omaha, Neb.
51. University of Nebraska College of Medicine, Omaha, Neb.
52. Dartmouth Medical School, Hanover, N. H.
53. 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), New York City
62. University of Rochester School of Medicine and Dentistry, Rochester, N. Y.
63. State University of New York, Upstate Medical Center, College of Medicine, Syracuse, N. Y.
64. University of North Carolina School of Medicine, Chapel Hill
65. Duke University School of Medicine, Durham, N. C.
66. Bowman Gray School of Medicine of Wake Forest College, Winston-Salem, N. C.
67. University of Cincinnati College of Medicine, Cincinnati, Ohio
68. Case Western Reserve University School of Medicine, Cleveland, Ohio
69. Ohio State University College of Medicine, Columbus
70. University of Oklahoma School of Medicine, Oklahoma City
71. University of Oregon Medical School, Portland
72. Hahnemann Medical College 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)

100. University of Arizona College of Medicine, Tucson
101. Brown University Division of Biological and Medical Sciences, Providence, R. I.
102. University of California, Davis School of Medicine, Davis
103. University of California at San Diego School of Medicine, San Diego
104. University of Connecticut School of Medicine, Hartford, Connecticut
105. University of Hawaii School of Medicine, Honolulu, Hawaii
106. Louisiana State University School of Medicine in Shreveport, Center—Medical School, Shreveport, Louisiana
107. University of Massachusetts Medical School, Worcester, Massachusetts
108. Mount Sinai School of Medicine of the City University of New York, New York, New York
109. State University of New York at Stony Brook Health Sciences Center, Stony Brook, New York
110. Pennsylvania State University College of Medicine, Milton S. Hershey Medical Center, Hershey, Pennsylvania
111. University of Texas Medical School at San Antonio, San Antonio
112. Medical College of Ohio at Toledo, Toledo, Ohio
113. Mayo Medical School, Rochester, Minnesota
114. University of South Alabama College of Medicine, Mobile, Alabama
115. University of South Florida College of Medicine, Tampa, Florida
116. Southern Illinois University School of Medicine, Springfield, Illinois
117. University of Minnesota School of Medicine—Duluth, Duluth, Minnesota
118. University of Missouri, Kansas City, School of Medicine, Kansas City, Missouri
119. East Carolina University School of Medicine, Greenville, North Carolina (related to University of North Carolina School of Medicine, Chapel Hill, North Carolina)
120. University of Texas Medical School at Houston, Houston, Texas
121. Texas Tech University School of Medicine, Lubbock, Texas
122. East Virgina Medical School, Norfolk Area Medical Center Authority, Norfolk, Virginia

The National Intern and Resident Matching Program

The Directory of Approved Internships and Residencies lists all of the hospitals with intern and resident training programs approved by the Council on Medical Education of the AMA. For the past 21 years, over 98% of the hospitals approved for intern training have participated in the matching program for such appointments. The matching program 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 internship requirements, it is now possible for medical students to apply for a first year of graduate medical education either in one of the existing types of internships or in a first year of residency in most specialties. Most specialty boards will still recognize certain types of internship 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 program. 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 1973 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. In applying for training in the Army, the student applies, insofar as the matching is concerned, directly to the service involved and not to a specific hospital. The student, however, may be requested by the government service involved to designate several service hospitals in order of choice. If matched, the Army will attempt to meet the student's first choice. In cases where this is not possible, the student may be assigned another of his choices within that service. Each service is completely separate, and this assignment to a particular hospital is performed entirely by the service involved. In the matching program, the student is matched only to the service itself, at the Army, and not to a particular hospital within it. If you are applying for training in the Navy or Public Health Service you are to apply directly to the hospital involved. If you have more than one choice of a Hospital, please list each hospital as a completely separate choice on your ranking list. All Naval and Public Health Service Hospitals will be acting as indepedent agents in the selection of candidates under the National Intern and Resident Matching Program again this year. Matching will take place to a specific Naval or 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.

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

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

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

Because of the intense desire of some hospitals to secure 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 student and hospital. Moreover, in the matching plan only the confidential rating blanks of hospital and of the student are official and what is given there and confirmed is final.

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

In February 1968, the corporation, National Intern Matching Program (NIMP) became the National Intern and Resident Matching Program (NIRMP). Depending upon the option of organizations sponsoring resident matching, this provided a mechanism for matching to the first year of residency following a year of internship.

Thus the Association of Professors of Psychiatry sponsored a matching program for first-year residencies beginning in 1967 and 1968. The Assocation of Medical School Pediatric Department Chairmen did the same for first-year residencies beginning in 1968. Neither Association will sponsor matching programs for residencies beginning in 1973.

The American Academy of Orthopaedic Surgeons and the American Orthopaedic Association sponsored a matching program for first-year residencies beginning in 1969, 1970, and 1971, but will not sponsor a program for residencies beginning in 1973. A matching program for first-year radiology residencies beginning in 1970, 1971, and 1972 was sponsored by The American College of Radiology.

The radiologists are attempting to maintain a matching program at the second graduate year level for individuals who are completing internships and wish to match to radiology residencies. The effective dates for this are merged with those for the NIRMP.

WHAT THE PARTICIPATING STUDENT DOES

The student participating in the matching program for appointment in 1973 should complete in turn each of the following steps:

1. He registers with the plan by signing an agreement to abide by the regulations and paying a fee of $4.00. The dean of each medical school has full information and the agreement forms. The student retains a copy of the agreement on the reverse side of which is a schedule of dates.

2. He corresponds with, visits, and learns about the hospitals in which he is interested. Students participating in the matching program may apply to any internship or participating residency program in any NIRMP member hospital listed in this directory. The listed hospitals and participating programs have agreed not to offer appointments before April 7, 1973, to anyone not in the plan.

There are programs in nearly 1,500 hospitals. NIRMP agreements are with hospitals as corporate entities, even though some of the individual programs in those hospitals may not be participants in the matching program. A supplementary directory is published in December and made available to each student so that he can identify those hospitals or programs which are not in the NIRMP.

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

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

4. He requests his dean to supply credentials and letters of recommendation to the hospital where he has applied. This material will be sent by the dean between October 1 and January 5, 1973 (see schedule of dates).

5. The student submits, on a form sent to him, the confidential rank order list of his preference among the positions for which he has applied. This list is to be mailed so as to arrive at the NIRMP office in Evanston before January 11, 1973. The confidential lists should be submitted as early as the student has definitely decided about the rank order of his hospitals.

6. The student will receive before February 27, 1973, a confirmation of his rank order list. Any errors in this list should be reported immediately to the NIRMP. Corrections cannot be made after March 5, 1973, when the matching process takes place.

7. The student will receive on April 6, the name of the hospital with which he has been matched. This information will be given to the student by his dean.

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

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

The NIRMP is a central clearing agency.

GETTING THE MOST FROM THE MATCHING PLAN

By BILL DICKERSON
The University of Oklahoma School of Medicine
Oklahoma City

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

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

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

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

Advantages and Common Fallacies—

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

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

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

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

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

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

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

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

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

THE STUDENT AND THE MECHANICS OF MATCHING

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

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

First you consider the possibilities. You probably know now in a general way which hospitals interest you. Your dean and faculty members probably know about others, as do your friends. By writing to the hospitals directly you get their application forms, etc. You may want to visit various hospitals, talk with the interns and residents there, and confer with their staff. After you have gathered all the information you need, you make up your mind how you rank the various hospitals you have applied to. The hospitals do the same with their applicants. Your rank must be sent to Evanston to arrive by January 17.

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

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

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

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

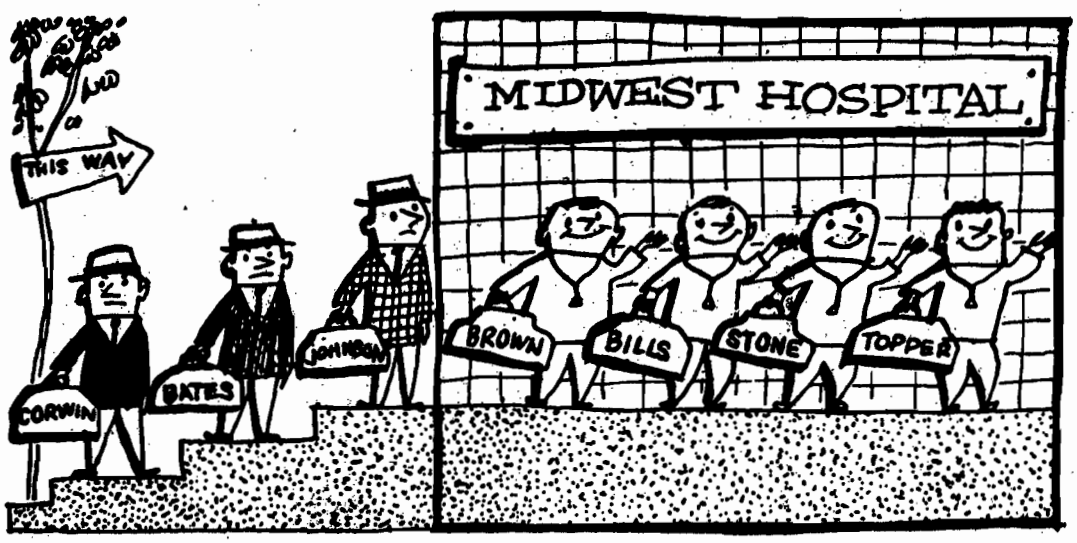
Defined simply, the principles of matching from your standpoint are these:

1. **You get the highest program on your list that has an opening for you.**

2. **Whether or not a program is "open to you" is determined by whether or not the program can be filled with men the hospital ranked higher than it ranked you. If it cannot, and they will accept you, you are "in."**

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

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



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

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

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

Consider an example showing the full matching of a specific program for three hospitals and three students.

Example

Student Confidential Preference Lists

Green
1. Mt. Sinai
2. Internia

Smith
1. Mt. Sinai
2. Internia

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

Hospital Preference Lists

Mt. Sinai (2)
1. Jones
2. Smith
3. Green

Internia (1)
1. Smith
2. Jones
3. Green

St. Joseph (1)
1. Jones

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

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

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

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

Student Lists

Green	*Smith*	*Jones*
1. Mt. Sinai	*1. Mt. Sinai	1. Internia
2. Internia	2. *Internia (Not Chosen)*	2. St. Joseph
		3. Mt. Sinai

Hospital Lists

Mt. Sinai (2)	*Internia (1)*	*St. Joseph (1)*
1. Jones	1. Smith (*Not Chosen*)	1. Jones
*2. Smith	2. Jones	
3. Green	3. Green	

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

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

Student Lists

Green	*Smith*	*Jones*
1. Mt. Sinai	*1. Mt. Sinai	*1. Internia
2. Internia	2. *Internia (Not Chosen)*	2. St. Joseph (*Not Chosen*)
		3. Mt. Sinai (*Not Chosen*)

Hospital Lists

Mt. Sinai (2)	**Internia (1)*	*St. Joseph (1)*
1. *Jones (Not Chosen)*	1. *Smith (Not Chosen)*	1. *Jones (Not Chosen)*
*2. Smith	*2. Jones	
3. Green	3. Green	

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

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

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

SOME OF THE RESULTS OF USING THIS MATCHING PROGRAM

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

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

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

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

   a. More than one hospital, or

   b. A hospital which is likely to fill its programs with applicants who are using the Matching Program.

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

5. There are many more positions offered than there are students to take them (17,000 vs. 9,000). Therefore many positions are going to be left over after all of the students are placed. Some of these hospitals, which might not fill all their jobs, may try to get you to agree to rate them higher than you want to, in return for their agreeing to "rate you high." You cannot gain anything by doing this, and you can *lose* a chance to get an appointment at a hospital you prefer. Where you rank a hospital has nothing to do with when the hospital offers you a job. If they want you, you will be matched with that hospital even if you rank that hospital the last on your list, providing you cannot get into any of the hospitals you have ranked higher.

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

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

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

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

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

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

You can, of course, tell the office that, rather than being matched with a particular hospital you applied to, you would prefer to be left unmatched and take your pick of the positions left over after almost everyone else has been matched. This is called "X-ing" a hospital. It must be done before January 18. The Evanston office simply withdraws its records of your application to that hospital. The hospitals can do the same for any student they absolutely will not take under any circumstances.

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

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

In 1970 this happened to less than 4% (274) of the students in the program. They were very quickly taken by the 689 (out of 734) hospital units which sought, but failed to get, 7,454 interns through the Matching Program.

There were some very desirable positions indeed among these unfilled places—which has led some people to the illogical conclusion that you can do better if you are unmatched than you could by getting an appointment through the Matching Program. Of course this is true if you only apply to hospitals you do not like very well. But it is certainly not true if you are wise in choosing the hospitals you apply to. Last year over a third of the applicants matched got positions in hospitals which filled up. These hospitals were closed to the students who ended up unmatched.

9. Once the students and the hospitals have made up their minds, the process of working out which program you will get proceeds according to the rules set out above. No other decisions are made by anyone. Therefore it becomes a mechanical problem. The actual matching problem, due to its complexity and the need for speed and accuracy, is done on computers. These machines are rigidly self-controlled and externally audited while solving the matching problem so that there will be no error. Before the results are sent out the people in the Matching Program office go through and check by hand to make sure there is no slip up by looking to see that:

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

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

10. Because the plan does away with all the telegrams that hospitals used to have to send to get their candidates, the hospitals pay a fee for each man who is matched to them. Because of the advantages this program offers you over the old system (see #2, above) you have been asked to pay $4.00 toward the cost of operating the Evanston office of the National Intern and Resident Matching Program, (which is a non-profit corporation). Three students sit on the Board of Directors of the corporation—one representing the Student AMA and the others—two students-at-large. Also represented are the hospital associations, the Association of American Medical Colleges, the American Medical Association, and the American Board of Medical Specialties.

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM

1603 Orrington Avenue, Evanston, Illinois 60201

STUDENT AGREEMENT

Please return with your fee to N.I.R.M.P. Office by September 30, 1972

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

I, ..., a student at
LAST NAME (PLEASE PRINT) FIRST NAME MIDDLE

..... Medical School, plan to apply for a first-year appointment in graduate medical education to start between April 1 and December 31, 1973. I agree to participate in and abide by the results of the matching plan for internship/residency appointment. In particular, I understand that I am agreeing:

1. To apply for internship/residency appointment only to hospitals and the federal services registered in the matching plan until after the matching plan results are announced. I understand that an official directory listing the cooperating hospitals and federal services will be available in October, 1972.

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

3. To abide by the official schedule, including ranking the internships/residencies for which I have applied and returning by confidential ranking form before January 11, 1973.

4. To send herewith a non-refundable fee of $4.00 (check or money order) to help cover costs of participation in the matching plan.

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

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

Furthermore, any statement or other expression concerning how I intend to rank a hospital or how that hospital intends to rank me, which may be made during the free discussion between the hospital and myself, is subject to change based on further considerations. I UNDERSTAND THAT BOTH THE HOSPITAL AND I HAVE THE RIGHT TO CHANGE OUR MINDS AT ANY TIME PRIOR TO THE SUBMISSION OF THE OFFICIAL CONFIDENTIAL RATING BLANKS.

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

I understand that resignation from the Matching Program can be made only with the approval of my dean, and that no resignations can be accepted after November 20, 1972.

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

....
DATE SIGNATURE

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

Please return the Student Agreement and fee to your Dean or the N.I.R.M.P. Office by September 30, 1972.

OCTOBER 31, 1972 DEADLINE FOR FOREIGN MEDICAL SCHOOL GRADUATES TO REGISTER IN NIRMP.

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM
1603 Orrington Avenue Evanston, Illinois 60201

POLICY REVISIONS 1973-74 MATCHING PROGRAM

MARRIED AND ENGAGED COUPLES

Married and engaged couples may be matched together (at the highest choice hospitals that both can get into) if they so desire. It must be emphasized that the four options specified in the application form will be observed strictly and no additional variations can be permitted at this time. If students wish such arrangements, they should fill out the Married and Engaged Student Form appearing in this Directory, or secure a copy of the form from the dean.

As an alternate choice, and with appropriate confirmation from the dean's office, such couples may remain outside the plan and negotiate directly with program directors. Institutions will be free to appoint such individuals without jeopardizing their participation in the Matching Program. Any such appointments which reduce the quota for matching purposes should be reported promptly to the NIRMP office.

CANADIAN INTERN MATCHING SERVICE (Canadian Matching Program)

Canadian Intern Matching Service (CIMS) policy has been revised, and graduates of non-Canadian medical schools *will no longer be eligible* to participate in the Canadian Matching Program.

Canadian hospitals participating in the CIMS will be permitted to appoint non-Canadian medical graduates outside the framework of their Matching Program.

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM
1603 Orrington Avenue — Suite 1155
Evanston, Illinois 60201

SPECIAL ARRANGEMENT FOR MARRIED OR ENGAGED COUPLES WISHING APPOINTMENTS IN THE SAME COMMUNITY

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

_____ 1. We wish to be matched to the same program at the same hospital (e.g., straight medicine at the same hospital)

_____ 2. We wish to be matched to the same hospital but not necessarily to the same program (e.g., one might wish rotating and other, Ob-Gyn residency at the same hospital).

_____ 3. We wish to be matched to hospitals in the same community, even if we both cannot get the same hospital.

_____ 4. If both are unable to match to the same community, match one partner to the highest choice available and leave the other unmatched—Specify which partner is to be matched _____ (HUSBAND) or _____ (WIFE).

_____ (MEDICAL SCHOOL)

_____ (SIGNATURE OF ONE)

_____ (DATE)

_____ (SIGNATURE OF OTHER)

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

PLEASE BE ADVISED THAT NO EXCEPTIONS OF THE ABOVE WILL BE PERMITTED.

THIS FORM IS TO BE RECEIVED AT THIS OFFICE NO LATER THAN JANUARY 1, 1973

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM
1603 Orrington Avenue Evanston, Illinois 60201

HOSPITAL AGREEMENT

For First-Year Appointments in Graduate Medical Education 1973-74
(Starting between April 1 and December 31, 1973)

Name of Institution _____

Location of Institution _____
Street

_____
City State Zip Code

On behalf of the institution named above, I agree to participate and to abide by the regulations of the National Intern and Resident Matching Program for appointment of students to first-year positions in graduate medical education 1973-74 (starting service from April 1 through December 31, 1973).

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

1. Participate in NIRMP as a corporate entity.

2. List with NIRMP all programs and positions which are being made available to students. Positions in programs which are to be offered to physicians presently serving as interns, in military service, or in other postgraduate activities, need not be listed with NIRMP.

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

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

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

6. The authorized administrative official notifying NIRMP by November 15, 1972, of any programs which are being offered to students that have not been assigned an NIRMP code number in the AMA DIRECTORY OF APPROVED INTERNSHIPS AND RESIDENCIES for 1972-1973 and also of any discrepancies in the listing of programs or quotas.

7. Abide by the official schedule including accepting no applications from participants in the matching plan after January 5, 1973; rating applicants and returning rating form by January 10, 1973; offering formal appointments promptly to individuals matched by the plan with this hospital, and not later than April 25, 1973.

8. Not accept an applicant who was matched elsewhere and subsequently not released.

9. Pay a service fee of $8.00 for each applicant matched through the plan.

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

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

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

Date _____ Signed _____
Authorized Administrative Official

The Matching Program is the official cooperative plan, for first-year appointments in graduate medical education of the American Hospital Association, the American Protestant Hospital Association, the Association of American Medical Colleges, the Catholic Hospital Association, the American Medical Association, the Student American Medical Association, the American Board of Medical Specialties, the Association for Hospital Medical Education, and the medical services of the federal agencies offering internships.

NATIONAL INTERN AND RESIDENT MATCHING PROGRAM

SCHEDULE OF DATES

FOR

THE OFFICIAL COOPERATIVE PLAN FOR FIRST-YEAR APPOINTMENTS

IN GRADUATE MEDICAL EDUCATION FOR 1973-74

1. OCTOBER, 1972, Hospital directory published, containing the number of internships/residencies authorized and the description, at each participating hospital.

2. OCTOBER 1, 1972—JANUARY 5, 1973*. Standard period for students to make application for internship/residency to hospitals. The student should file a copy of his application with the dean's office, as well as directly with the hospital. The office of the dean will send this copy of the student application to the hospital at the time he submits the student's credentials and the recommendations. Students are urged wherever possible to apply before December 20, 1972. DEADLINE FOR APPLICATION TO FEDERAL SERVICES, WITH THE EXCEPTION OF THE VETERANS ADMINISTRATION, IS DECEMBER 1, 1972.

3. OCTOBER 1, 1972—JANUARY 5, 1973*. The deans may send letters of recommendation to the hospitals at any time after October 1, 1972, but in so far as possible letters should be sent by December 20, 1972, so that the hospitals may have this information when the students are interviewed.

4. DECEMBER, 1972. Coordinated mailing of student rank order lists and Supplements to Directory via the Dean's office.

5. DECEMBER, 1972. Student directory published containing name and medical school of each participating student.

6. JANUARY 10, 1973. Closing date for receipt at central office of student and hospital confidential rank order lists. The student list should be submitted as soon as the student has definitely decided about the exact rank order of the hospitals.

7. FEBRUARY 26, 1973. Confidential student list as programmed in the computer is received by the student and the confidential hospital list as programmed in the computer is received by the hospital. This confirmation "print out" must be reviewed for accuracy. Correction of errors, but no revision of ranking will be accepted.

8. MARCH 5, 1973. Closing date for accepting (in Evanston) corrections of errors in computer programs to student or hospital confidential rank order lists.

9. MARCH 6, 1973. Matching operation begins.

10. APRIL 2, 1973. Results of the matching plan are mailed from Evanston to students, via the Dean's office, and to hospitals.

11. APRIL 6, 1973. Results are given to students by Deans. Hospitals receive results.

12. APRIL 7—APRIL 25, 1973. Hospitals send contracts to matched students and students sign and return the contracts.

*Where individual programs require early application, students may apply and deans may send letters of recommendation earlier than these dates.

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

Directory of Approved Internships

Council on Medical Education of the American Medical Association
535 North Dearborn Street, Chicago 60610

Revised to July 1, 1972

Hospitals 797* Internship Positions, 15,422*

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

Family Practice residencies are no longer listed among internships; they are listed, with Matching Code Numbers, in the section on Approved Residencies. Those Family Practice residencies that fill their first-year positions as a rotating internship will have such positions listed as internships in the following pages.

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

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

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

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

For some hospitals, statistics on discharges may have been supplied instead of admissions.

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

The outpatient clinic visits are shown but the emergency room visits and referred visits have been omitted in this edition.

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

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

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

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

Designations for rotating internships are:

0. Rotating without a major emphasis
1. Rotating, emphasis on medicine
2. Rotating, emphasis on surgery
3. Rotating, emphasis on obstetrics-gynecology
4. Rotating, emphasis on pediatrics
5. Rotating, emphasis on pathology
6. Rotating, emphasis on psychiatry
7. Rotating, emphasis on radiology
8. Rotating, emphasis on anesthesiology

All internships in the approved list are of 12 months' duration unless they are listed with Rotating 00. Rotating 00 indicates the hospital may offer some intern appointments longer than 12 months in duration.

Hospitals not participating in the Matching Program can be identified by a blank in the column showing the NIRMP code. All other hospitals participate in the Matching Program.

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

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

The number and types of internships as listed represent appointments offered for the intern year 1973-1974, while the data describing the various hospitals represent a 12-month period ending generally September 30, 1971.

*The figures given for the number of hospitals and of internships vary from those given in the Annual Report on Graduate Training, as the statistics used in compiling the tables are those that apply to programs as of September 1, 1971.

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Outpatient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
UNITED STATES ARMY								
CALIFORNIA								
SAN FRANCISCO								
LETTERMAN GENERAL		509	11,371	254 578,549		14	ROT.2;	
						08	ST.MED.	
						03	ST.SURG.	
						02	ST.PED.	
						01	ST.OBG.	
COLORADO								
DENVER								
FITZSIMONS GENERAL		791	13,092	219 617,347		09	ROT.2;	ROT.2 100413
						08	ST.MED.	
						03	ST.SURG.	ROT.6 100477
						03	ST.PED.	
						01	ST.OBG.	ST. MED. 100432
DISTRICT OF COLUMBIA								ST. SURG.100433
WASHINGTON								ST. PED. 100434
WALTER REED GENERAL		982	16,076	454 55,461		10	ROT.2;	
						02	ROT.8;	ST. PATH.100436
						10	ST.MED.	
						04	ST.SURG.	ST. OBG. 100435
						03	ST.PED.	
						01	ST.PATH.	OFFICE OF THE
						01	ST.OBG.	
HAWAII								SURGEON GENERAL
HONOLULU								DEPARTMENT OF
TRIPLER GENERAL		648	18,531	205 773,914		18	ROT.2;	THE ARMY,
						08	ST.MED.	
						04	ST.SURG.	WASHINGTON, D.C.
						03	ST.PED.	
						02	ST.OBG.	ATTN: DASG-MCE
TEXAS								
EL PASO								
WILLIAM BEAUMONT GENERAL		511	15,756	184 741,953		12	ROT.2;	
						08	ST.MED.	
						03	ST.SURG.	
						03	ST.PED.	
						02	ST.OBG.	
SAN ANTONIO								
BROOKE GENERAL		792	15,693	418 848,783		15	ROT.2;	
						02	ROT.8;	
						10	ST.MED.	
						03	ST.SURG.	
						03	ST.PED.	
						01	ST.OBG.	
WASHINGTON								
TACOMA								
MADIGAN GENERAL		653	26,363	123 65,648		11	ROT.2;	
						08	ST.MED.	
						03	ST.SURG.	
						03	ST.PED.	
						02	ST.OBG.	
UNITED STATES AIR FORCE								
CALIFORNIA								
FAIRFIELD								
DAVID GRANT U. S. A. F. MEDICAL CENTER, TRAVIS A.F.B.	J. H. THORPE	279	9,358	85 358,670		10	ROT.0,1,2,3,4;	
						03	ST.MED.	
						04	ST.SURG.	
						02	ST.PED.	
DISTRICT OF COLUMBIA								
WASHINGTON								
MALCOLM GROW U.S.A.F. MEDICAL CENTER, ANDREWS A.F.B.	K. G. VANDENBOS	285	8,320	93 359,123		14	ROT.0,1,2,3,4;	
ILLINOIS								
BELLEVILLE								
U.S.A.F. MEDICAL CENTER SCOTT A.F.B.	S. A. OCKNER	188	5,429	69 223,810		12	ROT.0,1,2,3,4;	
MISSISSIPPI								
BILOXI								
U.S.A.F. MEDICAL CENTER, KEESLER A.F.B.	W. C. MILLER	316	10,294	108 365,009		10	ROT.0,1,2,3,4;	
						04	ST.MED.	
						04	ST.SURG.	
						02	ST.PED.	
						02	ST.OBG.	
OHIO								
DAYTON								
U.S.A.F. MEDICAL CENTER, WRIGHT-PATTERSON A.F.B.	R. SCIBETTA	300	9,165	113 343,987		12	ROT.0;	

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Outpatient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
UNITED STATES AIR FORCE - CONTINUED								
TEXAS								
SAN ANTONIO								
WILFORD HALL U.S.A.F. MEDICAL CENTER, LACKLAND A.F.B.	E. M. BRADLEY	923	24,804	335 865,334		06	ROT.5,6,7,8;	
	R. F. FITCH					24	ST.MED.	
	R. DAWSON					10	ST.SURG.	
	H. JOHNSON					03	ST.PED.	
	J. HALKI					05	ST.OBG.	
UNITED STATES NAVY								
CALIFORNIA								
CAMP PENDLETON								
NAVAL	R. R. ANDERSON	389	9,366	99 192,662		06	ROT.0;	100211
OAKLAND								
NAVAL	V. L. GOLLER	651	14,013	150 284,190	14,000	06	ROT.0;	161311
						05	ROT.1;	161312
						04	ROT.2;	181313
						02	ROT.7;	161342
						03	ROT.8;	181377
						03	ST.MED.	181332
						02	ST.SURG.	161333
						02	ST.PED.	161334
						01	ST.PATH.	161336
						02	ST.OBG.	181335
SAN DIEGO								
NAVAL	R. G. FOSBURG	1,524	31,090	536 714,969	14,000	06	ROT.0;	181411
						08	ROT.1;	181412
						08	ROT.2;	181413
						03	ROT.7;	181442
						04	ROT.8;	181477
						05	ST.MED.	181432
						06	ST.SURG.	181433
						05	ST.PED.	161434
						03	ST.PATH.	161436
						04	ST.OBG.	161435
FLORIDA								
JACKSONVILLE								
ILLINOIS								
GREAT LAKES								
NAVAL	R. C. LANNING	694	12,478	86 206,797	14,000	03	ROT.0;	182111
	R. C. LANNING					02	ROT.1;	182112
	R. C. LANNING					01	ROT.2;	182113
	R. R. ABBE					04	ST.MED.	182132
	R. R. ABBE					02	ST.SURG.	182133
	R. R. ABBE					02	ST.OBG.	182135
MARYLAND								
BETHESDA								
NAVAL	R. J. VAN HOUTEN	727	13,331	221 496,668	14,000	06	ROT.0;	182311
						06	ROT.1;	182312
						02	ROT.2;	182313
						02	ROT.7;	182342
						02	ROT.8;	182377
						06	ST.MED.	182332
						02	ST.SURG.	182333
						03	ST.PED.	182334
						02	ST.PATH.	182336
						02	ST.OBG.	182335
MASSACHUSETTS								
CHELSEA								
NAVAL	J. M. YOUNG	390	7,424	106 135,296	14,000	02	ROT.1;	182512
						02	ROT.2;	182513
						02	ROT.8;	182577
						02	ST.MED.	182532
						02	ST.SURG.	182533
						02	ST.PED.	182534
						02	ST.OBG.	182535
PENNSYLVANIA								
PHILADELPHIA								
NAVAL	R. E. STRANGE	881	11,184	284 259,604	14,000	02	ROT.1;	183112
						02	ROT.2;	183113
						02	ROT.7;	183142
						02	ST.MED.	183132
						02	ST.SURG.	183133
						02	ST.PED.	183134
						02	ST.OBG.	183135
VIRGINIA								
PORTSMOUTH								
NAVAL	R. T. UPTON	1,037	21,777	236 337,168	14,000	06	ROT.0;	183211
						04	ROT.1;	183212
						02	ROT.2;	183213
						02	ROT.8;	183277
						04	ST.MED.	183232
						04	ST.SURG.	183233
						04	ST.PED.	183234
						02	ST.PATH.	183236
						04	ST.OBG.	183235

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Outpatient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
UNITED STATES PUBLIC HEALTH SERVICE								
CALIFORNIA								
SAN FRANCISCO								
U. S. PUBLIC HEALTH SERVICE	F. DYKSTRA	226	4,944	86 121,816		14	ROT.2;	100113
	K. H. HYATT					04	ST.MED.	100132
	J. D. TOVEY					02	ST.SURG.	100133
LOUISIANA								
NEW ORLEANS								
U. S. PUBLIC HEALTH SERVICE	K. C. SCHNEIDER	298	6,587	130 149,726		17	ROT.0;	183511
	A. S. HILD					01	ST.MED.	183532
MARYLAND								
BALTIMORE								
U. S. PUBLIC HEALTH SERVICE	K. K. WONG	160	3,982	165 122,637		08	ROT.0,1,2;	183620
	S. FOREMAN					04	ST.MED.	183632
	H. V. BELCHER					02	ST.SURG.	183633
MASSACHUSETTS								
BOSTON								
U. S. PUBLIC HEALTH SERVICE	H. E. FINKEL	116	2,074	53 56,039	13,000	09	ROT.0,1,2;	184020
NEW YORK								
NEW YORK CITY (STATEN ISLAND)								
U. S. PUBLIC HEALTH SERVICE	E. STEIN	409	6,853	200 145,022		18	ROT.0;	184111
	A. B. BARR					12	ST.MED.	184132
	L. G. GUZMAN					04	ST.SURG.	184133
VIRGINIA								
NORFOLK								
U. S. PUBLIC HEALTH SERVICE	C. R. GARFIELD	140	3,224	67 106,836	14,000	08	ROT.0;	184511
WASHINGTON								
SEATTLE								
U.S. PUBLIC HEALTH SERVICE - SEE UNIV. OF WASHINGTON AFFILIATED HOSPS.								
DEPT. OF HEALTH, EDUCATION, AND WELFARE								
DISTRICT OF COLUMBIA								
WASHINGTON								
ST. ELIZABETHS	W. WHITMORE	6,034	4,011	354 34,536	9,780	02	ROT.0;	180411
	D. COWELL					10	ROT.6;	180476
OTHER FEDERAL								
CANAL ZONE								
BALBOA HEIGHTS								
GORGAS	R. W. IRVIN	214	9,143	223 191,489	10,626	16	ROT.2;	180613
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
BAPTIST MEDICAL CENTERS	R. F. RODDAM				9,000	06	ROT.0;	190311
	J. M. AKIN, JR.					06	ROT.2;	190313
	R. F. RODDAM					04	ST.MED.	190332
BAPTIST MEDICAL CENTER-MONTCLAIR		438	17,660	416 220				
BAPTIST MEDICAL CENTER-PRINCETON		390	14,927	444 293				
CARRAWAY METHODIST MEDICAL CENTER#	C. M. TYNDAL	374	15,821	362 119,725	9,600	12	ROT.0,1,2;	100620
	R. L. TIESZEN					06	ST.MED.	100632
ST. VINCENT	K. W. BERRY, JR.	186	9,286	217 6,215	10,200	12	ROT.0,1,2,3;	185120
						03	ST.MED.	185132
UNIVERSITY OF ALABAMA MEDICAL CENTER#	C. E. FLOWERS				8,800	06	ROT.3;	100715
	J. W. BENTON					06	ROT.4;	100713
	C. H. LUPTON					06	ROT.5;	100786
	P. H. LINTON					04	ROT.6;	100776
	D. WITTEN					03	ROT.7;	100742
	G. CORSSEN					07	ROT.8;	100777
	T. J. REEVES					28	ST.MED.	100732
	J. W. KIRKLIN					12	ST.SURG.	100733
	C. H. LUPTON					04	ST.PATH.	100736
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS		623	23,457	803 61,025				
VETERANS ADMIN.		410	8,072	374 52,605				
CHILDREN'S#								
FAIRFIELD								
LLOYD NOLAND	R. W. GRADY	224	10,282	373 188,268	10,200	14	ROT.9;	100820
	C. E. PORTER					04	ST.MED.	100832
	J. M. SLAUGHTER					04	ST.SURG.	100833
	G. C. MC CULLOUGH					02	ST.PED.	100834
	J. P. HARDY					01	ST.OBG.	100835
MOBILE								
MOBILE GENERAL	H. J. WISEMAN	229	10,454	415 74,439	9,240	18	ROT.0;	185211
						02	ROT.4;	185214
						04	ST.MED.	185232
						03	ST.SURG.	185233
MONTGOMERY								
MONTGOMERY REGIONAL FOUNDATION	J. J. KIRSCHENFELD				7,200	08	ROT.1;	100911
MONTGOMERY BAPTIST	E. G. GIVHAN	168	7,920	189 6,474				
ST. MARGARET'S	M. WEINRIB	189	8,378	280 5,091				

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
ARIZONA								
PHOENIX								
GOOD SAMARITAN	F. T. FLOOD	622	29,309	811 12,786	9,000	15	ROT.0,1,2,3,4,5;	101120
	L. S. COHN					03	ROT.6;	101176
	H. W. LIPOW					04	ST.PED.	101134
	W. B. CHERNY					04	ST.OBG.	101135
MARICOPA COUNTY GENERAL	H. F. LENHARDT	323	15,107	643 94,707	9,526	26	ROT.0,1,2,3,4;	189820
	J. W. HEATON, JR.					02	ST.MED.	189832
	H. W. HALE, JR.					02	ST.SURG.	189833
	W. E. CRISP					02	ST.OBG.	189834
ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER	J. C. WHITE	446	25,670	570 25,838	9,000	20	ROT.0,1,2,3,4,5,6,7;	101220
	J. W. SMITH					02	ST.MED.	101232
	M. L. COHEN					02	ST.PED.	101234
	R. J. JENNETT					02	ST.OBG.	101235
TUCSON								
TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM	E. G. RAMSAY				9,000	20	ROT.0,1,2,3,4;	101420
	D. J. CROSBY					02	ST.MED.	101432
	E. G. RAMSAY					02	ST.SURG.	101433
PIMA COUNTY GENERAL DIVISION		108	4,356	198 90,498				
TUCSON MEDICAL CENTER DIVISION		524	27,006	688 39,149				
UNIVERSITY OF ARIZONA AFFILIATED HOSPITALS	W. F. QENNY				8,450	12	ST.MED.	101532
	E. E. PEACOCK					06	ST.SURG.	101533
VETERANS ADMIN. U.S.A.F. REGIONAL		236	4,290	185 43,025				
UNIVERSITY OF ARIZONA AFFILIATED HOSPITALS	V. A. FULGINITI				8,450	12	ST.PED.	101534
PIMA COUNTY GENERAL DIVISION		108	4,356	198 90,498				
TUCSON MEDICAL CENTER DIVISION		524	27,006	688 39,149				
UNIVERSITY		36	214	5 412				
UNIVERSITY OF ARIZONA AFFILIATED HOSPITALS UNIVERSITY HOSPITAL VETERANS ADMINISTRATION HOSPITAL	D. W. HUESTIS				8,450	04	ST.PATH.	101536
ARKANSAS								
LITTLE ROCK								
ARKANSAS BAPTIST MEDICAL CENTER	W. G. COOPER, JR.	396	19,715	536 22,194	9,000	13	ROT.0;	101611
						01	ROT.5;	101686
						02	ROT.7;	101642
						02	ROT.8;	101677
ST. VINCENT INFIRMARY	G. M. THORN	455	26,073	456 43,834	9,000	14	ROT.0,1,2;	101720
UNIVERSITY#	R. E. MERRILL	246	12,282	431 90,511	7,500	02	ROT.4;	101814
	L. L. SANDERS					15	ROT.9;	101820
	G. S. CAMPBELL					06	ST.SURG.	101833
	R. E. MERRILL					04	ST.PED.	101834
	W. E. JAQUES					07	ST.PATH.	101836
	D. BARCLAY					05	ST.OBG.	101835
UNIVERSITY OF ARKANSAS MEDICAL CENTER UNIVERSITY VETERANS ADMIN. CONSOLIDATED	R. A. ABERNATHY					08	ST.MED.	101832
CALIFORNIA								
BAKERSFIELD								
KERN COUNTY GENERAL	D. FALK	188	8,303	287 107,773	10,896	12	ROT.2;	192113
	F. B. ARMSTRONG					03	ST.MED.	192132
	W. R. SCHMALHORST					02	ST.PATH.	192136
	L. E. SMALE					02	ST.OBG.	192135
BERKELEY								
HERRICK MEMORIAL#	E. B. MC LEAN	170	6,944	224 21,490	8,100	05	ROT.1,2;	102020
						03	ROT.6;	102076
DALY CITY								
MARY'S HELP	G. L. TORASSA	199	9,670	214 51,589	8,400	03	ROT.0;	105311
	S. D. MC FADDEN					02	ROT.1;	105312
	G. L. TORASSA					02	ROT.2;	105313
	S. GROSS					01	ROT.4;	105314
DAVIS								
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS#	G. G. SNIVELY				10,067	24	ROT.0;	104611
	R. BOLT					06	ST.MED.	104632
	E. F. WOLFMAN, JR.					06	ST.SURG.	104633
	R. S. STEMPFEL					02	ST.PED.	104634
	S. R. WELLINGS					02	ST.PATH.	104636
SACRAMENTO MEDICAL CENTER (SACRAMENTO)#		360	14,290	694 102,228	10,067			
FRESNO								
VALLEY MEDICAL CENTER OF FRESNO#	F. M. HEBERT	276	12,636	431 138,035	10,764	22	ROT.9;	102220
	R. K. LARSON					02	ST.MED.	102232
	J. F. KEMP					02	ST.SURG.	102233
GLENDALE								
GLENDALE ADVENTIST	W. KIME	328	12,744	375 16,827	8,400	12	ROT.0;	102311
	Y. HAHN					02	ROT.3;	102315
	H. I. HARDER					01	ROT.5;	102386
	H. HARDER					01	ST.PATH.	102336

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
CALIFORNIA - CONTINUED								
IRVINE								
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS								
ORANGE COUNTY MEDICAL CENTER	J. TOBIS	341	13,963	419 129,698	11,254	02	ROT.0;	104311
	L. A. GOTTSCHALK					06	ROT.6;	104376
	B. J. O' LOUGHLIN					01	ROT.7;	104342
	J. A. UDALL					20	ST.MED.	104332
	J.E. CONNOLLY					12	ST.SURG.	104333
	E.R. ARQUILLA					02	ST.PATH.	104336
	J. H. MC CLURE					06	ST.OBG.	104335
LOMA LINDA								
LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS	H. S. EVANS					12	ROT.6;	102476
LOMA LINDA UNIVERSITY	H. S. EVANS	384	15,200	468 175,000	9,575			
PATTON STATE (PATTON)	B. KOVITZ	1,742	4,313	73 751	8,518			
RIVERSIDE GENERAL (RIVERSIDE)	L. VARGA	240	11,616	338 89,963	9,048			
SAN BERNARDINO GENERAL (SAN BERNARDINO)		232	10,484	421 164,225	9,600			
LOMA LINDA UNIVERSITY#	H. F. ZIPRICK	384	15,200	468 175,000	9,575	03	ROT.3;	102415
	M. P. JUDKINS					04	ROT.7;	102442
	B. J. BRANDSTATER					03	ROT.8;	102477
	H. A. ELDER					21	ST.MED.	102432
	D. B. HINSHAW					06	ST.SURG.	102433
	R. F. CHINNOCK					05	ST.PED.	102434
LONG BEACH								
MEMORIAL HOSPITAL OF LONG BEACH	S. EDE	526	24,175	753 77,810	9,000	21	ROT.0,1,2,3,4;	102720
	E. R. JENNINGS					03	ST.PATH.	102736
ST. MARY'S LONG BEACH#	C. C. CALESCIBETTA	267	17,059	425 65,339	10,000	12	ROT.0,1,2,3,4,7;	102520
	C. C. CALESCIBETTA					03	ST.MED.	102532
	T. KIDDIE					01	ST.PATH.	102536
LOS ANGELES								
CALIFORNIA HOSPITAL MEDICAL CENTER	K. L. SENTER	263	13,299	436 113,057	11,000	08	ROT.0;	102911
	R. J. FUTORAN					02	ST.OBG.	102935
CEDARS-SINAI MEDICAL CENTER#					10,500			
	O. L. MAKOFF					20	ST.MED.	103032
						04	ST.SURG.	103033
CEDARS OF LEBANON HOSPITAL DIVISION#		397	20,257	527 141,229				
MOUNT SINAI HOSPITAL DIVISION#		224	9,930	271				
HOSPITAL OF THE GOOD SAMARITAN MEDICAL CENTER	P. H. L. SARGENT	335	14,299	438 50,901	10,800	12	ROT.0,1,2,5;	103220
KAISER FOUNDATION	M. YETTRA	376	22,347	587 432,830		04	ST.MED.	205532
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER#	W. E. NERLICH	6	96,475	3,239 94,895	11,496	52	ROT.0;	103311
	H. MEYERS					02	ROT.7;	103342
	J. DENSON					02	ROT.8;	103377
	T. BREM					78	ST.MED.	103332
	L. ROSOFF					39	ST.SURG.	103333
	G. LUNDBERG					08	ST.PATH.	103336
	E. J. QUILLIGAN					20	ST.OBG.	103335
MARTIN LUTHER KING, JR. GENERAL HOSPITAL	P. M. SMITH					06	ROT.3;	205715
						10	ROT.4;	205714
						04	ROT.7;	205742
						04	ROT.8;	205777
						10	ST.MED.	205732
						08	ST.SURG.	205733
QUEEN OF ANGELS	K. J. SCHMUTZER	252	13,785	484 12,435	10,500	10	ROT.0,1,2,3;	103620
SANTA FE MEMORIAL HOSPITAL-CHILDREN'S HOSPITAL OF LOS ANGELES	G. SOMICH				10,800	09	ROT.0,1,2;	103820
SANTA FE MEMORIAL		109	4,580	156 37,221				
CHILDREN'S HOSPITAL OF LOS ANGELES								
U.C.L.A. AFFILIATED HOSPITALS						12	ROT.0;	198311
U.C.L.A.		384	16,857	489 132,588				
VETERANS ADMIN. CENTER-WADSWORTH#		639	12,807	672 95,845	12,026			
LOS ANGELES COUNTY HARBOR GENERAL (TORRANCE)		549	30,450	870 207,310				
U. C. L. A.#	D. H. SOLOMON	384	16,857	489 132,588	9,000	31	ST.MED.	195632
	W. P. LONGMIRE, JR.					20	ST.SURG.	195633
	J. L. VAN LANCKER					04	ST.PATH.	195636
	J. G MOORE					04	ST.OBG.	195635
VETERANS ADMIN. CENTER-WADSWORTH#	G. M. KALMANSON	639	12,807	672 95,845	12,026	24	ST.MED.	103932
VETERANS ADMIN. (SEPULVEDA)						14	ST.MED.	291732
WHITE MEMORIAL MEDICAL CENTER	D. A. MITCHELL, JR.	244	11,766	395 93,228	10,500	12	ROT.9;	104020
	V. L. DE QUATTRO					03	ST.MED.	104032
	A. I. KUGEL					03	ST.SURG.	104033
OAKLAND								
CHILDREN'S HOSPITAL MEDICAL CENTER OF NORTHERN CALIFORNIA	R. H. GERDSEN	99	7,184	127 64,591	9,900	08	ST.PED.	193934
HIGHLAND GENERAL#	M. S. WEISS	565	12,044	243 100,696	9,760	41	ROT.0;	104111
						03	ROT.6;	104176
	H. O. CUTTING					04	ST.MED.	104132
KAISER FOUNDATION#	M. A. SHEARN	174	11,430	340 536,495	9,240	09	ST.MED.	104232
	H. D. GRANT					05	ST.SURG.	104233
ORANGE								
ORANGE COUNTY MEDICAL CENTER - SEE UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS, IRVINE								
PALO ALTO								
VETERANS ADMIN. - SEE STANFORD UNIVERSITY AFFILIATED HOSPITAL, STANFORD								
PANORAMA CITY								
KAISER FOUNDATION						01	ST.SURG.	208933
PASADENA								
HUNTINGTON MEMORIAL#	R. J. BING	325	14,524	597 184,981	10,000	12	ROT.0,1,2,3,4;	104420
						04	ST.MED.	104432

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CALIFORNIA - CONTINUED								
RIVERSIDE								
RIVERSIDE GENERAL#	D. L. JOHN	240	11,616	338 89,963	9,048	10	ROT.0;	185011
						02	ROT.1;	185012
						02	ST.MED.	185032
SACRAMENTO								
SACRAMENTO MEDICAL CENTER - SEE UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS, DAVIS								
SAN BERNARDINO								
SAN BERNARDINO COUNTY GENERAL	J. P. LOGE	232	10,484	421 164,225	9,600	12	ROT.0,1;	104720
SAN DIEGO								
MERCY HOSPITAL AND MEDICAL CENTER#	W. PERKINS	395	21,525	557 99,163	9,135	16	ROT.0,1,2,4;	104820
						04	ST.MED.	104832
						01	ST.PATH.	104836
						01	ST.OBG.	104835
UNIVERSITY OF CALIFORNIA (SAN DIEGO) AFFILIATED HOSPITALS								
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY#	E. BRAUNWALD	307	12,978	518 195,895	9,000	28	ST.MED.	104932
	A. A. LIEBOW					06	ST.PATH.	104936
	K. J. RYAN					03	ST.OBG.	104935
SAN FRANCISCO								
CHILDREN'S HOSPITAL AND ADULT MEDICAL CENTER	H. I. GRIFFEATH	238	14,538	237 44,397	9,100	09	ST.MED.	105032
FRENCH	V. DI RAIMONDO	165	9,598	206 32,270	8,400	10	ROT.0,1,2;	105220
HARKNESS COMMUNITY HOSPITAL AND MEDICAL CENTER#	J. J. KELLY, JR.	213	7,951	210 38,123	9,000	10	ROT.0;	106011
	J. J. KELLY, JR.					10	ROT.1;	106012
	A. G. SCOTTOLINI					01	ST.PATH.	106036
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS#	A. SIMON	442	16,155	368 154,268	8,800	04	ROT.6;	106276
	A. R. MARGULIS					02	ROT.7;	106242
	H. L. SMITH					18	ST.MED.	106232
	J. E. DUNPHY					24	ST.SURG.	106233
	M. M. GUMBACH					10	ST.PED.	106234
	H. MOON, G. BRECHER					03	ST.PATH.	106236
KAISER FOUNDATION	A. H. LIEBERMAN	233	13,467	391 609,942	8,880	10	ST.MED.	195932
						08	ST.SURG.	195933
						04	ST.PED.	195934
						02	ST.PATH.	195936
MOUNT ZION HOSPITAL AND MEDICAL CENTER#	H. WEINSTEIN	348	15,611	488 52,466	8,700	06	ROT.0,1,2,3,4,5,7,8;	105420
	E. WEINSHEL					05	ROT.6;	105476
	S. LEVIN					08	ST.MED.	105432
	L. ROSENMAN					05	ST.SURG.	105433
	F. ELVITCH					01	ST.PATH.	105436
	J. KERNER					02	ST.OBG.	105435
PACIFIC MEDICAL CENTER-PRESBYTERIAN	J. J. KELLY	145	7,574	226 28,398	9,200	07	ROT.0;	106111
						07	ROT.1;	106112
						05	ST.MED.	106132
ST. MARY'S HOSPITAL AND MEDICAL CENTER	C. H. LITHGOW	316	12,329	342 66,656	8,820	12	ROT.9;	105720
	J. J. FURLONG					07	ST.MED.	105732
SAN FRANCISCO GENERAL#	HOUSE STAFF COMM.	495	20,011	582 201,741	6,556	12	ROT.0;	105811
						08	ROT.1;	105812
						04	ROT.4;	105814
						12	ST.MED.	105832
SAN JOSE								
O'CONNOR	L. R. GRAMS	213	13,424	320 19,389	7,200	01	ST.PATH.	104536
SANTA CLARA VALLEY MEDICAL CENTER#	R. M. MANSON	318	10,233	349 178,350	9,526	12	ROT.0;	106311
	R. M. MANSON					02	ROT.1;	106312
	R. M. MANSON					02	ROT.4;	106314
	R. M. MANSON					04	ST.MED.	106332
	R. S. COX, JR.					02	ST.PATH.	106336
SANTA BARBARA								
SANTA BARBARA GENERAL-COTTAGE HOSPITALS#	S. B. CHIRMAN				9,600	09	ROT.0;	106411
	S. B. CHIRMAN					04	ROT.1;	106412
	S. B. CHIRMAN					03	ROT.2;	106413
	P. RIEMENSCHNEIDER					01	ROT.7;	106442
SANTA BARBARA COTTAGE#		297	15,619	366 18,722				
SANTA BARBARA GENERAL#		145	3,336	92 17,243				
SANTA CLARA								
KAISER FOUNDATION	E. S. WOLFE	232	15,679	204 615,103	8,880	06	ST.MED.	213532
	B. L. DONG					02	ST.PED.	213534
SANTA MONICA								
ST. JOHN'S	G. J. HUMMER					02	ST.PATH.	213736
SANTA MONICA HOSPITAL MEDICAL CENTER	T. L. STERN	251	13,222	507 81,411	10,800	04	ROT.0;	106611
STANFORD								
STANFORD UNIVERSITY#	F. F. ZBORALSKE	507	22,717	447 176,180	9,000	02	ROT.7;	182042
	R. I. MAZZE					02	ROT.6;	182077
	H. CANN					09	ST.PED.	182034
	D. KORN					06	ST.PATH.	182036
STANFORD UNIVERSITY AFFILIATED HOSPITALS#	M. PERLROTH				9,000	17	ST.MED.	189932
STANFORD UNIVERSITY#								
VETERAN'S ADMIN. (PALO ALTO)		1,213	8,597	257 74,313				
STOCKTON								
SAN JOAQUIN GENERAL#	J. D. BERNARD	144	9,783	243 181,737	6,444	20	ROT.0;	102111
TORRANCE								
LOS ANGELES COUNTY HARBOR GENERAL#	J. A. TURNER	549	30,450	870 207,310	11,496	41	ROT.0,1,2,3;	106720
						02	ROT.6;	106776
						12	ST.MED.	106732
						10	ST.SURG.	106733
						04	ST.PATH.	106736
COLORADO								
DENVER								
DENVER GENERAL	J. YOST	229	12,135	454 226,730	968	06	ROT.6;	107776
GENERAL ROSE MEMORIAL#	E. BLAIR	320	15,821	338 35,917	9,000	14	ROT.0,1,2;	106920
MERCY	M. CHERINGTON	298	15,466	243 19,601	8,500	11	ROT.0;	192211
	T. VINCENT					01	ST.PATH.	192236
PRESBYTERIAN MEDICAL CENTER#	M. A. LUBCHENCO	330	13,686	509 48,203	8,500	22	ROT.0,1,2;	107220
	A. E. LUBCHENCO					01	ROT.5;	107286

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COLORADO, DENVER - CONTINUED								
ST. ANTHONY	W. E. EATON	393	23,127	393 72,309	9,000	10	ROT.0;	107311
ST. JOSEPH#	M. E. MC DOWELL	453	21,782	440 21,878	8,500	17	ROT.0,1,2,3,4;	107420
	M. E. JOHNSON					03	ST.SURG.	107433
	C. H. ALEXANDER					02	ST.OBG.	107435
ST. LUKE'S#	R. S. LIGGETT	367	16,677	415 1,429	9,000	12	ROT.0,1,2;	107520
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS#	E. S. TAYLOR					06	ROT.3;	107615
	P. J. COHEN					03	ROT.8;	107677
	W. A. ROBINSON					22	ST.MED.	107632
	G. B. PIERCE					07	ST.PATH.	107636
DENVER GENERAL#		229	12,135	454 226,730				
UNIVERSITY OF COLORADO MEDICAL CENTER		320	16,628	399 204,568				
VETERANS ADMIN.		333	6,534	296 67,296				
GREELEY								
WELD COUNTY GENERAL	W. K. MANGUM	260	13,842	300 24,741	6,900	06	ROT.0;	185311
CONNECTICUT								
BRIDGEPORT								
BRIDGEPORT	N. P. R. SPINELLI	440	24,533	666 21,620	9,350	06	ROT.0,1,2,3,5,6,7;	107920
						04	ST.MED.	107932
						04	ST.SURG.	107933
						02	ST.PATH.	107936
ST. VINCENT'S	W. H. CURLEY	298	14,911	504 6,576	10,000	02	ROT.0;	108011
	M. GARRELL					06	ST.MED.	108032
	W. H. CURLEY					04	ST.SURG.	108033
DANBURY								
DANBURY	N. E. HERRERA	246	11,916	359 55,502	9,500	12	ROT.0,1,2;	108120
DERBY								
GRIFFIN	V. A. DE LUCA, JR.	198	8,740	296 52,564	9,000	09	ROT.0,1,2;	197720
GREENWICH								
GREENWICH#	J. G. MURRAY	287	11,699	302 29,798	10,500	12	ROT.1,2;	108220
HARTFORD								
HARTFORD	L. CHAMEIDES	860	38,570	1,048 109,063	9,800	04	ROT.4;	108314
	C. B. HICKCOX					03	ROT.8;	108377
	J. G. FREYMANN					12	ROT.9;	108320
	R. REINFRANK					14	ST.MED.	108332
MOUNT SINAI	S. H. BERNSTEIN	152	8,041	162 29,922	10,000	16	ROT.0,1,2,3,4;	185420
	S. H. BERNSTEIN					03	ST.MED.	185432
	M. BAGGISH					01	ST.OBG.	185435
ST. FRANCIS	W. J. LAHEY	595	28,037	718 35,656	7,200	08	ROT.0,1,2,3,4;	108520
	S. B. SULAVIK					04	ST.MED.	108532
	H. MANNIX					02	ST.SURG.	108533
UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS	G. OWENS				10,000	06	ROT.2;	109413
						06	ST.SURG.	109433
UNIVERSITY OF CONNECTICUT HOSPITAL-MC COOK DIVISION		89	2,719	73 56,461				
VETERANS ADMIN. (NEWINGTON)		167	2,728	146 30,916				
NEW BRITAIN GENERAL (NEW BRITAIN)		338	16,416	475 97,835				
UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS#	M. MARKOWITZ				10,000	03	ROT.4;	109414
	L. W. HOYER					15	ST.MED.	109432
UNIVERSITY OF CONNECTICUT HOSPITAL-MC COOK DIVISION		89	2,719	73 56,461				
VETERANS ADMIN. (NEWINGTON)		167	2,728	146 30,916				
UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS#	M. MARKOWITZ				10,000	06	ST.PED.	109434
UNIVERSITY OF CONNECTICUT HOSPITAL-MC COOK DIVISION		89	2,719	73 56,461				
NEW BRITAIN GENERAL (NEW BRITAIN)		338	16,416	475 97,835				
MANCHESTER								
MANCHESTER MEMORIAL	M. DUKE	258	13,341	239 35,682	8,200	06	ROT.0;	185511
MERIDEN								
MERIDEN-WALLINGFORD	M. J. SEIDE	234	11,172	317 20,973	8,000	08	ROT.0;	108611
MIDDLETOWN								
MIDDLESEX MEMORIAL	M. J. SEIDE				8,000	07	ROT.0;	108711
NEW BRITAIN								
NEW BRITAIN GENERAL	H. LEVINE	338	16,416	475 97,835	11,000	05	ST.MED.	108832
NEW BRITAIN GENERAL - SEE ALSO UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS, HARTFORD								
NEW HAVEN								
HOSPITAL OF ST. RAPHAEL	R. P. ZANES, JR.	396	16,676	725 62,735	9,350	12	ROT.0,1,2,3,4;	109020
	D. S. DOCK					08	ST.MED.	109032
	D. A. FARMER					06	ST.SURG.	109033
YALE - NEW HAVEN MEDICAL CENTER								
YALE - NEW HAVEN	C. O. COOK, L. WELT	718	34,006	953 154,628	9,350	02	ROT.4;	108914
	L. WELT					19	ST.MED.	108932
	L. THOMAS					06	ST.PATH.	108936
NEWINGTON								
VETERANS ADMIN. - SEE UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS, HARTFORD								
NORWALK								
NORWALK	T. SAFFORD	349	17,384	510 9,282	8,400	12	ROT.0;	109311
	M. FLOCH					02	ROT.1;	109312
	W. HUGHES					02	ROT.2;	109313
	H. SHAPIRO					02	ROT.3;	109315
	J. ROSSI					04	ROT.4;	109314
STAMFORD								
STAMFORD	L. M. SMITH	305	11,288	362 58,217	10,000	15	ROT.0,1,2,3,4,6;	109520
	J. B. OGILVIE					03	ST.SURG.	109533
						02	ST.OBG.	109535
WATERBURY								
ST. MARY'S	R. L. PISCATELLI	351	13,690	460 13,387	8,920	06	ROT.0;	109611
						04	ROT.1;	109612
						02	ROT.2;	109613
WATERBURY#	T. T. AMATRUDA, JR.	347	17,067	500 44,192	9,000	06	ROT.0,1,2,3,4,5;	109720
						04	ST.MED.	109732
DELAWARE								
WILMINGTON								
WILMINGTON MEDICAL CENTER	E. W. MARTZ	811	38,611	1,342 102,546	9,750	14	ROT.0,1,2,3,4,5,7;	109920
	L. P. LANG					06	ST.MED.	109932
	M. OZ					04	ST.SURG.	109933

Name of Hospital	Program Director	Average Daily Census	Total Admissions		Out-patient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
DISTRICT OF COLUMBIA									
WASHINGTON									
DISTRICT OF COLUMBIA GENERAL HOSPITAL		636	22,600	1,024	193,360				
PROGRAM 1-GEORGETOWN UNIVERSITY	R. F. DONOHOE					10,000	14	ST.MED.	179932
PROGRAM 4-GEORGE WASHINGTON UNIVERSITY	M. CORN					9,780	14	ST.MED.	179957
PROGRAM 7-HOWARD UNIVERSITY	E. C. NASH					10,320	04	ST.MED.	179925
PROGRAM 8-HOWARD UNIVERSITY	E. C. NASH					10,320	05	ROT.1;	179926
PROGRAM 9-HOWARD UNIVERSITY	L. H. KURTZ					10,320	02	ST.SURG.	179927
PROGRAM 10-HOWARD UNIVERSITY	L. H. KURTZ					10,320	04	ROT.2;	179913
DOCTORS	J. M. BLUMBERG	254	10,353	292	1,951	8,950	22	ROT.2;	179413
FREEDMEN'S#	H. W. WILLIAMS, JR.	383	11,376	318	70,432	10,600	02	ROT.0;	
	H. W. WILLIAMS, JR.						02	ROT.1;	
	H. W. WILLIAMS, JR.						01	ROT.2;	
	H. W. WILLIAMS, JR.						01	ROT.3;	
	H. W. WILLIAMS, JR.						01	ROT.4;	
	W. L. HENRY, JR.						07	ST.MED.	
	L. D. LEFFALL, JR.						05	ST.SURG.	
	J. F. J. CLARK						05	ST.OBG.	
GEORGETOWN UNIVERSITY#	O. P. JACKSON	320	14,244	425	58,562	9,495	02	ROT.4;	180114
	D. P. JACKSON						13	ST.MED.	180132
	C. E. HOLLERMAN						10	ST.PED.	180134
	A. GOLDEN						03	ST.PATH.	180136
GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS	R. A. STEINBACH					9,495	04	ROT.6;	185976
VETERANS ADMIN.		614	7,870	495	104,031				
GEORGETOWN UNIVERSITY		320	14,244	425	58,562				
GEORGETOWN UNIVERSITY-D. C. GENERAL	C. A. HUFNAGEL					9,495	10	ST.SURG.	181733
GEORGETOWN UNIVERSITY		320	14,244	425	58,562				
DISTRICT OF COLUMBIA		636	22,600	1,024	193,360				
GEORGE WASHINGTON UNIVERSITY	C. S. COAKLEY	463	19,729	579	33,907	9,500	02	ROT.8;	180277
	W. N. JENSEN						24	ST.MED.	180232
	T. M. PEERY						03	ST.PATH.	180236
GEORGE WASHINGTON UNIVERSITY-D. C. GENERAL	P. C. AOKINS					9,500	12	ST.SURG.	181833
GEORGE WASHINGTON UNIVERSITY		463	19,729	579	33,907				
DISTRICT OF COLUMBIA GENERAL		636	22,600	1,024	193,360				
PROVIDENCE	T. E. CURTIN	322	15,416	411	58,955	9,400	10	ROT.0,1,2,3,4;	180320
	H. WEISS						08	ST.MED.	180332
	L. GOFFREDI						04	ST.SURG.	180333
VETERANS ADMIN. HOSPITAL-GEORGETOWN UNIVERSITY	R. MARTIN					9,495	04	ROT.6;	179576
	H. J. ZIMMERMAN						08	ST.MED.	179532
VETERANS ADMIN.		614	7,870	495	104,031				
GEORGETOWN UNIVERSITY		320	14,244	425	58,562				
VETERANS ADMIN. HOSPITAL-GEORGE WASHINGTON UNIVERSITY	H. J. ZIMMERMAN					9,495	08	ST.MED.	179632
VETERANS ADMIN.		614	7,870	495	104,031				
GEORGE WASHINGTON UNIVERSITY		463	19,729	579	33,907				
WASHINGTON HOSPITAL CENTER#	J. A. CURTIN	700	32,725	753	89,606	9,495	16	ROT.0,1;	180020
	K. ABSOLON						13	ROT.2;	180013
	J. A. CURTIN						16	ST.MED.	180032
	K. ABSOLON						06	ST.SURG.	180033
							03	ST.OBG.	180035
FLORIDA									
BARTOW									
POLK GENERAL	J. F. DOMINICK	131	6,619	229	48,700	8,500	08	ROT.0;	183311
GAINESVILLE									
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS						7,700			
	J. H. MODELL						03	ROT.8;	183477
WILLIAM A. SHANDS TEACHING HOSPITAL AND CLINICS		305	13,687	424	123,681				
UNIVERSITY HOSPITAL OF JACKSONVILLE (JACKSONVILLE)		263	12,089	475	219,177				
WILLIAM A. SHANDS TEACHING HOSPITAL AND CLINICS	J. H. MODELL	305	13,687	424	123,681	7,700	03	ROT.8;	182477
	L. E. CLUFF						24	ST.MED.	182432
	K. K. PIERSON						02	ST.PATH.	182436
JACKSONVILLE									
BAPTIST MEMORIAL	R. V. JOEL	300	16,736	270	17,405	8,100	02	ST.PATH.	197036
UNIVERSITY HOSPITAL OF JACKSONVILLE	S. D. DOFF	263	12,089	475	219,177	8,100			
	S. D. DOFF						12	ROT.9;	110120
	W. R. KEENE						15	ST.MED.	110132
	R. M. RHATIGAN						02	ST.PATH.	110136
MIAMI									
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS#	W. A. LITTLE					9,450	10	ROT.3;	110415
	W. W. CLEVELAND						03	ROT.4;	110414
	J. N. SUSSEX						05	ROT.6;	110476
	F. MOYA						08	ROT.8;	110477
	R. ZEPPA						18	ST.SURG.	110433
	W. A. D. ANDERSON						03	ST.PATH.	110436
JACKSON MEMORIAL		1,080	37,446	1,532	156,507	9,450			
VETERANS ADMIN.		594	10,341	585	128,020	9,450			
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS#	W. HARRINGTON					9,450	58	ST.MED.	110432
JACKSON MEMORIAL		1,080	37,446	1,532	156,507				
VETERANS ADMIN.		594	10,341	585	128,020				
MOUNT SINAI HOSPITAL OF GREATER MIAMI (MIAMI BEACH)		589	22,853	1,130	46,740				

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
FLORIDA - CONTINUED								
MIAMI BEACH								
MOUNT SINAI HOSPITAL OF GREATER MIAMI	J. W. KETZKY	589	22,853	1,130 46,740	9,400	14	ROT.1;	110512
						04	ROT.4;	110514
						01	ROT.7;	110542
						03	ST.PATH.	110536
ST. FRANCIS	L. R. MEDOFF	213	7,597	370 11,287	8,000	15	ROT.1;	110612
ORLANDO								
FLORIDA	T. A. BECKNER	371	16,878	529 33,899	7,800	12	ROT.0;	110211
ORANGE MEMORIAL	F. M. CARY	660	32,227	947 74,445	8,400	18	ROT.1,2,3,4;	110720
PENSACOLA								
PENSACOLA EDUCATIONAL PROGRAM	W. C. WHITE				9,600	08	ROT.1,2,3,4;	182620
						01	ST.SURG.	182633
						01	ST.PATH.	182636
						01	ST.OBG.	182635
BAPTIST								
SACRED HEART								
UNIVERSITY								
ST. PETERSBURG								
BAYFRONT MEDICAL CENTER	C. E. AUCREMANN	390	14,879	875 46,454	9,600	12	ROT.0;	191111
TAMPA								
TAMPA GENERAL	J. W. HICKMAN	526	37,422	729 19,555	8,400	20	ROT.0,1,2,3,4,5,6,7;	110920
	J. C. FLETCHER					02	ST.SURG.	110933
	J. B. HUTCHESON					03	ST.PATH.	110936
GEORGIA								
ATLANTA								
CRAWFORD W. LONG MEMORIAL	H. S. RAMOS	325	15,207	446 21,409	7,920	06	ROT.0;	111111
						03	ROT.1;	111112
						03	ROT.2;	111113
EMORY UNIVERSITY	W. G. CAMPBELL	291	10,831	338 7,854	8,400	04	ST.PATH.	111936
EMORY UNIVERSITY AFFILIATED HOSPITALS								
EMORY UNIVERSITY								
HOSP.-GRADY MEMORIAL								
HOSP.-HENRIETTA EGLESTON	W. D. WARREN				8,400	20	ST.SURG.	111333
GRADY MEMORIAL		682	28,810	1,272 618,559	8,400			
EMORY UNIVERSITY		291	10,831	338 7,854	8,400			
HENRIETTA EGLESTON HOSPITAL FOR CHILDREN.								
GRADY MEMORIAL HOSP.-EMORY UNIVERSITY HOSP.-VETERANS ADMIN#	J. W. HURST				8,400	40	ST.MED.	111332
GRADY MEMORIAL#		682	28,810	1,272 618,559	8,400			
EMORY UNIVERSITY		291	10,631	338 7,854	8,400			
VETERANS ADMIN. (DECATUR)		418	7,335	400 63,529				
GEORGIA BAPTIST	W. T. WEAVER	349	23,615	413 33,280	7,500	10	ROT.0;	111211
	G. F. FLETCHER					01	ST.MED.	111232
	J. P. WILSON					01	ST.SURG.	111233
	R. M. SEALEY					01	ST.OBG.	111235
GRADY MEMORIAL	W. D. WARREN	682	28,810	1,272 618,559	8,400	10	ROT.2;	111313
	J. D. THOMPSON					12	ROT.3;	111315
	R. W. BLUMBERG					09	ROT.4;	111314
	M. B. GRAVANIS					02	ROT.5;	111386
	H. S. WEENS					02	ROT.7;	111342
	J. E. STEINHAUS					05	ROT.8;	111377
	M. B. GRAVANIS					02	ST.PATH.	111336
ST. JOSEPH'S INFIRMARY	P. C. SHEA, JR.	236	10,798	291 5,253	9,172	02	ST.SURG.	111533
	P. C. SHEA, JR.					01	ST.PATH.	111536
AUGUSTA								
MEDICAL COLLEGE OF GEORGIA HOSPITALS	W. A. SCOGGIN				9,000	04	ROT.3;	198515
	W. B. STRONG					12	ROT.9;	198520
	A. J. BOLLET					12	ST.MED.	198532
	W. H. MORETZ					06	ST.SURG.	198533
	W. A. SCOGGIN					04	ST.OBG.	196535
EUGENE TALMADGE MEMORIAL		324	9,778	281 72,210	9,000			
UNIVERSITY		491	22,954	557 35,481				
VETERANS ADMIN.		1,136	14,279	248 32,137	7,600			
MEDICAL COLLEGE OF GEORGIA HOSPITALS	A. B. CHANOLER					04	ST.PATH.	198536
EUGENE TALMADGE MEMORIAL								
UNIVERSITY								
COLUMBUS								
MEDICAL CENTER	C. D. CABANISS	422	19,508	664 31,764	9,600	18	ROT.0;	111611
MACON								
MEDICAL CENTER OF CENTRAL GEORGIA	J. L. ACHORO	426	23,730	692 39,473	9,600	18	ROT.0;	112011
SAVANNAH								
MEMORIAL MEDICAL CENTER	J. T. WALLER	346	14,149	494 29,347	7,596	12	ROT.0;	197111
						03	ROT.1;	197112
	T. J. YEH					03	ROT.2;	197113
HAWAII								
HONOLULU								
KUAKINI HOSPITAL AND HOME	E. Y. YAMADA	189	7,180	319 33,541	9,600	12	ROT.2;	180713
QUEEN'S MEDICAL CENTER#	J. A. ORBISON	381	17,999	550 37,001	9,600	09	ROT.1;	180812
	J. J. MC NAMARA					08	ROT.2;	180813
ST. FRANCIS#	C. K. TASHIMA	209	9,090	279 67,708	9,600	08	ST.MED.	180932
						04	ST.SURG.	180933
ILLINOIS								
BERWYN								
MAC NEAL MEMORIAL	R. G. MRAZEK	369	15,623	668 8,650	9,420	20	ROT.0,1,2,3,6;	112120
CHICAGO								
AUGUSTANA	D. D. O' SULLIVAN	286	10,685	334 11,775	10,000	12	ROT.0,1,2,3,4,7,8;	112420
COLUMBUS - CUNEO MEDICAL CENTER	J. R. NORA				10,000	26	ROT.2;	112613
COLUMBUS		357	11,733	430 33,176				
FRANK CUNEO		131	4,205	177 23,491				

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
ILLINOIS, CHICAGO - CONTINUED								
COOK COUNTY#	J. L. BERMAN	1,418	57,049	2,026 275,986	10,300	20	ROT.0;	112711
						05	ROT.1;	112712
						05	ROT.2;	112713
						12	ROT.3;	112715
						02	ROT.4;	112714
						04	ROT.6;	112776
						03	ROT.8;	112777
						25	ST.MED.	112732
						25	ST.SURG.	112733
						02	ST.PATH.	112736
EDGEWATER	S. BROWNSTEIN	310	11,491	421 21,106	6,600	06	ROT.0;	112811
	S. BROWNSTEIN					04	ROT.1;	112812
	S. BROWNSTEIN					04	ROT.2;	112813
	S. BROWNSTEIN					02	ROT.3;	112815
	B. EMANUEL					02	ROT.4;	112814
GRANT	L. C. JOHNSTON	297	11,334	363 46,300	10,920	20	ROT.0,1,2;	113220
HENROTIN	C. B. PUESTOW	180	6,368	174 11,066	9,600	12	ROT.1,2;	113320
ILLINOIS CENTRAL	P. L. CAMPAGNA	163	5,408	216 33,199	9,600	13	ROT.2;	113613
ILLINOIS MASONIC MEDICAL CENTER	N. J. IGLITZEN	444	15,536	479 12,680	10,600	20	ROT.0,1,2,6;	113720
	S. M. KAHN					03	ST.MED.	113732
	C. DRAKE					06	ST.SURG.	113733
	G. GYORI					01	ST.PATH.	113736
	J. BAKTON					03	ST.OBG.	113735
LOUIS A. WEISS MEMORIAL	H. E. BESSINGER	313	10,988	467	10,700	03	ROT.0;	184611
						03	ROT.1;	184612
						02	ROT.2;	184613
						01	ROT.3;	184615
						01	ROT.5;	184686
						01	ROT.7;	184642
						01	ROT.8;	184677
MERCY HOSPITAL AND MEDICAL CENTER#	C. R. BROWN, JR.	460	14,769	463 55,559	9,600	09	ROT.0,1,2,3,4,5,7;	114120
	H. DIZADJI					02	ST.MED.	114132
	R. SCHMITZ					02	ST.SURG.	114133
	G. CHANGUS					02	ST.PATH.	114136
	C. SMITH					01	ST.OBG.	114135
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	C. H. LAWRENCE	702	17,192	652 193,897	10,500	02	ROT.2;	114213
	C. H. LAWRENCE					01	ROT.4;	114214
	S. A. KABINS					32	ST.MED.	114232
	J. T. SHERIDAN					12	ST.SURG.	114233
	L. O. ELEGANT					06	ST.PED.	114234
	C. L. PIRANI					02	ST.PATH.	114236
NORTHWESTERN UNIVERSITY-MC GAW MEDICAL CENTER								
CHICAGO WESLEY MEMORIAL#	J. F. MARQUARDT	587	17,971	516 107,943	10,750	07	ROT.1;	116212
						02	ROT.6;	116276
						12	ST.MED.	116232
						02	ST.PATH.	116236
						02	ST.OBG.	116235
CHILDREN'S MEMORIAL#	H. L. NADLER	180	9,080	255 67,057	10,750	18	ST.PED.	184234
EVANSTON (EVANSTON)#	J. M. DORSEY	420	19,026	443 67,649	10,750	05	ROT.2;	116713
	L. DIAMOND					03	ROT.6;	116776
	L. F. JOURDONAIS					20	ST.MED.	116732
	H. F. PHILIPSBORN					04	ST.PED.	116734
	H. H. R. FRIEDERICI					03	ST.PATH.	116736
	T. W. MC ELIN					04	ST.OBG.	116735
PASSAVANT MEMORIAL#	J. CONN, JR.	315	11,034	260 124,545	10,750	03	ROT.3	114615
	H. VISOTSKY					03	ROT.6;	114676
	E. A. BRUNNER					01	ROT.8;	114677
	D. EARLE					11	ST.MED.	114632
	J. SHERRICK,					01	ST.PATH	114636
VETERANS ADMIN. RESEARCH	C. BORDEN	452	5,599	546 59,584		14	ST.MED.	225332
NORWEGIAN-AMERICAN	G. T. MURPHY	207	9,907	252 3,398	9,600	14	ROT.0;	224911
PRESBYTERIAN - ST. LUKE'S	T. B. SCHWARTZ	725	23,708	965 108,819	9,159	22	ST.MED.	114732
	H. W. SOUTHWICK					17	ST.SURG.	114733
	J. R. CHRISTIAN					04	ST.PED.	114734
RAVENSWOOD	W. F. BOEHM	318	10,299	425 10,578	10,300	10	ROT.0;	114911
						04	ROT.1;	114912
						04	ROT.2;	114913
						02	ROT.3;	114915
RESURRECTION	D. L. MECCIA	265	11,898	390 30,799	10,005	18	ROT.0,1,2;	193720
ST. ANNE'S	F. E. BANICH	337	13,703	461 68,427	9,000	18	ROT.2;	115213
ST. ELIZABETH'S	H. H. OZDEGER	250	10,452	434 8,011	9,000	12	ROT.0,1,2,3,4,5,7;	115320
ST. JOSEPH	R. W. ZALAR	461	15,309	470 39,889	10,000	25	ROT.0,1,2,3,4,6;	115520
	J. KRAFT					02	ST.PATH.	115536
ST. MARY OF NAZARETH	A. R. SAPIENZA	264	9,217	486 30,440	9,900	20	ROT.0,1,2;	115420
SOUTH CHICAGO COMMUNITY	L. H. DAVIS	317	12,841	425 40,532	9,600	12	ROT.0;	115811
SWEDISH COVENANT	P. O. ANDERSON	208	7,623	344 59,315	8,760	12	ROT.0,1,2;	115920
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS#	C. W. VERMEULEN	488	18,728	652 174,376	10,100	04	ROT.7;	116042
	C. W. VERMEULEN					04	ROT.8;	116077
	A. R. TARLOV					20	ST.MED.	116032
	C. F. KITTLE					14	ST.SURG.	116033
	A. OORFMAN					08	ST.PED.	116034
	R. W. WISSLER					03	ST.PATH.	116036
	F. P. ZUSPAN					05	ST.OBG.	116035
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS#	M. D. BOGDONOFF				9,900	25	ST.MED.	115032
UNIVERSITY OF ILLINOIS		432	16,440	443 308,299				
VETERANS ADMIN. (WEST SIDE)		516	7,432	408 133,976				
UNIVERSITY OF ILLINOIS#	I. SCHULMAN	432	16,440	443 308,299	9,900	06	ST.PED.	115034
EVANSTON								
ST. FRANCIS	D. J. MURPHY	405	14,637	555 112,540	10,500	05	ROT.0;	116811
	D. J. MURPHY					01	ROT.7;	116842
	B. A. HEFFERMAN					10	ST.MED.	116832
	J. H. MASON					06	ST.SURG.	116833
	J. H. ISAACS					02	ST.OBG.	116835
EVERGREEN PARK								
LITTLE COMPANY OF MARY	P. J. TALSO	505	20,242	579 191,898	8,473	18	ROT.0;	225511
						02	ROT.2;	225513
						02	ROT.5;	225586
						02	ROT.7;	225542

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
ILLINOIS - CONTINUED								
HINES								
VETERANS ADMIN. SEE LOYOLA UNIVERSITY AFFILIATED HOSPITALS, MAYWOOD								
MAYWOOD								
LOYOLA UNIVERSITY AFFILIATED HOSPITALS	J. R. TOBIN				10,000	06	ROT.1;	117012
	R. J. FREEARK					06	ROT.2;	117013
	J. A. O' LEARY					02	ROT.3;	117015
						03	ROT.4;	117014
	G. BRYNJOLFSSON					02	ROT.5;	117086
	J. A. SMITH					02	ROT.6;	117076
	A. A. EL ETR					03	ROT.8;	117077
LOYOLA UNIVERSITY		247	8,352	241 40,119				
VETERANS ADMIN. (HINES)		1,202	13,668	931 74,269				
MELROSE PARK								
GOTTLIEB MEMORIAL	C. PORTES	198	9,890	205 15,501	9,600	08	ROT.0;	116011
OAKLAWN								
CHRIST COMMUNITY	M. M. WASICK	569	21,367	851 137,972	7,500	18	ROT.2;	113113
						01	ROT.00;	113120
OAK PARK								
WEST SUBURBAN	R. C. MUEHRCKE	315	13,069	508 7,591	9,000	12	ROT.0,1,2;	117320
						01	ROT.3;	117315
						01	ROT.4;	117314
						01	ROT.7;	117342
						01	ROT.8;	117377
						01	ST.PATH.	117336
PARK RIDGE								
LUTHERAN GENERAL	E. R. PRIEST	579	20,408	547 15,499	6,400	09	ROT.0;	117611
						03	ROT.1;	117612
						03	ROT.2;	117613
						03	ROT.3;	117615
						02	ROT.4;	117614
						03	ROT.6;	117676
						02	ROT.8;	117677
PEORIA								
ST. FRANCIS	C. D. BRANCH	664	26,534	719 65,971	10,250	24	ROT.0,1,2,3,4;	117520
						04	ROT.5,6,7;	117510
ROCKFORD								
ROCKFORD MEMORIAL	M. O. ALEXANDER	329	17,857	450 2,934	8,000	01	ST.PATH.	117736
INDIANA								
EAST CHICAGO								
ST. CATHERINE - SEE LAKE COUNTY COOPERATIVE INTERNSHIP, GARY								
EVANSVILLE								
ST. MARY'S	W. T. SPAIN	380	15,064	391 17,959	9,600	06	ROT.0;	194111
FORT WAYNE								
FORT WAYNE MEDICAL EDUCATION PROGRAM	F. A. BRYAN				10,000	12	ROT.00,9;	117820
LUTHERAN HOSPITAL OF FORT WAYNE		406	14,672	500 2,282				
PARKVIEW MEMORIAL		530	20,316	570 42,827				
ST. JOSEPH'S HOSPITAL OF FORT WAYNE		365	13,824	347 72,216				
GARY								
LAKE COUNTY COOPERATIVE INTERNSHIP	N. J. WILSON				12,000	12	ROT.9;	117420
METHODIST HOSPITAL OF GARY		320	18,416	632 50,694				
ST. MARY MERCY		244	13,737	348 37,604				
ST. CATHERINE (EAST CHICAGO)		369	16,070	577 18,920				
INDIANAPOLIS								
INDIANA UNIVERSITY MEDICAL CENTER	M. GREEN					09	ST.PED.	118734
INDIANA UNIVERSITY HOSPITALS								
MARION COUNTY GENERAL								
INDIANA UNIVERSITY HOSPITALS	V. K. STOELTING	424	16,233	564 101,353	9,000	08	ROT.8;	118777
	W. DALY					32	ST.MED.	118732
	J. E. JESSEPH					15	ST.SURG.	118733
	J. EDWARDS					07	ST.PATH.	118736
MARION COUNTY GENERAL	H. W. GILLEN	507	14,972	639 191,891	9,500	20	ROT.0;	118611
	J. L. GLOVER					02	ROT.2;	118613
	J. HEUBI					02	ROT.4;	118614
	G. E. DRYDEN					03	ROT.8;	118677
	J. L. GLOVER					04	ST.SURG.	118633
METHODIST HOSPITAL OF INDIANA#	J. H. HALL	971	39,375	1,103 36,118	10,000	14	ROT.0;	118811
	R. W. CAMPBELL					04	ST.MED.	118832
	D. SCHLEGEL					04	ST.SURG.	118833
ST. VINCENT'S	S. R. STOUDER	263	12,758	316 29,500	11,028	05	ROT.9;	118920
						03	ST.MED.	118932
						01	ST.PATH.	118936
MUNCIE								
BALL MEMORIAL	J. L. CULLISON	473	22,960	595 152,590	10,000	12	ROT.0,1,4;	119220
	G. E. BRANAM					03	ST.PATH.	119236
SOUTH BEND								
MEMORIAL HOSPITAL OF SOUTH BEND	D. T. OLSON	352	16,503	591 58,469	9,600	04	ROT.0;	119311
ST. JOSEPH'S	N. N. HOLTZMAN	258	11,973	411 56,409	9,600	08	ROT.0;	119411
						02	ROT.1;	119412
SOUTH BEND MEDICAL FOUNDATION HOSPITALS	J. R. BENNETT	965	46,531	1,511 191,392	10,000	02	ST.PATH.	117136
IOWA								
CEDAR RAPIDS								
CEDAR RAPIDS MEDICAL EDUCATION PROGRAM	L. R. MARTIN					06	ROT.0;	119611
MERCY		218	10,259	304 55,845				
ST. LUKE'S METHODIST		437	19,005	422 69,776	10,200			
DES MOINES								
BROADLAWNS POLK COUNTY	S. L. SANDS	115	5,209	182 67,250	9,300	12	ROT.0;	119911
IOWA LUTHERAN	J. F. VEVERKA	325	11,213	287 29,537	8,400	14	ROT.0;	120011
IOWA METHODIST	C. A. ROSS	495	19,917	498 35,395	9,000	10	ROT.0,1,2,4;	120120
	C. A. ROSS					01	ROT.5;	120186
	C. A. ROSS					02	ST.SURG.	120132
	L. WINTERMEYER					02	ST.PED.	120134

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Outpatient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
IOWA, DES MOINES - CONTINUED								
MERCY	H. G. ELLIS	318	16,758	484 24,133	8,400	14	ROT.9;	120220
	J. SONG					02	ST.PATH.	120236
IOWA CITY								
UNIVERSITY OF IOWA AFFILIATED HOSPITALS.								
UNIVERSITY OF IOWA HOSPITALS#	J. MOYERS	654	32,162	804 242,679	9,000	02	ROT.8;	120377
	J. A. CLIFTON					23	ST.MED.	120332
	S. E. ZIFFREN					16	ST.SURG.	120333
	D. L. DUNPHY					08	ST.PED.	120334
	G. D. PENICK					03	ST.PATH.	120336
STATE PSYCHOPATHIC	R. M. BITTLE	51	477	9,991		03	ROT.6;	120376
KANSAS								
KANSAS CITY								
BETHANY MEDICAL CENTER	L. L. TRETBAR	241	12,957	306 35,586	8,400	08	ROT.0;	120511
UNIVERSITY OF KANSAS MEDICAL CENTER#	D. R. MILLER	405	19,820	467 279,114	9,000	08	ROT.1,2,3,4,5,6,7,8;	120820
	D. R. MILLER					01	ROT.0;	120811
	C. GURNEY					20	ST.MED.	120832
	L. J. HUMPHREY					05	ST.SURG.	120833
	H. C. MILLER					10	ST.PED.	120834
	D. G. SCARPELLI					04	ST.PATH.	120836
WICHITA								
ST. FRANCIS	G. T. KENNEDY	679	29,528	659 72,060	9,000	14	ROT.9;	120920
						04	ST.MED.	120932
						04	ST.SURG.	120933
ST. JOSEPH HOSPITAL AND REHABILITATION CENTER	L. W. PURINTON	355	16,760	322 43,898	12,300	10	ROT.0;	121111
WESLEY MEDICAL CENTER	L. S. GARFINKEL	638	30,362	595 170,869	9,000	18	ROT.9;	121020
KENTUCKY								
COVINGTON								
ST. ELIZABETH#	W. J. TEMPLE	308	19,083	576 2,611	9,600	12	ROT.0;	121311
LEXINGTON								
UNIVERSITY OF KENTUCKY MEDICAL CENTER#	R. B. BOETTNER				7,500	14	ROT.0;	184811
	J. W. HOLLINGSWORTH					14	ST.MED.	184832
	W. D. GRIFFEN					16	ST.SURG.	184833
	W. E. WHEELER					07	ST.PED.	184834
UNIVERSITY		337	14,202	524 84,639				
ST. JOSEPH		281	16,166	327 18,226				
VETERANS ADMIN.		740	5,267	205 37,583				
LOUISVILLE								
JOHN N. NORTON MEMORIAL INFIRMARY	H. S. COLLIER	289	11,240	231 14,190	10,000	06	ROT.2;	121813
ST. JOSEPH INFIRMARY	R. D. WOLFE	427	22,059	556 53,056	8,900	11	ROT.0;	122011
	R. D. WOLFE					01	ROT.1;	122012
	W. J. OLIVER					01	ROT.2;	122013
	J. CHILDERS					01	ROT.3;	122015
	R. D. WOLFE					02	ST.MED.	122032
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	D. R. MAC MILLAN				8,100	14	ROT.0;	121711
	W. K. KELLER					02	ROT.6;	121776
	J. A. ALDRETE					04	ROT.8;	121777
	W. H. ANDERSON					12	ST.MED.	121732
	H. C. POLK					12	ST.SURG.	121733
	D. R. MAC MILLAN					08	ST.PED.	121734
	W. M. CHRISTOPHERSON					02	ST.PATH.	121736
CHILDREN'S		127	7,571	176 57,195				
JEWISH		263	13,210	368 31,171				
LOUISVILLE GENERAL		252	12,131	635 157,159				
VETERANS ADMIN.		387	6,850	347 31,000				
LOUISIANA								
BATON ROUGE								
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS	N. C. NELSON				5,400	09	ROT.0;	122111
						03	ROT.1;	122112
						02	ROT.4;	122114
EARL K. LONG MEMORIAL		164	7,684	258 39,160				
LAFAYETTE								
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS	N. C. NELSON				5,400	12	ROT.0;	122511
						02	ROT.1;	122512
						01	ROT.4;	122514
LAFAYETTE CHARITY		205	10,140	304 99,619				
NEW ORLEANS								
CHARITY HOSPITAL OF LOUISIANA LOUISIANA STATE UNIVERSITY DIVISION		1,477	46,039	1,894 844,223				
	J. T. CRAPANZANO				6,600	11	ROT.0;	122441
						08	ROT.1;	122452
						02	ROT.3;	122451
						02	ROT.5;	122456
						02	ROT.6;	122476
						08	ST.MED.	122442
						08	ST.SURG.	122445
						08	ST.PED.	122443
						02	ST.PATH.	122436
						04	ST.OBG.	122435
CHARITY HOSPITAL OF LOUISIANA TULANE UNIVERSITY DIVISION		1,477	46,039	1,894 844,223				
	F. P. CHIRINO				6,600	09	ROT.0;	122411
	F. P. CHIRINO					12	ROT.1;	122412
	F. P. CHIRINO					02	ROT.3;	122415
	F. P. CHIRINO					04	ROT.4;	122414
	G. E. BURCH					08	ST.MED.	122432
	T. DRAPANAS					16	ST.SURG.	122433
	H. C. SHIRKEY					04	ST.PED.	122434
	C. E. DUNLAP					02	ST.PATH.	122446
	J. H. COLLINS					02	ST.OBG.	122447

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
LOUISIANA, NEW ORLEANS - CONTINUED								
OCHSNER FOUNDATION	C. T. RAY	307	13,917	342 396,365	7,500	08	ROT.9;	196620
						05	ST.MED.	196632
						03	ST.SURG.	196633
SOUTHERN BAPTIST	J. H. COLLINS	427	22,891	572 26,039	6,600	08	ROT.0;	122811
	J. A. ROGERS					04	ROT.1;	122812
	R. E. ROGERS					04	ROT.2;	122813
	H. D. WEBSTER, JR.					04	ROT.3;	122815
	C. E. KEMMERLY, 3D.					04	ROT.4;	122814
TOURO INFIRMARY	S. JACOBS	459	12,938	434 30,880	9,000	08	ST.MED.	122932
TULANE UNIVERSITY AFFILIATED HOSPITALS	R. G. HEATH				6,600	08	ROT.6;	122476
CHARITY HOSPITAL OF LOUISIANA (TULANE DIVISION)								
VETERANS ADMIN.		502	7,646	510 85,076				
SOUTHEAST LOUISIANA (MANDEVILLE)		431	2,339	4				
SHREVEPORT								
CONFEDERATE MEMORIAL MEDICAL CENTER		463	21,432	652 139,839	6,600			
	E. K. LANG					01	ROT.7;	123242
	E. GALLOWAY					36	ROT.9;	123220
	M. D. HARGROVE, JR.					06	ST.MED.	123232
MAINE								
PORTLAND								
MAINE MEDICAL CENTER#	A. ARANSON	417	17,832	602 122,984	7,875	15	ROT.0,1,2,4;	123620
	A. ARANSON					01	ROT.8;	123677
MARYLAND								
BALTIMORE								
BALTIMORE CITY HOSPITALS	C. C. J. CARPENTER	286	11,159	462 126,892		02	ROT.1;	123712
	C. C. J. CARPENTER					17	ST.MED.	123732
	R. GARCIA-BUNUEL					02	ST.PATH.	123736
	D. F. KATTREIDER					04	ST.OBG.	123735
BON SECOURS	J. A. ENGERS, JR.	190	8,671	294 19,195	9,000	12	ROT.0,1,2,3,4;	123820
						02	ST.OBG.	123835
CHURCH HOME AND HOSPITAL	G. ROVETI	262	9,768	330 19,120	10,000	04	ST.MED.	232932
	J. M. ZIMMERMAN					04	ST.SURG.	232933
	N. J. KOHLERMAN					02	ST.OBG.	232935
FRANKLIN SQUARE	D. T. CRAWFORD	242	10,594	279 64,014	9,200	21	ROT.0;	124011
						04	ROT.1;	124012
						04	ROT.2;	124013
						02	ROT.3;	124015
						02	ROT.4;	124014
GREATER BALTIMORE MEDICAL CENTER	T. E. PROUT	372	19,138	361 30,576	10,000			
						04	ROT.1;	124112
						06	ROT.2;	124113
						06	ROT.3;	124115
						04	ST.MED.	124132
JOHNS HOPKINS	R. H. HEPTINSTALL	876	32,154	848 479,072	9,000	06	ST.PATH.	124236
	T. M. KING					10	ST.OBG.	124235
JOHNS HOPKINS AFFILIATED HOSPITALS	G. D. ZUIDEMA				9,000	21	ST.SURG.	124233
JOHNS HOPKINS		876	32,154	848 479,072				
BALTIMORE CITY HOSPITALS		286	11,159	462 126,892				
VETERANS ADMINISTRATION		212	4,590	221 66,663				
JOHNS HOPKINS AFFILIATED HOSPITALS	A. M. HARVEY				9,000	40	ST.MED.	124232
JOHNS HOPKINS		876	32,154	848 479,072				
GOOD SAMARITAN		165	2,069	120 3,600				
LUTHERAN HOSPITAL OF MARYLAND	R. WEBER	75	7,563	306 40,848	9,000	12	ROT.1;	124312
MARYLAND GENERAL	N. TARR	319	14,147	411 54,926	10,000	04	ROT.0;	124411
						09	ROT.1;	124412
	D. LEWERS					05	ST.MED.	124432
	F. CLARK					02	ST.SURG.	124433
MERCY	J. A. MEAD, JR.	268	10,869	295 99,098	10,500	07	ST.MED.	124532
PROVIDENT	C. A. ALEXANDER				10,000	06	ROT.0;	124611
ST. AGNES	E. A. BIANCO	389	16,553	548 18,535	10,000	12	ROT.0;	124711
	E. R. MOHLER, JR.					04	ST.MED.	124732
	A. S. GARRISON					05	ST.SURG.	124733
	W. HICKEN					01	ST.PATH.	124736
	J. CASTELLAND					03	ST.OBG.	124735
ST. JOSEPH	S. KRAVITZ	330	14,051	402 13,590	9,000	15	ROT.0,2,3;	124820
SINAI HOSPITAL OF BALTIMORE#	B. COHEN	416	17,987	532 57,912	10,500	02	ROT.0;	124911
	A. I. MENDELOFF					06	ROT.1;	124912
	A. M. SELIGMAN					01	ROT.2;	124913
	E. KAPLAN					01	ROT.4;	124914
	A. I. MENDELOFF					06	ST.MED.	124932
	A. M. SELIGMAN					02	ST.SURG.	124933
	E. KAPLAN					01	ST.PED.	124934
SOUTH BALTIMORE GENERAL	R. T. PARKER	300	12,347	403 65,978	10,000	10	ROT.0;	125011
						02	ROT.2;	125013
						04	ROT.4;	125014
						04	ST.MED.	125032
UNION MEMORIAL	C. P. CHILIMINDRIS	345	12,694	583 71,020	10,000	06	ROT.0,1,2,3;	125120
	J. H. MULHOLLAND					11	ST.MED.	125132
	T. H. WILSON					08	ST.SURG.	125133
	J. M. HAWS					01	ST.OBG.	125135
UNIVERSITY OF MARYLAND	T. WOODWARD	465	16,555	655 169,887	10,100	15	ST.MED.	125232
	B. TRUMP					03	ST.PATH.	125236
	A. HASKINS					02	ST.OBG.	125235
BETHESDA								
SUBURBAN		293	18,757	433 3,536	9,000	07	ROT.0;	125311
CHEVERLY								
PRINCE GEORGE'S GENERAL	P. HOOKMAN	477	24,446	646 23,639	9,000	20	ROT.0,1,2,3,4,5,6,7;	190520
	J. W. HARDING					01	ST.MED.	190532
	J. H. E. BAYLY					01	ST.SURG.	190533
TAKOMA PARK								
WASHINGTON SANITARIUM AND HOSPITAL	M. E. LEIBOWITZ	257	10,947	352 5,476	8,400	16	ROT.0;	125411

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Outpatient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
MASSACHUSETTS								
BEVERLY								
BEVERLY	A. S. MAC DONALD, JR	179	7,845	243 27,150	7,000	03	ROT.2;	236313
						01	ROT.3;	236315
						02	ROT.4;	236314
						01	ROT.7;	236342
						01	ROT.8;	236377
BOSTON								
BETH ISRAEL	H. H. HIATT	318	13,440	392 73,587	9,700	17	ST.MED.	125632
	W. SILEN					12	ST.SURG.	125633
	D. G. FREIMAN					02	ST.PATH.	125636
BOSTON CITY		630	21,776	1,202 354,839				
FIRST AND THIRD MEDICAL SERVICES (TUFTS)	N. S. STEARNS				9,000	16	ST.MED.	125793
2D AND 4TH MEDICAL SERVICES (HARVARD)#	C. S. DAVIDSON				9,000	16	ST.MED.	125794
5TH AND 6TH MEDICAL SERVICE - SEE BOSTON UNIVERSITY AFFILIATED HOSPITALS, PROGRAM 1								
1ST SURGICAL SERVICE (TUFTS)	H. S. SOROFF				9,000	08	ST.SURG.	125796
3D SURGICAL SERVICE (BOSTON UNIV.)	J. J. BYRNE				9,300	08	ST.SURG.	125798
5TH SURGICAL SERVICE (HARVARD)	W. MC DERMOTT, JR.				9,000	10	ST.SURG.	125703
BOSTON CITY HOSPITAL	S. L. ROBBINS	630	21,776	1,202 354,839	9,000	02	ST.PATH.	125736
	D. CHARLES					05	ST.OBG.	125735
BOSTON UNIVERSITY AFFILIATED HOSPITALS								
PROGRAM 1	N. G. LEVINSKY				9,000	18	ST.MED.	125795
BOSTON CITY		630	21,776	1,202 354,839				
PROGRAM 3	L. WILLIAMS				9,000	12	ST.SURG.	125533
CARNEY		302	10,825	442 103,654				
BROCKTON (BROCKTON)		265	10,691	364 7,608				
MALDEN (MALDEN)		261	10,907	290 43,624				
CARNEY	F. L. COLPOYS	302	10,825	442 103,654	9,630	06	ST.MED.	125832
CHILDREN'S HOSPITAL MEDICAL CENTER#	R. A. MC CLUSKY	285	12,125	305 103,573	9,100	02	ST.PATH.	125936
LEMUEL SHATTUCK	F. L. IBER	239	2,727	249 7,196		06	ST.MED.	237732
FAULKNER								
MASSACHUSETTS GENERAL	D. FEDERMAN, A. LEAF	983	29,613	1,333 143,527	9,700	18	ST.MED.	126132
	L. OTTINGER					14	ST.SURG.	126133
	B. CASTTEMAN					04	ST.PATH.	126136
NEW ENGLAND DEACONESS	J. L. TULLIS	364	11,769	380 13,584	9,700	02	ROT.1;	126412
						10	ST.MED.	126432
NEW ENGLAND MEDICAL CENTER HOSPITALS	W. B. SCHWARTZ	313	11,089	369 135,942	9,630	11	ST.MED.	126332
	R. A. DETERLING, JR.					08	ST.SURG.	126333
	S. S. GELLIS					09	ST.PED.	126334
	M. H. FLAX					02	ST.PATH.	126336
PETER BENT BRIGHAM#	G. W. THORN	290	11,190	443 105,663	9,700	18	ST.MED.	126532
	F. D. MOORE					10	ST.SURG.	126533
	G. J. DAMMIN					02	ST.PATH.	126536
ST. ELIZABETH'S HOSPITAL OF BOSTON	W. H. GARVIN, JR.	311	12,584	401 54,148	9,700	06	ROT.0;	126611
						16	ST.MED.	126632
						04	ST.SURG.	126633
UNIVERSITY	R. W. WILKINS.	205	6,689	261 30,897	9,600	16	ST.MED.	126232
	R. H. EGDAHL					07	ST.SURG.	126233
	K. BALOGH					01	ST.PATH.	126236
VETERANS ADMIN.	E. M. SCHIMMEL					09	ST.MED.	127132
CAMBRIDGE								
CAMBRIDGE	A. WEINBERG	162	6,873	204 5,000	9,000	13	ROT.0,1,2,4,6;	126820
MOUNT AUBURN#	R. A. ARKY	246	8,828	319 45,745	9,600	11	ROT.1,2;	126920
	H. A. BIRO					01	ST.PATH.	126936
FALL RIVER								
UNION	A. RESNICK				9,000	09	ROT.0;	186411
FRAMINGHAM								
FRAMINGHAM UNION	C. G. TEDESCHI	186	13,620	278 84,232	9,000	08	ROT.0,1,2;	181220
	M. M. ADNER					02	ST.MED.	181232
	L. G. TEDESCHI					02	ST.PATH.	181236
LAWRENCE								
LAWRENCE GENERAL	S. LEIBOWITZ	293	12,388	429 42,054	8,000	08	ROT.0;	127411
MALDEN								
MALDEN	J. L. CAFARELLA	261	10,907	290 43,624	9,600	06	ROT.2;	240713
NEWTON								
NEWTON-WELLESLEY	N. S. STEARNS	225	9,662	322 4,778	9,630	05	ROT.0,1,2;	128020
	L. B. PAGE					03	ST.MED.	128032
PITTSFIELD								
BERKSHIRE MEDICAL CENTER	G. L. HAIDAK	380	15,186	423 50,512	10,000	14	ROT.0,1,2,3,4,5;	126120
						04	ROT.6;	128176
SALEM								
SALEM		235	5,420	359 13,628	8,000			
	H. L. COOPER					10	ROT.9;	128420
SPRINGFIELD								
SPRINGFIELD HOSPITAL MEDICAL CENTER	C. E. CASSIDY	437	13,693	634 19,245	10,566	04	ROT.1;	128612
	P. FRIEDMANN					08	ROT.2;	128613
	C. E. CASSIDY					06	ST.MED.	128632
	M. MEDALIE					06	ST.PED.	128634
WALTHAM								
WALTHAM	N. S. STEARNS	208	9,384	318 63,234	9,500	07	ROT.0,1,2;	128820
WORCESTER								
MEMORIAL	G. L. SPANKNEBEL	291	17,158	385 11,594	9,600	14	ROT.1,2,3;	128920
ST. VINCENT	H. B. WHEELER	484	17,176	493 4,330	9,600	04	ROT.2;	129013
	J. A. DUGGAN					04	ROT.4;	129014
	S. F. MURPHY					09	ST.MED.	129032
WORCESTER CITY#	V. P. DI DOMENICO	332	12,199	485 32,078	9,038	06	ROT.0;	129111
	E. BUDNITZ					04	ROT.1;	129112
	E. J. CROCE					02	ROT.2;	129113
	J. BREM					02	ROT.4;	129114
	W. MAC GILLIVRAY					02	ROT.5;	129186
	E. J. CROCE					04	ST.SURG.	129133

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
MICHIGAN								
ANN ARBOR								
ST. JOSEPH MERCY#	S. F. MARKEL	473	20,052	531 110,817	9,500	09	ROT.0,3,5,7;	129220
	R. B. CARBECK					07	ROT.1;	129211
	R. D. KRAFT					04	ROT.2;	129213
	R. D. KRAFT					03	ST.SURG.	129233
UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS								
UNIVERSITY - VETERANS ADMIN. - WAYNE COUNTY GENERAL (ELOISE)	W. D. ROBINSON				9,500	38	ST.MED.	129332
	W. J. FRY					25	ST.SURG.	129333
UNIVERSITY		753	22,784	637 312,808				
VETERANS ADMIN.		311	5,658	223 22,315				
WAYNE COUNTY GENERAL (ELOISE)		310	12,096	646 97,588				
UNIVERSITY HOSPITAL - WAYNE COUNTY GENERAL (ELOISE)	R. B. SWEET				9,500	03	ROT.8;	129377
	J. R. WILLSON					06	ST.OBG.	129335
UNIVERSITY		753	22,784	637 312,808				
WAYNE COUNTY GENERAL (ELOISE)		310	12,096	646 97,588				
WAYNE COUNTY GENERAL (ELOISE)	E. J. CONKLIN	310	12,096	646 97,588	9,854	04	ROT.0;	130611
DEARBORN								
OAKWOOD	E. W. DURHAM	439	20,066	665 84,245	10,200	18	ROT.0,1,2,3,4;	194620
DETROIT								
DETROIT GENERAL	Y. J. SILVA	444	14,918	843 166,032	10,500	20	ROT.0,1,2;	129520
	A. M. WEISSLER					12	ST.MED.	129532
	L. P. LE BLANC					09	ST.SURG.	129533
	L. E. HEIDEMAN					01	ST.PED.	129534
DETROIT-MACOMB HOSPITALS	H. M. MAHONEY				9,600	24	ROT.0;	129611
	D. W. LINONER					02	ST.SURG.	129633
	J. D. LANGSTON					02	ST.PATH.	129636
DETROIT MEMORIAL		230	8,550	200 16,202				
SOUTH MACOMB (WARREN)		170	9,637	169				
EVANGELICAL DEACONESS	T. W. BAUMGARTEN	152	5,420	253 11,147	11,368	10	ROT.1,2;	129720
GRACE	C. J. POLLINA	739	28,984	1,105 26,818	10,500	12	ROT.0,1,2,3,5,7;	129820
	C. J. POLLINA					08	ST.MED.	129832
	Y. S. KIM					08	ST.SURG.	129833
HARPER#	H. SHAPIRO	569	16,453	659 37,273	10,500	06	ROT.0,1,2,5,6,7,8;	129920
	A. M. WEISSLER					12	ST.MED.	129932
	P. J. CONNOLLY					08	ST.SURG.	129933
HENRY FORD#	R. D. PARKS	903	27,609	1,176 349,200	10,000	08	ROT.9;	130020
						16	ST.MED.	130032
						02	ST.PATH.	130036
HUTZEL	R. E. MACK	354	17,090	300 19,321	10,500	12	ROT.0;	130511
	M. A. LERNER					08	ST.MED.	130532
MOUNT CARMEL MERCY	J. W. MOSES	495	19,846	629 12,981	10,200	24	ROT.9;	130220
ST. JOHN	W. E. RUSH	431	25,020	738 10,477	10,000	21	ROT.0,1,2,3,4,5,7,8;	191520
ST. JOSEPH MERCY	H. SHECTER	221	8,638	255 13,146	10,000	09	ROT.0,1,2,3;	130420
SINAI HOSPITAL OF DETROIT	E. M. BROWN	448	17,225	423 27,146	9,600	05	ROT.0,1,2,3,5,6,7,8;	192620
						10	ST.MED.	192632
						03	ST.SURG.	192633
						02	ST.OBG.	192635
WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS	T. N. EVANS				10,500	06	ST.OBG.	130535
DETROIT GENERAL		444	14,918	843 166,032				
HARPER		569	16,453	659 37,273				
HUTZEL		354	17,090	300 19,321				
BRONSON METHODIST (KALAMAZOO)		341	17,796	376 17,870				
EAST LANSING								
MICHIGAN STATE UNIVERSITY ASSOCIATED HOSPITALS	F. MATTHIES				10,600	02	ROT.4;	243614
MICHIGAN STATE UNIVERSITY HEALTH CENTER		18	1,786	140,614				
EDWARD W. SPARROW (LANSING)		408	23,385	434 12,627				
ST. LAWRENCE (LANSING)		252	11,347	235 54,121				
ELOISE								
WAYNE COUNTY GENERAL - SEE UNIVERSITY OF MICHIGAN AFFILIATED HOSPITAL, ANN ARBOR								
FLINT								
HURLEY#	E. M. GOLDBERG	508	19,755	573 7,066	8,200	25	ROT.0,1,2,3,4,5,7;	130720
MC LAREN GENERAL	J. L. SHIELDS	311	15,105	318 4,117		11	ROT.0,1,3,5,7,6;	186620
	R. O. PELHAM					01	ST.SURG.	186633
ST. JOSEPH	L. E. SIMONI	362	15,447	447 14,124	9,000	22	ROT.0;	130811
GRAND RAPIDS								
BLODGETT MEMORIAL	C. E. BOOHER	334	19,744	482 30,371	7,008	10	ROT.0,3,4;	130920
	A. W. SCRIMGEOUR					04	ROT.1;	130911
	L. J. ROBSON					04	ROT.2;	130913
	C. A. PAYNE					02	ST.PATH.	130936
BUTTERWORTH	E. L. MOORHEAD	379	16,561	605 130,528	6,960	11	ROT.0,3,4;	131020
						07	ROT.1;	131012
						02	ROT.2;	131013
						04	ST.SURG.	131033
ST. MARY'S	J. C. PEIRCE	290	14,656	468 39,618	6,972	14	ROT.0,1,2,3,4,5;	131120
GROSSE POINTE								
BON SECOURS	R. C. CONNELLY	145	7,565	237 4,244	11,000	10	ROT.0;	190611
HIGHLAND PARK								
HIGHLAND PARK GENERAL	J. SHAPIRO	265	8,545	956 9,450	10,300	15	ROT.0;	131211
KALAMAZOO								
BORGESS	R. R. SPRINGGATE	326	13,768	498 8,311	8,400	15	ROT.9;	131320
BRONSON METHODIST	R. M. NICHOLSON	341	17,796	376 17,870	9,000	15	ROT.0,1,2,3,4,5,7,8;	131420
LANSING								
EDWARD W. SPARROW	R. W. POMEROY	408	23,385	434 12,627	10,600	12	ROT.0,1,2,3,4,5,6,7;	131520
	W. E. MALDONADO					01	ST.PATH.	131536
EDWARD W. SPARROW - SEE ALSO MICHIGAN STATE ASSOCIATED HOSPITALS, EAST LANSING								
ST. LAWRENCE - SEE MICHIGAN STATE ASSOCIATED HOSPITALS, EAST LANSING								
MIDLAND								
MIDLAND	R. E. BOWSHER	180	9,390	162 55,116	10,000	04	ROT.00,0,1,2,3,4,5,7,8;	196120
MUSKEGON								
PONTIAC								
PONTIAC GENERAL	R. L. TUPPER	363	19,521	350 9,981	10,200	12	ROT.0,2,3,5;	131820
ST. JOSEPH MERCY	R. M. CUTLER	291	13,625	348	10,200	12	ROT.9;	131920

Name of Hospital	Program Director	Average Daily Census	Total Admissions		Outpatient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
MICHIGAN - CONTINUED									
ROYAL OAK									
WILLIAM BEAUMONT	G. J. WELSH	631	30,565	771	111,030	10,500	18	ROT.0,1,2,3,4,5,7;	197820
	Y. MORITA						04	ST.MED.	197832
	F. A. ARCARI						06	ST.SURG.	197833
	R. R. MARGULIS						02	ST.OBG.	197835
SAGINAW									
SAGINAW COOPERATIVE HOSPITALS	P. O. WAYS						14	ROT.0,1,2,3,4,5;	132020
SAGINAW GENERAL		301	14,022	305	18,572				
ST. LUKE'S		217	9,852	240	20,837				
ST. MARY'S		206	9,660	278	54,642				
SOUTHFIELD									
PROVIDENCE	J. A. RINALDO, JR.	357	15,313	423	8,394	11,400	16	ROT.0,1,2,3,7;	130320
TRAVERSE CITY									
MUNSON MEDICAL CENTER	J. R. HARWOOD	203	9,465	291	30,113	9,000	08	ROT.0;	132311
WARREN									
SOUTH MACOMB - SEE DETROIT-MACOMB HOSPITALS, DETROIT									
MINNESOTA									
DULUTH									
ST. LUKE'S#	V. G. GOLDSCHMIDT	385	14,650	450	35,556	9,600	08	ROT.0;	132411
ST. MARY'S	A. C. AUFDERHEIDE	353	15,676	382	33,037	9,600	16	ROT.0;	132511
MINNEAPOLIS									
HENNEPIN COUNTY GENERAL#	R. B. RAILE	347	14,805	515	133,191	9,000	30	ROT.0;	132911
							12	ROT.1;	132912
							08	ROT.2;	132913
							04	ROT.4;	132914
							02	ROT.6;	132976
							02	ST.PATH.	132936
NORTHWESTERN HOSPITAL OF MINNEAPOLIS	R. B. HOWARD	347	13,065	296	4,870	9,000	03	ROT.0;	133011
							03	ROT.1;	133012
							08	ST.MED.	133032
UNIVERSITY OF MINNESOTA HOSPITALS#	J. A. ANDERSON	610	19,000	733	137,000	9,000	17	ROT.4;	133414
	W. HAUSMAN						04	ROT.6;	133476
	M. J. MURRAY						24	ST.MED.	133432
	J. S. NAJARIAN						17	ST.SURG.	133433
	E. BENSON, R. GOOD						04	ST.PATH.	133436
VETERANS ADMIN.	R. EBERT	758	11,760	499	117,731	9,300	12	ST.MED.	133332
ROCHESTER									
MAYO GRADUATE SCHOOL OF MEDICINE	D. C. MC ILRATH				220,188	10,000	04	ROT.2;	132813
	D. G. DECKER						01	ROT.3;	132815
	G. L. MOORE						04	ROT.6;	132876
	A. D. SESSLER						01	ROT.8;	132877
	J. R. MC PHERSON						28	ST.MED.	132832
	D. C. MC ILRATH						08	ST.SURG.	132833
	M. D. CLOUTIER						04	ST.PED.	132834
	K. E. HOLLEY						04	ST.PATH.	132834
	D. G. DECKER						01	ST.OBG.	132835
ROCHESTER METHODIST		494	19,968	337	4,024	10,000			
ST. MARY'S		722	24,695	627	18,226	10,000			
ST. PAUL									
ST. PAUL-RAMSEY	R. GRUNINGER	323	11,542	431		9,000	18	ROT.0;	133511
							12	ROT.1;	133512
							04	ROT.2;	133513
							02	ROT.3;	133515
							04	ROT.4;	133514
							02	ROT.5;	133566
							02	ROT.6;	133576
	J. F. PERRY						02	ST.SURG.	133533
UNITED HOSPITALS									
MILLER DIVISION	M. E. JANSSON	304	12,978	342	5,931	10,400	12	ROT.0,1,2,3,4,7;	133720
	J. E. EDWARDS						02	ST.PATH.	133736
ST. LUKE'S DIVISION	R. E. LINDELL	221	8,662	221	9,734	9,000	12	ROT.0,1,2,4;	133920
MISSISSIPPI									
JACKSON									
MISSISSIPPI BAPTIST	J. F. BUSEY	375	19,728	487	39,184	9,000	08	ROT.0;	134011
UNIVERSITY	H. H. TIMMIS	344	16,702	520	105,817	9,000	09	ROT.1,2,3;	195720
	B. B. JOHNSON						13	ST.MED.	195732
	J. D. HARDY						08	ST.SURG.	195733
	B. B. BATSON						07	ST.PED.	195734
	J. G. BRUNSON						01	ST.PATH.	195736
	H. A. THIEDE						02	ST.OBG.	195735
MISSOURI									
COLUMBIA									
UNIVERSITY OF MISSOURI MEDICAL CENTER	D. G. HALL, 3D.	366	10,952	313	87,500	9,000	03	ROT.3;	199415
	G. S. LODWICK						01	ROT.7;	199442
	G. W. N. EGGERS, JR.						02	ROT.8;	199477
	C. E. MENGEL						20	ST.MED.	199432
	M. S. DE WEESE						08	ST.SURG.	199433
	F. V. LUCAS						04	ST.PATH.	199436
	D. G. HALL, 3D.						02	ST.OBG.	199435
KANSAS CITY									
CHILDREN'S MERCY	N. W. SMULL	98	4,418	118	99,720	9,000	09	ST.PED.	198834
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER	E. J. TWIN	209	9,304	367	74,640	8,700	16	ST.MED.	134332
							07	ST.SURG.	134333
							03	ST.PATH.	134336
							03	ST.OBG.	134335
MENORAH MEDICAL CENTER	N. B. ACKERMAN	301	11,735	286	21,062	9,000	12	ROT.0,1,2,4,5,6,7;	134520
	N. WINER						02	ST.MED.	134532
	P. KEITGES						02	ST.PATH.	134536
ST. LUKE'S	R. R. HALL	428	21,184	540	30,600	8,820	06	ROT.0;	134811
	R. R. HALL						07	ROT.1;	134812
							02	ROT.2;	134813
	J. CATLETT						04	ST.MED.	134832
	P. G. KOONTZ						01	ST.SURG.	134833
ST. MARY'S	T. J. FRITZLEN	330	12,853	349	47,259	9,600	01	ST.PATH.	134936
TRINITY LUTHERAN	J. H. HILL	214	7,656	265	26,744	7,200	08	ROT.1,2;	135020

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
MISSOURI - CONTINUED								
ST. LOUIS								
BARNES HOSPITAL GROUP	C. R. STEPHEN	945	36,121	798 122,982	9,000	03	ROT.8;	135377
	C. V. MOORE					26	ST.MED.	135332
	W. F. BALLINGER					15	ST.SURG.	135333
	P. E. LACY					10	ST.PATH.	135336
DEACONESS	R. W. BRANGLE	446	15,052	552 85,653	8,400	16	ROT.0,1,2,5;	135620
HOMER G. PHILLIPS	E. N. MITCHELL	396	14,108	747 79,419	9,171	20	ROT.0;	135711
JEWISH HOSPITAL OF ST. LOUIS	S. WESSLER	447	15,813	543 84,054	10,200	14	ST.MED.	135832
	A. E. BAUE					07	ST.SURG.	135833
LUTHERAN	G. A. KOEHLER	400	18,076	533 78,998	8,400	06	ROT.0;	135911
						02	ROT.1;	135912
						06	ROT.2;	135913
						02	ROT.3;	135915
MISSOURI BAPTIST	F. J. CATANZARO	269	11,552	230 22,571	9,000	09	ROT.2;	136013
ST. JOHN'S MERCY MEDICAL CENTER	P. C. HIGGINS	554	23,273	561 116,170	7,800	18	ROT.0,1,2;	136220
	R. A. REIDER					06	ST.MED.	136232
	W. W. MONAFO					04	ST.SURG.	136233
ST. LOUIS CHILDREN'S	P. R. DODGE	140	7,023	145 54,357	9,500	16	ST.PED.	186934
ST. LOUIS CITY		342	12,760	698 154,850	9,171			
	R. A. KINSELLA					08	ST.MED.	136332
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS	R. J. DAMES	1,369	43,990	1,332 211,111	9,000	10	ROT.0;	136511
	T. F. FRAWLEY					04	ROT.1;	136512
	A. E. MC ELFRESH					02	ROT.4;	136514
	T. F. FRAWLEY					16	ST.MED.	136532
	V. L. WILLMAN					10	ST.SURG.	136533
	A. E. MC ELFRESH					08	ST.PED.	136534
	F. OSTAPOWICZ					04	ST.OBG.	136535
ST. LUKE'S	R. PAINE	344	11,794	445 14,519	9,000	12	ROT.0,1,2,3;	136420
						04	ST.MED.	136432
ST. MARY'S	J. A. NUETZEL	473	16,656	452 3,289	9,000	16	ROT.9;	199920
						08	ST.MED.	199932
NEBRASKA								
LINCOLN								
BRYAN MEMORIAL#	L. R. LEE	274	13,416	343 17,269	6,600	10	ROT.0,1,2;	136820
LINCOLN GENERAL	L. P. JOHNSON	192	9,637	295 15,998	6,600	06	ROT.0;	136911
ST. ELIZABETH COMMUNITY HEALTH CENTER	L. O. TOALSON	129	6,850	151 21,183	11,000	06	ROT.0;	137011
OMAHA								
CREIGHTON UNIVERSITY AFFILIATED HOSPITALS	G. CLIFFORD				9,600	08	ROT.1;	137212
	R. J. LUBY					02	ROT.3;	137215
	J. R. MITCHELL					04	ROT.4;	137214
	J. A. SISSON					01	ROT.5;	137286
	G. CLIFFORD					07	ST.MED.	137232
	J. A. SISSON					02	ST.PATH.	137236
CREIGHTON MEMORIAL-ST. JOSEPH		457	14,020	454 22,721				
VETERANS ADMIN.		366	6,149	317 37,712				
DOUGLAS COUNTY		153	3,893	135 10,046				
NEBRASKA METHODIST		322	16,294	381 16,920		12	ROT.0;	137411
	J. R. SCHENKEN					02	ST.PATH.	137436
UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS	R. H. MESSER				9,000	14	ROT.0,1,2,3,4,5,8;	137620
	W. BURROWS					06	ROT.6;	137676
	W. J. WILSON					01	ROT.7;	137642
	D. B. STONE					14	ST.MED.	137632
	M. M. MUSSELMAN					06	ST.SURG.	137633
	C. A. MC WHORTER					02	ST.PATH.	137636
UNIVERSITY OF NEBRASKA		177	7,802	226 112,925	9,000			
BISHOP CLARKSON MEMORIAL		317	16,533	385 37,839				
DOUGLAS		153	3,893	135 10,046				
IMMANUEL MEDICAL CENTER								
VETERANS ADMIN		366	6,149	317 37,712				
NEW HAMPSHIRE								
HANOVER								
MARY HITCHCOCK MEMORIAL#	T. P. ALMY	279	10,342	279 111,978	8,500	18	ST.MED.	137732
	R. C. KARL					12	ST.SURG.	137733
NEW JERSEY								
ATLANTIC CITY								
ATLANTIC CITY	W. R. THOMPSON	350	13,640	651 45,452	8,900	11	ROT.0,1,2,5,7;	137820
	M. J. ELOVITZ					02	ST.SURG.	137833
CAMDEN								
COOPER#	W. T. SNAGG	569	19,105	842 55,000	9,500	15	ROT.00,9;	
OUR LADY OF LOURDES	E. FINE	299	14,108	297 56,873	8,500	10	ROT.0;	193311
WEST JERSEY	E. R. CURRAN, JR.	332	15,488	455 7,803	8,500	06	ROT.0;	138111
						02	ROT.1;	138112
						02	ROT.2;	138113
						01	ROT.3;	138115
						01	ROT.4;	138114
EAST ORANGE								
VETERANS ADMIN. - SEE CMDNJ-NEW JERSEY MEDICAL SCHOOL AFFILIATED HOSPITALS, NEWARK								
ELIZABETH								
ELIZABETH GENERAL HOSPITAL AND DISPENSARY	B. EHRENBERG	292	12,034	454 8,281	9,000	14	ROT.0;	138411
ENGLEWOOD								
ENGLEWOOD	C. WIERUM	339	14,880	512 10,707	8,220	10	ROT.0;	138611
	C. WIERUM					03	ST.MED.	138632
	P. A. MELE					02	ST.SURG.	138633
FLEMINGTON								
HUNTERDON MEDICAL CENTER - SEE CMDNJ-RUTGERS MEDICAL SCHOOL AFFILIATED HOSPITALS, PISCATAWAY								
GREEN BROOK								
RARITAN VALLEY - SEE CMDNJ-RUTGERS MEDICAL SCHOOL AFFILIATED HOSPITALS, PISCATAWAY								
HACKENSACK								
HACKENSACK	W. C. BLACK	393	18,803	488 12,303	10,000	16	ROT.0,1,2,3,4;	138720
	R. B. GRANT					02	ST.SURG.	138733

Name of Hospital	Program Director	Average Daily Census	Total Admissions		Out-patient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
NEW JERSEY - CONTINUED									
HOBOKEN									
ST. MARY	F. AGUILA	231	8,425	384	24,785	8,400	15	ROT.0;	138811
JERSEY CITY									
CHRIST	C. TAN SY	323	13,168	498	4,641	9,000	16	ROT.0;	138911
JERSEY CITY MEDICAL CENTER	H. MARK	389	10,005	678			08	ROT.1;	139012
	J. TIMMES						03	ROT.2;	139013
	H. MARK						08	ST.MED.	139032
	J. TIMMES						03	ST.SURG.	139033
	J. P. CURRAN						01	ST.PED.	139034
LIVINGSTON									
ST. BARNABAS MEDICAL CENTER	A. H. ISLAMI	605	26,891	602	60,575	9,600	06	ROT.0;	139611
							02	ROT.1;	139612
							02	ROT.2;	139613
							02	ROT.3;	139615
							02	ROT.4;	139614
							02	ST.MED.	139632
							02	ST.SURG.	139633
							02	ST.OBG.	139635
LONG BRANCH									
MONMOUTH MEDICAL CENTER	W. S. VAUN	497	17,957	682	33,145	11,000	04	ROT.9;	139220
	J. C. KIRBY						08	ST.MED.	139232
	M. J. SALWEN						02	ST.PATH.	139236
MONTCLAIR									
MOUNTAINSIDE	A. D. TEAZE	315	12,574	483	13,830	7,500	09	ROT.0,1,2;	139320
							06	ST.MED.	139332
MORRISTOWN									
MORRISTOWN MEMORIAL	J. S. THOMPSON	362	17,659	447	44,957	10,500	12	ROT.9;	139420
MOUNT HOLLY									
BURLINGTON COUNTY MEMORIAL	J. R. WOLGAMOT	218	9,310	394	69,407	6,600	08	ROT.0;	138311
NEPTUNE									
JERSEY SHORE MEDICAL CENTER-FITKIN	A. F. VERGA					7,900	10	ROT.0;	139511
							01	ROT.1;	139512
							01	ROT.3;	139515
							01	ROT.4;	139514
	E. ABRAHAM						02	ST.MED.	139532
NEWARK									
CMDNJ-NEW JERSEY MEDICAL SCHOOL AFFILIATED HOSPITALS	F. P. CHINARD					10,500	28	ST.MED.	139832
	B. F. RUSH						14	ST.SURG.	139833
MARTLAND		472	16,966	762	188,767	10,500			
VETERANS ADMIN. (EAST ORANGE)		804	7,326	648	98,196				
MARTLAND#	G. M. LORDI	472	16,966	762	188,767	10,500	12	ROT.0,1,2,3,4,6;	139820
							01	ST.PATH.	139836
	H. A. KAMINETZKY						04	ST.OBG.	139835
NEWARK BETH ISRAEL MEDICAL CENTER	A. H. CREWS, JR.	430	18,896	643	6,551	10,500	26	ROT.0;	139711
	J. TITLEBAUM						01	ST.PED.	139734
	H. SCHWARTZ						01	ST.OBG.	139735
ST. MICHAEL'S MEDICAL CENTER		326	11,975	370	48,296	10,500			
	J. DURST						15	ROT.9;	139920
	L. G. SMITH						06	ST.MED.	139932
	R. CARNES						01	ST.PATH.	139936
UNITED HOSPITALS MEDICAL CENTER - PRESBYTERIAN	J. J. MC GUIRE	261	8,196	405	3,473	10,500	10	ROT.0;	187211
NEW BRUNSWICK									
MIDDLESEX GENERAL	S. F. KONIGSBERG	248	12,531	354	48,036	11,000	05	ROT.0,1,2;	197920
							04	ST.SURG.	197933
NEW BRUNSWICK HOSPITALS PROGRAM	N. REITMAN					11,000	06	ST.MED.	252332
MIDDLESEX GENERAL		248	12,531	354	48,036				
ST. PETER'S GENERAL		343	17,417	476	12,870				
ST. PETER'S GENERAL	F. M. CLARKE	343	17,417	476	12,870	11,000	03	ROT.2;	140013
ORANGE									
ORANGE MEMORIAL	F. X. MC GINN	258	10,268	454	59,755	8,250	07	ROT.0,1,2;	140120
PARAMUS									
BERGEN PINES COUNTY	L. J. LYON	933	7,227	702	96,632	8,862	12	ROT.1;	190812
PASSAIC									
PASSAIC GENERAL	J. FERRANTE	249	11,411	442	50,877	8,000	06	ROT.0;	
ST. MARY'S	J. V. IRAGGI	177	9,050	353	17,819	8,100	08	ROT.0;	140311
PATERSON									
ST. JOSEPH'S	K. P. LANCE	416	17,291	637	22,732	10,052	10	ROT.9;	140620
							06	ST.MED.	140632
PERTH AMBOY									
PERTH AMBOY GENERAL	H. A. CROMWELL						24	ROT.0;	167311
							01	ST.PATH.	167336
PISCATAWAY									
CMDNJ-RUTGERS MEDICAL SCHOOL AFFILIATED HOSPITALS	H. L. CONN, JR.						13	ST.MED.	291832
RARITAN VALLEY (GREEN BROOK)									
HUNTERDON MEDICAL CENTER (FLEMINGTON)									
MUHLENBERG (PLAINFIELD)									
PRINCETON (PRINCETON)									
PLAINFIELD									
MUHLENBERG	P. K. JOHNSON	387	19,192	677	12,323	10,445	16	ROT.0,1,2,3,4;	140720
	P. K. JOHNSON						03	ST.MED.	140732
	B. H. HYUN						01	ST.PATH.	140736
MUHLENBERG - SEE ALSO CMDNJ-RUTGERS MEDICAL SCHOOL AFFILIATED HOSPITALS, PISCATAWAY									
PRINCETON									
PRINCETON	H. ROTHBERG						04	ROT.1;	136612
							03	ROT.2;	136613
PRINCETON - SEE ALSO CMDNJ-RUTGERS MEDICAL SCHOOL AFFILIATED HOSPITALS, PISCATAWAY									
SOMERVILLE									
SOMERSET	B. S. MILLER	273	15,471	403	53,624	8,800	12	ROT.0,1,2,3,4,5,7,8;	193420
SUMMIT									
OVERLOOK	W. F. MINOGUE	477	17,638	542	36,261	10,000	14	ROT.0,1,2,4;	140820
TEANECK									
HOLY NAME						10,000	06	ROT.0;	140911
TRENTON									
HELENE FULD	S. GOULD	271	10,265	407	5,225	8,200	09	ROT.0;	141211
MERCER	J. A. HAMMOND	297	11,713	445	73,986	7,912	12	ROT.0;	254111
ST. FRANCIS	J. J. FITZPATRICK	412	17,021	700	52,589	8,500	08	ROT.0;	141111
	J. J. FITZPATRICK						04	ROT.1;	141112
	L. G. FARES						04	ST.SURG.	141133

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
NEW MEXICO								
ALBUQUERQUE								
UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS#	W. M. MICHENER				7,250	06	ROT.0;	196211
	R. A. MUNSICK					03	ROT.3;	196215
	E. A. MORTIMER					05	ROT.4;	196214
	W. W. WINSLOW					02	ROT.6;	196276
	R. C. WILLIAMS, JR.					06	ST.MED.	196232
	E. T. PETER					05	ST.SURG.	196233
BERNALILLO COUNTY MEDICAL CENTER		171	9,945	271 106,139	7,250			
VETERANS ADMIN.		360	6,354	304 49,676	7,250			
NEW YORK								
ALBANY								
ALBANY MEDICAL CENTER	S. J. LAUKO	676	21,935	892 116,838	10,000	05	ROT.0;	141411
	S. BONDURANT					11	ROT.1;	141412
	A. KRAFT					06	ROT.6;	141476
	K. SCHMIDT					02	ROT.8;	141477
	S. BONDURANT					16	ST.MED.	141432
	I. H. PORTER					04	ST.PED.	141434
	W. A. THOMAS					02	ST.PATH.	141436
MEMORIAL	A. V. PASSARETTI	225	7,337	355 47,397	10,200	14	ROT.0,2;	141520
ST. PETER'S		353	14,339	448 8,366	10,000			
	R. R. DEL GIACCO					20	ROT.9;	141620
BAY SHORE								
SOUTHSIDE	W. J. CLARKSON, JR.	249	17,232	543 42,524	9,000	12	ROT.0;	141711
BRONXVILLE								
LAWRENCE	R. C. SWINGLE	235	9,253	317 45,520	10,000	12	ROT.1;	191612
BUFFALO								
DEACONESS HOSPITAL OF BUFFALO#	D. R. BECKER	406	15,237	489 81,835	9,500	11	ROT.0,1,2,3;	143720
	D. R. BECKER					03	ST.SURG.	143733
	N. G. COUREY					02	ST.OBG.	143735
MERCY	J. J. O' BRIEN	404	16,461	512 16,135	10,000	21	ROT.0,1,2,3,4;	143920
MILLARD FILLMORE	J. R. NUNN	498	18,246	744 26,626	9,500	17	ROT.0,1,2,3,5,7,8;	144020
SISTERS OF CHARITY	C. P. VOLTZ	412	16,618	506 90,053	9,500	06	ROT.0;	144111
						01	ROT.1;	144112
						01	ROT.2;	144113
						01	ROT.3;	144115
						01	ST.MED.	144132
						01	ST.SURG.	144133
						01	ST.OBG.	144135
S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS								
BUFFALO GENERAL	E. MILCH	652	20,857	977 40,650	10,500	06	ROT.2;	143613
	A. P. PREZYNA					02	ST.PATH.	143636
BUFFALO GENERAL HOSPITAL-E. J. MEYER MEMORIAL#	E. CALKINS				10,000	12	ROT.1;	143612
						18	ST.MED.	143632
BUFFALO GENERAL		652	20,857	977 40,650				
EDWARD J. MEYER MEMORIAL		581	12,429	626 177,896				
CHILDREN'S HOSPITAL OF BUFFALO	R. J. PATTERSON				10,000	04	ROT.3;	196515
EDWARD J. MEYER MEMORIAL#	W. G. SCHENK, JR.	581	12,429	626 177,896	9,500	05	ROT.2;	143813
	Z. C. TAINTOR					02	ROT.6;	143876
	W. G. SCHENK, JR.					06	ST.SURG.	143833
COOPERSTOWN								
MARY IMOGENE BASSETT#	M. I. PAGE	120	4,660	182 82,932	10,720	08	ROT.0;	144211
	H. GURIAN					01	ROT.6;	144276
	M. PAGE					06	ST.MED.	144232
EAST MEADOW								
NASSAU COUNTY MEDICAL CENTER MEADOWBROOK DIV.	T. J. CINQUE	446	16,554	1,076 93,654	9,517	08	ROT.1;	144812
	A. DI BENEDETTO					04	ROT.2;	144813
	J. M. SEMER					06	ROT.6;	144876
	I. WEINBERG					01	ROT.8;	144877
	T. J. CINQUE					12	ST.MED.	144832
	A. DI BENEDETTO					04	ST.SURG.	144833
	P. J. COLLIPP					04	ST.PED.	144834
GLEN COVE								
COMMUNITY HOSPITAL AT GLEN COVE	F. X. MOORE	181	8,957	280 14,655	8,500	06	ROT.0,1,2,3,4;	144620
JOHNSON CITY								
CHARLES S. WILSON MEMORIAL	E. M. WYSO	411	16,722	421 62,100	8,800	14	ROT.0,1,2,3;	145220
KENMORE								
KENMORE MERCY	P. A. CLINE	234	8,955	322 78,681	9,100	12	ROT.0;	182911
LEWISTON								
MOUNT ST. MARY'S HOSPITAL OF NIAGARA FALLS	J. V. CORDARO	200	8,647	207 29,927	8,500	08	ROT.0;	150311
MANHASSET								
NORTH SHORE - SEE CORNELL COOPERATING HOSPITALS, NEW YORK CITY								
MINEOLA								
NASSAU	W. C. HOLLIS	383	16,514	727 10,913	12,132	12	ROT.0,1,2,3,4;	145520
	W. C. HOLLIS					02	ST.MED.	145532
	D. JANELLI					02	ST.SURG.	145533
	J. MALFETANO					02	ST.OBG.	145535
MOUNT KISCO								
NORTHERN WESTCHESTER	F. J. BRICCETTI	166	9,053	286 95,182	8,630	08	ROT.1,2;	145620
MOUNT VERNON								
MOUNT VERNON	A. R. WALSH	280	10,331	433 15,979	10,500	16	ROT.0;	145711
NEWBURGH								
ST. LUKE'S HOSPITAL OF NEWBURGH	G. FLAUM	227	8,529	426 88,462	9,400	10	ROT.0;	145811
NEW HYDE PARK								
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER PROGRAM								
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER	S. SURKS	409	17,137	514 47,557	12,300	14	ROT.0,1,2,3,4,8;	196320
						14	ST.MED.	196332
						06	ST.PED.	196334
QUEENS HOSPITAL CENTER (NEW YORK CITY)	H. KOLODNY	913	17,358	1,567 207,988	12,300	25	ROT.0,1,2,3,4;	145120
NEW ROCHELLE								
NEW ROCHELLE HOSPITAL MEDICAL CENTER	A. J. MANNIX, JR.	291	13,218	561 75,791	8,440	18	ROT.0,1,2,3,4,5;	145920
	W. J. MC CANN					03	ST.SURG.	145933

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
NEW YORK - CONTINUED								
NEW YORK CITY								
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS								
BRONX MUNICIPAL HOSPITAL CENTER	S. L. ROMNEY	919	34,494	1,493 339,335		05	ROT.3;	193115
	N. BRICKER					26	ST.MED.	193132
	R. FRATER					20	ST.SURG.	193133
	R. TERRY					02	ST.PATH.	193136
LINCOLN		246	9,776	372 228,712		13	ST.MED.	148432
BEEKMAN-DOWNTOWN	R. B. NOLAN	256	5,592	367 19,303	10,900	08	ROT.2;	189013
	J. T. FLYNN					04	ST.MED.	169032
BELLEVUE HOSPITAL CENTER - SEE NEW YORK UNIVERSITY MEDICAL CENTER								
BETH ISRAEL MEDICAL CENTER	B. STRAUS	885	28,579	589 583,731	12,300	06	ROT.0;	147011
	S. BLATMAN					04	ST.PED.	147034
						01	ST.OBG.	147035
BOOTH MEMORIAL	J. H. DWEK	270	11,592	439 17,857	10,500	07	ST.MED.	182232
	J. L. CHASSIN					07	ST.SURG.	182233
BRONX-LEBANON HOSPITAL CENTER	E. E. FISCHEL	527	17,604	674 138,601	12,750	08	ROT.0,1,2,3,4,5,7;	147120
						04	ST.MED.	147132
						02	ST.SURG.	147133
BROOKDALE HOSPITAL CENTER	A. KAHN	409	18,340	389 195,505	12,300	10	ROT.0;	141911
	A. KAHN					10	ROT.1;	141912
	A. KAHN					02	ROT.3;	141915
	A. KAHN					02	ROT.6;	141976
	A. KAHN					02	ROT.8;	141977
	A. LYON					10	ST.MED.	141932
	M. MACKLER					10	ST.SURG.	141933
BROOKLYN-CUMBERLAND MEDICAL CENTER#	V. TRICOMI	721	25,815	1,102 331,896	12,300	06	ROT.0;	142011
	J. F. MUELLER					12	ST.MED.	142032
	K. MAC GREGOR					07	ST.SURG.	142033
	P. R. SCAGLIONE					04	ST.PED.	142034
	G. FINKEL					02	ST.PATH.	142036
CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS	A. GOTTA			302,400	12,800	48	ROT.0,1,2,3,4;	145020
	P. LO PRESTI					02	ST.MED.	145032
	D. S. MARTIN					02	ST.SURG.	145033
						02	ST.OBG.	145035
MARY IMMACULATE DIVISION		243	8,909	389 35,238				
ST. JOHN'S QUEENS DIVISION		269	9,732	418 38,519				
ST. MARY'S DIVISION		196	6,840	244 100,509				
COLUMBUS	M. R. BAZZINI	269	6,658	398 24,478	10,500	14	ROT.1,2;	
CORNELL COOPERATING HOSPITALS								
NEW YORK HOSPITAL-MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	A. G. BEARN				12,300	30	ST.MED.	146632
NEW YORK		885	34,062	847 210,674				
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES		413	9,287	935 85,159				
NORTH SHORE HOSPITAL-MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	L. SCHERR, W. MYERS				11,500	15	ST.MED.	146732
	A. R. BEIL, JR.					11	ST.SURG.	146733
NORTH SHORE (MANHASSET)		343	18,022	408 85,160				
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES		413	9,287	935 85,159				
NORTH SHORE HOSPITAL - NEW YORK	L. SCHERR, F. FUCHS				11,500	02	ROT.3;	146715
NORTH SHORE (MANHASSET) NEW YORK								
FLUSHING HOSPITAL AND MEDICAL CENTER	L. J. DELLI-PIZZI	292	11,752	462 36,618	10,800	06	ROT.0;	144511
						03	ROT.1;	144512
						03	ROT.2;	144513
						02	ROT.3;	144515
						02	ROT.4;	144514
						02	ST.SURG.	144533
						02	ST.OBG.	144535
FORDHAM HOSPITAL (MISERICORDIA HOSPITAL TRAINING PROGRAM)	R. F. GOMPRECHT	350	12,471	549 190,063	13,300	21	ROT.9;	147420
FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER	A. M. GELB	504	17,208	526 57,583	12,750	12	ROT.0;	147511
	A. M. GELB					03	ROT.1;	147512
	J. E. MC MANUS					03	ROT.2;	147513
	L. J. CARUSO					03	ROT.3;	147515
	E. M. DI TOLLA					01	ROT.4;	147514
	A. M. GELB					02	ST.MED.	147532
	J. E. MC MANUS					06	ST.SURG.	147533
	L. J. CARUSO					02	ST.OBG.	147535
HARLEM HOSPITAL CENTER	G. E. THOMSON	869	21,693	1,023 319,648		23	ROT.9;	147820
	G. E. THOMSON					20	ST.MED.	147832
	J. M. FERRER, JR.					16	ST.SURG.	147833
HOSPITAL FOR JOINT DISEASES AND MEDICAL CENTER	E. GERMAN	300	7,019	175 73,568		01	ROT.1;	147912
						01	ROT.2;	147913
	J. GROSSMAN					04	ST.MED.	147932
	J. WILDER					04	ST.SURG.	147933
JAMAICA	B. D. GUSSOFF	258	9,465	497 26,692	12,050	08	ROT.0,1,2;	144920
	B. D. GUSSOFF					02	ST.MED.	144932
	H. BARBER					02	ST.SURG.	144933
	M. M. ABITBOL					02	ST.OBG.	144935
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	S. L. LEE	606	19,083	856 113,391	12,300	05	ROT.0;	142511
	S. L. LEE					07	ROT.1;	142512
	B. S. LEVOWITZ					05	ROT.2;	142513
	M. A. SCHIFFER					02	ROT.3;	142515
	C. V. PRYLES					03	ROT.4;	142514
	A. E. CHIRON					01	ROT.8;	142577
	S. L. LEE					12	ST.MED.	142532
	B. S. LEVOWITZ					03	ST.SURG.	142533
	C. V. PRYLES					03	ST.PED.	142534
GREENPOINT		151	6,285	310 172,583				
JEWISH MEMORIAL	J. COHEN	175	6,743	371 34,259	9,000	08	ROT.0,2;	148020
						02	ST.MED.	148032

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
NEW YORK, NEW YORK CITY - CONTINUED								
KINGSBROOK JEWISH MEDICAL CENTER	E. E. MANDEL	760	5,229	745 26,348	12,750	12	ROT.1;	147612
						02	ROT.7;	147642
KNICKERBOCKER	B. E. KRENTZ	215	3,999	350 19,244	11,900	06	ROT.0;	148111
	B. E. KRENTZ					03	ST.MED.	148132
	E. P. FLEISCHMANN					03	ST.SURG.	148133
LENOX HILL	W. D. SICHER	533	15,236	646 86,835	12,300	04	ROT.1;	148312
						15	ST.MED.	148332
						05	ST.PED.	148334
LONG ISLAND COLLEGE	W. G. MULLIN	517	21,294	828 48,103	12,300	25	ROT.0;	142711
	J. N. EDSON					04	ST.MED.	142732
	J. BONGIORNO					03	ST.PED.	142734
LUTHERAN MEDICAL CENTER	G. F. CUCOLO	277	6,752	529 73,133	11,600	11	ROT.0;	143011
	A. CACCESE					01	ST.MED.	143032
	G. F. CUCOLO					01	ST.SURG.	143033
	N. J. CHIARA					01	ST.PED.	143034
	G. S. ZAROU					01	ST.OBG.	143035
MAIMONIDES MEDICAL CENTER TRAINING PROGRAM								
MAIMONIDES MEDICAL CENTER	D. GROB	571	19,273	1,170 52,637	12,300	12	ROT.1;	142612
	D. GROB					17	ST.MED.	142832
	G. DEGENSHEIN					09	ST.SURG.	142833
CONEY ISLAND#	S. GLICK	431	10,558	977 176,411	12,300	16	ST.MED.	142232
	H. KRIEGER					06	ST.SURG.	142233
	A. VASICKA					04	ST.OBG.	142235
METHODIST HOSPITAL OF BROOKLYN	V. LARKIN	444	14,968	627 40,487	12,000	06	ROT.0;	142911
	M. HOFFMAN					02	ST.MED.	142932
	I. ENQUIST					04	ST.SURG.	142933
	H. GHADIMI					01	ST.PED.	142934
MISERICORDIA	CHRMN., GRAD MED ED	95	12,326	341 58,337	13,300	18	ROT.9;	148620
MISERICORDIA-FORDHAM TRAINING PROGRAM	R. F. GOMPRECHT				13,300	05	ST.MED.	148632
	B. M. REYNOLDS					05	ST.SURG.	148633
MISERICORDIA		95	12,326	341 58,337				
FORDHAM		350	12,471	549 190,063				
MONTEFIORE HOSPITAL TRAINING PROGRAM	D. HAMERMAN				12,300	42	ST.MED.	148732
	D. HAMERMAN					06	ST.MED.-SOCIAL	148794
	M. L. GLIEDMAN					20	ST.SURG.	148733
	L. FINBERG					18	ST.PED.	148734
	L. FINBERG					06	ST.PED.-SOCIAL	148795
	N. HERZIG					02	ST.OBG.	148735
MONTEFIORE HOSPITAL AND MEDICAL CENTER		675	17,099	1,244 149,861				
MORRISANIA CITY		262	11,823	441 155,408				
MOUNT SINAI HOSPITAL TRAINING PROGRAM								
MOUNT SINAI	S. A. BERSON	1,017	29,783	1,134 270,425	12,300	32	ST.MED.	149032
	A. E. KARK					16	ST.SURG.	149033
	H. POPPER					02	ST.PATH.	149035
CITY HOSPITAL CENTER AT ELMHURST	A. SINGER	781	22,282	1,493 200,643	12,300	15	ROT.0;	149111
	S. SECKLER					21	ST.MED.	149132
	A. SINGER					05	ST.SURG.	149133
NEW YORK	P. A. EBERT	885	34,062	847 210,674	12,300	15	ST.SURG.	149233
	J. T. ELLIS					05	ST.PATH.	149235
NEW YORK INFIRMARY	H. TAUBE	223		267 24,776	12,300	13	ROT.0;	187511
NEW YORK MEDICAL COLLEGE - METROPOLITAN HOSPITAL CENTER	W. L. MERSHEIMER				12,300	30	ROT.2;	147313
	D. SPIRO					02	ROT.5;	147386
	A. M. FREEDMAN					13	ROT.6;	147376
	R. GOLDSTEIN					36	ST.MED.	147332
	E. WASSERMAN					12	ST.PED.	147334
	D. SPIRO					03	ST.PATH.	147336
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS		308	16,099	303 11,134				
UNIT 2 - METROPOLITAN HOSPITAL CENTER		676	17,391	707 326,761				
NEW YORK POLYCLINIC DIVISION - SEE FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER								
NEW YORK UNIVERSITY MEDICAL CENTER								
BELLEVUE HOSPITAL CENTER	S. J. FARBER	1,405	28,202	1,129 403,188		22	ST.MED.	146432
BELLEVUE HOSPITAL CENTER-UNIVERSITY HOSPITAL	S. J. FARBER					04	ROT.1;	146412
	G. DOUGLAS					06	ROT.3;	146415
	F. BECKER					05	ROT.5;	146486
	M. HERMAN					04	ROT.6;	146476
	F. C. SPENCER					20	ST.SURG.	146433
	F. BECKER					05	ST.PATH.	146436
BELLEVUE HOSPITAL CENTER		1,405	28,202	1,129 403,188				
UNIVERSITY		582	19,305	462 44,759				
UNIVERSITY HOSPITAL-VETERANS ADMIN. (MANHATTAN)	N. SPRITZ, S. FARBER					12	ST.MED.	146532
VETERANS ADMIN. (MANHATTAN)		894	10,670	605 63,357				
UNIVERSITY		582	19,305	462 44,759				
PRESBYTERIAN	C. RAGAN	1,210	38,040	1,176 391,842	12,000	17	ST.MED.	149532
	K. REEMTSMA					12	ST.SURG.	149533
	R. BEHRMAN					10	ST.PED.	149534
	D. W. KING					04	ST.PATH.	149535
QUEENS HOSPITAL CENTER - SEE LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER PROGRAM, NEW HYDE PARK								
ROOSEVELT	T. F. DILLON	537	17,624	704 196,742	10,800	02	ROT.3;	149615
	H. C. SHANDS					06	ROT.6;	149676
	N. P. CHRISTY					12	ST.MED.	149632
	W. A. WICHERN, JR.					10	ST.SURG.	149633
	A. ANASTASIADES					05	ST.PED.	149634
ST. CLARE'S HOSPITAL AND HEALTH CENTER	A. J. LEWIS	339	6,385	358 30,866	9,500	06	ST.MED.	149732
ST. JOHN'S EPISCOPAL	J. E. MULE	260	11,269	263 94,561	12,600	14	ROT.0;	143211
ST. LUKE'S HOSPITAL CENTER	T. B. VAN ITALLIE	647	22,872	637 173,051	12,000	14	ST.MED.	149932
	H. F. FITZPATRICK					08	ST.SURG.	149933
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	R. J. BOLLER	720	18,283	965 140,559	10,800	23	ROT.9;	150020
						12	ST.MED.	150032

Name of Hospital	Program Director	Average Daily Census	Total Admissions		Out-patient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
NEW YORK, NEW YORK CITY - CONTINUED									
ST. VINCENT'S MEDICAL CENTER OF RICHMOND	A. A. CLAPS	311	10,695	380	27,272	12,500	10	ROT.0,1,2,6;	151420
	L. WEINER						02	ST.MED.	151432
	W. FREDERICK						02	ST.SURG.	151433
	A. A. CLAPS						02	ST.PED.	151434
	W. LEEN						02	ST.OBG.	151435
STATEN ISLAND	T. G. MC GINN	232	11,515	382	24,754	12,800	11	ROT.0;	151511
							03	ROT.1;	151512
STATE UNIVERSITY-KINGS COUNTY HOSPITAL CENTER	M. METZ					10,800	10	ROT.0,1,2,3,4,5,6;	142620
	L. EICHNA						37	ST.MED.	142632
	C. DENNIS						20	ST.SURG.	142633
	J. LANMAN						05	ST.PED.	142634
	P. J. FITZGERALD						01	ST.PATH.	142636
KINGS COUNTY HOSPITAL CENTER		1,660	54,850	2,511	474,008	12,300			
STATE UNIVERSITY		229	9,689	282	68,134	12,300			
SYDENHAM		158	5,511	110	34,449	12,300	09	ROT.1;	150112
UNITY	V. GINSBERG	170	7,361	202	48,171	10,800	10	ROT.2;	143413
UNIVERSITY HOSPITAL - SEE NEW YORK UNIVERSITY MEDICAL CENTER									
VETERANS ADMIN. (BROOKLYN)	A. A. POLACHEK	808	9,630	655	42,486	13,053	16	ST.MED.	150232
	H. H. LE VEEN						06	ST.SURG.	150233
VETERANS ADMIN. (MANHATTAN) - SEE NEW YORK UNIVERSITY MEDICAL CENTER									
WYCKOFF HEIGHTS	J. LOPRESTI	351	11,340	773	29,238	9,500	12	ROT.0;	143511
	M. FRIEDMAN						02	ROT.3;	143515
	A. STATSINGER						02	ROT.5;	143586
NIAGARA FALLS									
NIAGARA FALLS MEMORIAL MEDICAL CENTER	L. B. KRAMER	308	11,214	370	61,049	8,000	13	ROT.0;	193511
NORTHPORT									
VETERANS ADMIN. - SEE S.U.N.Y. AT STONY BROOK AFFILIATED HOSPITALS (STONY BROOK)									
PORT CHESTER									
UNITED	E. K. HOWARD	296	10,386	387	31,320	9,100	08	ROT.0;	150411
ROCHESTER									
GENESEE	H. L. SEGAL	265	15,501	512	25,481	9,500	14	ROT.1,2;	150720
							06	ST.MED.	150732
							02	ST.SURG.	150733
HIGHLAND HOSPITAL OF ROCHESTER	J. W. HOLLER	227	14,196	446	7,319	10,100	08	ROT.0,1,2;	150820
							04	ST.MED.	150832
ROCHESTER GENERAL	T. H. CASEY	500	23,066	708	24,639	9,500	06	ROT.0,1,2,4;	150920
							07	ST.MED.	150932
							02	ST.SURG.	150933
ST. MARY'S	R. J. NAPODANO	246	10,822	396	13,297	9,000	09	ROT.9;	151020
	R. J. NAPODANO						04	ST.MED.	151032
	K. HOBLER						04	ST.SURG.	151033
	J. B. IUPPA						02	ST.OBG.	151035
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	L. E. YOUNG	615	21,710	812	104,566	9,500	02	ROT.2;	151113
	C. J. LUND						06	ROT.3;	151115
	L. E. YOUNG						02	ROT.4;	151114
	L. E. YOUNG						18	ST.MED.	151132
	C. ROB						14	ST.SURG.	151133
	S. F. PATTEN, JR						04	ST.PATH.	151136
	C. J. LUND						02	ST.OBG.	151135
UNIVERSITY OF ROCHESTER COMMUNITY PEDIATRICS PROGRAM									
GENESEE	J. W. SAYRE	265	15,501	512	25,481	9,500	03	ROT.4;	150714
ROCHESTER GENERAL	J. W. SAYRE	500	23,066	708	24,639	9,500	03	ROT.4;	150914
ROCKVILLE CENTER									
MERCY	A. W. MARKS	320	13,456	388	44,263	9,400	12	ROT.0;	151911
SCHENECTADY									
ELLIS	G. D. VLAHIDES	420	15,057	590	45,531	9,159	20	ROT.0,1,2,3,4,5,6;	151220
ST. CLARE'S							15	ROT.0,1,2;	151320
STONY BROOK									
S.U.N.Y. AT STONY BROOK AFFILIATED HOSPITALS VETERANS ADMIN.	L. E. MEISELAS						12	ST.MED.	291932
SYRACUSE									
ST. JOSEPH'S HOSPITAL HEALTH CENTER	F. S. CALIVA	332	15,865	494	28,493	9,700	06	ROT.9;	151820
S. U. N. Y. UPSTATE MEDICAL CENTER	D. OKEN	276	9,588	357	70,283	9,700	06	ROT.6;	151676
	W. J. WILLIAMS						20	ST.MED.	151632
	W. WEBB						10	ST.SURG.	151633
VALHALLA									
GRASSLANDS	W. R. DALZIEL	293	7,512	248	65,251	9,530	14	ROT.0;	152111
	F. GRAIG						02	ST.MED.	152132
	M. ROHMAN						02	ST.SURG.	152133
WHITE PLAINS									
WHITE PLAINS	M. M. LIPMAN	241	10,043	302	54,300	10,000	10	ROT.0,1,2;	152320
YONKERS									
ST. JOHN'S RIVERSIDE	C. E. FLOKAS	249	9,695	355	6,523	8,525	16	ROT.0;	152411
ST. JOSEPH'S	T. BRODERICK	132	4,650	164	30,762	12,000	12	ROT.0,1,2;	152520
YONKERS GENERAL	S. A. SOROKOFF	151	5,573	246	73,103	8,500	08	ROT.0;	152611
NORTH CAROLINA									
CHAPEL HILL									
NORTH CAROLINA MEMORIAL#	H. J. FALLON	356	12,942	421	116,750	8,500	08	ROT.4;	190014
	H. J. FALLON						20	ST.MED.	190032
	C. G. THOMAS						15	ST.SURG.	190033
	F. W. DENNY						08	ST.PED.	190034
	K. BRINKHOUS						04	ST.PATH.	190036
CHARLOTTE									
CHARLOTTE MEMORIAL	B. L. GALUSHA	675	32,851	780	69,096	8,400	14	ROT.0,2,3,4;	152720
							04	ROT.1;	152712
DURHAM									
DUKE UNIVERSITY MEDICAL CENTER	M. HARMEL	708	27,640	889	293,975	9,250	03	ROT.8;	152977
	J. WYNGAARDEN						34	ST.MED.	152932
	T. KINNEY						08	ST.PATH.	152936

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
NORTH CAROLINA - CONTINUED								
WATTS	H. A. ROYSTER, JR.	252	12,111	337 25,526	8,750	10	ROT.1,2;	187720
						04	ST.SURG.	187733
WILMINGTON								
NEW HANOVER MEMORIAL	E. WERK, JR.	309	16,233	447 49,912	8,500	10	ROT.00,9;	153420
	L. B. MASON					02	ST.SURG.	153433
WINSTON-SALEM								
BOWMAN GRAY SCHOOL OF MEDICINE AFFILIATED HOSPITALS								
NORTH CAROLINA BAPTIST	E. H. YOUNT	392	18,340	586 33,942	8,500	04	ROT.1;	153712
	R. T. MYERS					04	ROT.2;	153713
	R. L. BURT					04	ROT.3;	153715
	W. M. KELSEY					04	ROT.4;	153714
	R. W. PRICHARD					01	ROT.5;	153786
	R. PROCTOR					02	ROT.6;	153776
	T. H. IRVING					01	ROT.8;	153777
	E. H. YOUNT					18	ST.MED.	153732
	R. T. MYERS					10	ST.SURG.	153733
	W. M. KELSEY					06	ST.PED.	153734
	R. W. PRICHARD					05	ST.PATH.	153736
FORSYTH MEMORIAL	W. A. LAMBETH	538	25,901	700 10,325	7,500	06	ROT.0;	153511
REYNOLDS MEMORIAL						08	ROT.0;	
NORTH DAKOTA								
FARGO								
ST. LUKE'S HOSPITALS	J. D. SARBACKER	212	10,865	304 12,828	10,500	12	ROT.0;	153911
OHIO								
AKRON								
AKRON CITY	T. R. HATHAWAY	586	21,234	907 49,827	9,100	07	ROT.0,1,2,3,5,7;	154120
	A. KERR, JR.					06	ST.MED.	154132
	R. M. BARTLETT					04	ST.SURG.	154133
AKRON GENERAL	J. C. JOHNS	475	12,248	530 20,903	9,800	10	ROT.0,1,2,3,7;	154220
	H. M. FRIEDMAN					06	ST.MED.	154232
	D. M. EVANS					04	ST.SURG.	154233
CHILDREN'S HOSPITAL OF AKRON	J. D. KRAMER	190	12,996	129 56,991	9,100	08	ST.PED.	189534
ST. THOMAS	O. S. STEINREICH	351	16,452	417 17,077	9,929	18	ROT.0,1,2,3;	154320
						02	ST.SURG.	154333
BARBERTON								
BARBERTON CITIZENS	H. YOUNG	334	16,162	382 48,943	7,596	18	ROT.0,2,3;	196420
CANTON								
AULTMAN	N. KALORIDES	543	23,417	664 12,273	9,600	12	ROT.0;	154411
	W. S. MORGAN					02	ST.PATH.	154436
CINCINNATI								
CHRIST	C. R. SIKES	552	22,802	606 48,251	9,870	14	ROT.0,1,2;	154720
	R. DEAN					07	ST.SURG.	154733
GOOD SAMARITAN						17	ROT.9;	155020
						04	ST.MED.	155032
JEWISH	E. G. MARGOLIN	510	19,122	568 120,945	9,200	04	ROT.0,1,2;	155120
	H. J. HEIMLICH					05	ST.SURG.	155133
UNIVERSITY OF CINCINNATI HOSPITAL GROUP								
CINCINNATI GENERAL#	J. LINDER, JR.	541	20,673	689 152,325	9,200	20	ROT.0,1,2,3,4,8;	154820
	R. W. VILTER					14	ST.MED.	154832
	W. A. ALTEMEIER					12	ST.SURG.	154833
	R. O. SMITH					02	ST.PATH.	154836
CLEVELAND								
CASE-WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS								
STRAIGHT INTERNSHIP IN SURGERY	W. D. HOLDEN				10,000	18	ST.SURG.	155233
UNIVERSITY HOSPITALS OF CLEVELAND		701	27,549	769 352,409				
CLEVELAND METROPOLITAN GENERAL		417	13,274	519 333,368				
VETERANS ADMIN.		666	7,765	579 95,692				
STRAIGHT INTERNSHIP IN MEDICINE	P. E. WISENBAUGH				10,000	14	ST.MED.	155232
VETERANS ADMIN.		666	7,765	579 95,692				
UNIVERSITY HOSPITALS OF CLEVELAND		701	27,549	769 352,409				
CLEVELAND METROPOLITAN GENERAL		417	13,274	519 333,368				
CLEVELAND METROPOLITAN GENERAL#	C. H. RAMMELKAMP	417	13,274	519 333,368	10,500	06	ROT.1,2,3,4;	155320
	J. D. REID					02	ROT.5;	155386
	C. H. RAMMELKAMP					18	ST.MED.	155332
	R. SCHWARTZ					08	ST.PED.	155334
UNIVERSITY HOSPITALS OF CLEVELAND#	A. B. LITTLE	701	27,549	769 352,409	10,000	04	ROT.3;	156215
	H. L. FRIEDELL					04	ROT.7;	156242
	J. S. GRAVENSTEIN					07	ROT.8;	156277
	D. D. RATNOFF					16	ST.MED.	156232
	L. W. MATTHEWS					13	ST.PED.	156234
CLEVELAND CLINIC	R. A. VAN OMMEN	578	24,508	538 229,664	9,500	05	ROT.1;	196812
	R. E. HERMANN					08	ROT.2;	196813
	R. A. VAN OMMEN					12	ST.MED.	196832
FAIRVIEW GENERAL	B. J. VALENTI	409	17,523	517 72,829	10,800	15	ROT.0,2,3,5,7,8;	155420
HURON ROAD	E. M. GOYETTE	365	13,086	488 9,897	10,200	06	ROT.0;	157111
	E. M. GOYETTE					03	ROT.1;	157112
	J. L. BILTON					02	ROT.2;	157113
	S. E. BURKHART					01	ROT.3;	157115
	E. E. SIEGLER					01	ROT.5;	157186
LUTHERAN MEDICAL CENTER	D. W. SCHULTZ	252	8,224	359 16,352	8,000	12	ROT.1;	155611
MARYMOUNT	N. G. DE PIERO	225	9,139	216 29,151	10,800	12	ROT.0,1,2,3,5,6,8;	157220
MOUNT SINAI HOSPITAL OF CLEVELAND#	S. E. WOLPAW	475	22,316	534 46,348	10,000	06	ROT.9;	155720
	V. VERTES					04	ST.MED.	155732
	J. S. GELLER					02	ST.SURG.	155733
ST. ALEXIS	J. R. PARADISE	300	10,895	540 5,211	9,600	12	ROT.0,2;	155820
ST. JOHN'S	R. J. MC CAFFERY	287	10,293	319 46,175	10,800	15	ROT.0,1,2,3;	155920

Name of Hospital	Program Director	Average Daily Census	Total Admissions		Out-patient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
OHIO, CLEVELAND - CONTINUED									
ST. LUKE'S	T. W. WYKOFF	430	18,503	540	46,699	9,500	10	ROT.9;	156020
	R. G. WIELAND						06	ST.MED.	156032
	F. S. CROSS						02	ST.SURG.	156033
ST. VINCENT CHARITY	A. M. ZIPPERT	383	11,332	414	32,795	10,000	12	ROT.0,1,2,3,5,6,7,8;	156120
UNIVERSITY HOSPITALS OF CLEVELAND - SEE CASE-WESTERN UNIVERSITY AFFILIATED HOSPITALS									
COLUMBUS									
GRANT	J. P. STEVENS	432	16,881	813	10,622	8,100	16	ROT.9;	156420
MOUNT CARMEL	M. A. ANTHONY	460	17,729	550	21,279	7,650	18	ROT.0,1,2;	156520
OHIO STATE UNIVERSITY SCHOOL OF MEDICINE	J. V. WARREN	764	28,003	854	141,049	7,000	20	ST.MED.	156632
	R. M. ZOLLINGER						10	ST.SURG.	156633
	B. D. GRAHAM						16	ST.PED.	156634
	J. C. GEER						02	ST.PATH.	156636
RIVERSIDE METHODIST	D. J. VINCENT	714	27,661	804	11,278	8,600	24	ROT.0,1,2,3;	156720
DAYTON									
GOOD SAMARITAN	B. A. KLEINMAN	451	19,005	591	4,440	12,000	13	ROT.0;	156811
MIAMI VALLEY#	A. HICKS, 2D.	609	24,077	705	93,716	10,550	12	ROT.9;	156920
ST. ELIZABETH MEDICAL CENTER	R. C. ASHCOM	450	20,023	376	41,525		09	ROT.0;	157011
ELYRIA									
ELYRIA MEMORIAL	W. H. SIGALOVE	281	12,463	333	106,629	8,100	12	ROT.2;	190113
EUCLID									
EUCLID GENERAL	G. C. POORE	322	12,741	490	22,557	10,000	06	ROT.0;	155511
							02	ROT.1;	155512
							06	ROT.2;	155513
KETTERING									
CHARLES F. KETTERING MEMORIAL#	E. C. HEDRICK	387	18,340	404	37,715	7,800	09	ROT.0,2,3,4,5,7,8;	157620
	A. A. BRUST						03	ROT.1;	157611
LAKEWOOD									
LAKEWOOD	R. W. REYNOLDS	293	10,716	370	3,193	7,908	12	ROT.1,2;	157420
LORAIN									
ST. JOSEPH	C. C. CHESNER	253	10,671	328	2,159	9,300	12	ROT.9;	197320
STEUBENVILLE									
OHIO VALLEY	S. PRESS	315	16,250	419	2,354	10,000	15	ROT.0;	192711
TOLEDO									
FLOWER	F. B. RUWE	180	9,165	279	38,440	7,800	03	ROT.0;	157611
HOSPITAL OF THE MEDICAL COLLEGE OF OHIO AT TOLEDO	E. H. VOGEL	176	6,713	261	31,161	9,600	12	ROT.0,1,2,3,4,5;	157920
	G. D. LUDWIG						04	ST.MED.	157932
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS	M. REGENT						02	ST.PED.	157934
HOSPITAL OF MEDICAL COLLEGE OF OHIO AT TOLEDO		176	6,713	261	31,161				
TOLEDO		478	20,581	507	13,407				
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS	M. C. ANDERSON					9,600	06	ST.SURG.	157933
HOSPITAL OF MEDICAL COLLEGE OF OHIO AT TOLEDO		176	6,713	261	31,161				
MERCY		327	14,828		80,224				
ST. VINCENT HOSPITAL AND MEDICAL CENTER		565	21,871	703	100,349				
MERCY	J. F. BRUNNER	327	14,828		80,224	9,600	18	ROT.0,1,2,3,4,5,7,8;	156020
RIVERSIDE	H. SHAPIRO	160	7,350	185	25,526	8,229	09	ROT.0;	158111
ST. CHARLES	M. YUCE	229	9,171	236	3,708	9,600	09	ROT.0,1,2,3;	195120
ST. VINCENT HOSPITAL AND MEDICAL CENTER	E. J. PIKE	565	21,871	703	100,349	9,600	18	ROT.0,1,2,4;	158220
TOLEDO	G. W. SUTHERLAND	478	20,581	507	13,407	9,600	09	ROT.0;	158311
	C. D. COBAU						03	ROT.1;	158312
	J. R. SADD						02	ROT.2;	158313
	R. W. MUENZER						01	ROT.3;	158315
	J. C. ROBERTS						01	ROT.4;	158314
	W. A. NORDIN						01	ROT.5;	158386
	R. L. KENNEDY						01	ROT.8;	158377
WARREN									
TRUMBULL MEMORIAL	A. D. GAMES	388	17,267	375	73,740	10,000	12	ROT.0;	198011
							01	ROT.1;	198012
							01	ROT.2;	198013
							01	ROT.3;	198015
							01	ROT.4;	198014
YOUNGSTOWN									
ST. ELIZABETH	L. CACCAMO	517	25,387	713	27,506	10,000	21	ROT.9;	158420
YOUNGSTOWN	R. A. WILTSIE	767	29,951	1,024	13,313	10,000	24	ROT.0,1,2,3,4,5,7,8;	158520
							04	ST.MED.	158532
							02	ST.SURG.	158533
OKLAHOMA									
OKLAHOMA CITY									
BAPTIST MEMORIAL	F. H. MC GREGOR	345	15,456	383	2,574	8,400	07	ROT.0,1,2,5,6,7,8;	183020
ST. ANTHONY	J. M. PARKER	448	22,190	526	9,753	8,400	14	ROT.1,2,3,4,5,7,8;	158720
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER									
UNIVERSITY OF OKLAHOMA HOSPITALS#	J. A. MERRILL	294	12,344	463	128,379	8,500	04	ROT.3;	156815
	H. D. RILEY, JR.						05	ST.PED.	158634
UNIVERSITY OF OKLAHOMA HOSPITALS-PRESBYTERIAN HOSPITALS#	R. T. COUSSONS					8,500	03	ROT.0,5,6,7,8;	159020
	J. F. HAMMARSTEN						02	ROT.1;	159012
	J. A. SCHILLING						02	ROT.2;	159013
	H. D. RILEY, JR.						02	ROT.4;	159014
UNIVERSITY OF OKLAHOMA HOSPITALS		294	12,344	463	128,379				
PRESBYTERIAN#		150	9,236	167	6,343				
UNIVERSITY OF OKLAHOMA HOSPITALS-VETERANS ADMIN.#	J. F. HAMMARSTEN					8,500	12	ST.MED.	158932
	J. A. SCHILLING						06	ST.SURG.	158933
UNIVERSITY OF OKLAHOMA HOSPITALS		294	12,344	463	128,379				
VETERANS ADMIN.		370	7,015	396	94,560				
TULSA									
HILLCREST MEDICAL CENTER	J. B. NETTLES	318	14,654	416	26,500	9,708	12	ROT.0;	159111
ST. JOHN'S	J. D. MAYFIELD	479	23,085	562	19,090	9,708	14	ROT.0,1,2,3,4;	159220

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OREGON								
PORTLAND								
EMANUEL	W. J. KUHL, JR.	350	21,857	483 75,822	8,820	16	ROT.0,1,2,3,4,5,7,8;	159420
GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER	S. S. MEIGHAN	389	19,142	411 49,212	8,820	09	ROT.0,1,2,5;	159520
	S. F. RABINER					04	ST.MED.	159532
	M. MC KIRDIE					03	ST.SURG.	159533
PROVIDENCE	D. N. GILBERT	350	14,472	460 4,260	8,820	12	ROT.0,1,2,4,5,7,8;	159720
ST. VINCENT HOSPITAL AND MEDICAL CENTER	D. B. MILLER, JR.	275	14,702	416 28,000	8,820	06	ST.SURG.	159833
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS#	M. D. BAIRD	461	15,762	453 166,708	8,000	36	ROT.0;	159911
	R. MOORE					01	ST.PATH.	159936
UNIVERSITY OF OREGON MEDICAL SCHOOLS HOSPITALS-VETERANS ADMIN.#	J. D. BRISTOW				8,000	08	ST.MED.	159932
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS		461	15,762	453 166,708				
VETERANS ADMIN#		444	7,524	378 38,032				
PENNSYLVANIA								
ABINGTON								
ABINGTON MEMORIAL#	A. L. BRENNER	419	20,783	538 536,444	9,200	01	ROT.3;	160015
	P. N. ROEDIGER					01	ROT.7;	160042
	H. J. KENWORTHY					10	ST.MED.	160032
	A. S. FROBESE					06	ST.SURG.	160033
ALLENTOWN								
ALLENTOWN	F. D. FISTER	478	20,344	698 11,053	10,000	16	ROT.9;	160120
SACRED HEART	G. E. MOERKIRK	270	10,725	459 32,507	7,500	10	ROT.0;	160211
ALTOONA								
ALTOONA	P. W. HODVLER	379	15,677	533 60,919	9,600	16	ROT.0;	160311
BETHLEHEM								
ST. LUKE'S	W. R. THOMPSON	375	13,995	500 108,679	9,800	14	ROT.9;	160520
BRISTOL								
LOWER BUCKS	W. A. CAPPIELLO	264	14,648	303 5,180	9,400	08	ROT.0;	197411
BRYN MAWR								
BRYN MAWR	T. J. BERRY	360	13,708	408 14,299	9,000	08	ROT.0,1,2,3,4,5,8;	160620
	J. T. MAGEE					03	ST.MED.	160632
	W. C. STAINBACK					03	ST.SURG.	160633
CHESTER								
CROZER-CHESTER MEDICAL CENTER	J. H. LOUCKS	370	15,315	487 241,299	9,500	08	ROT.0,1,2,3,4;	160720
DANVILLE								
GEISINGER MEDICAL CENTER#	R. EYERLY	333	15,369	290 219,404	7,700	15	ROT.0,1,2;	160820
						02	ST.MED.	160832
						02	ST.SURG.	160833
						01	ST.OBG.	160835
DARBY								
MERCY CATHOLIC MEDICAL CENTER FITZGERALD MERCY DIVISION#	D. L. KETTERING	318	15,427	377 14,482	9,400	14	ROT.0;	160911
DREXEL HILL								
DELAWARE COUNTY MEMORIAL	J. H. A. BOMBERGER	270	9,600	475 4,900	8,400	08	ROT.2;	185813
EASTON								
EASTON	H. Y. SEIDEL	252	10,026	468 33,937	9,000	02	ROT.0;	161011
	H. Y. SEIDEL					06	ROT.1;	161012
	L. S. SERFAS					02	ROT.2;	161013
ERIE								
HAMOT	G. J. D' ANGELO	390	15,905	526 151,544	9,500	12	ROT.0,1,2,3,4,7;	161120
ST. VINCENT	R. T. RENZ	430	18,239	579 164,352	8,800	10	ROT.0;	161211
GREENSBURG								
WESTMORELAND	J. FONG	242	11,658	361 97,261	7,800	08	ROT.0;	
HARRISBURG								
HARRISBURG#	T. F. FLETCHER	529	18,829	807 57,315	9,600	08	ROT.9;	161420
	K. E. QUICKEL					06	ST.MED.	161432
	F. W. BRASON					02	ST.PATH.	161436
	C. K. FETTERHOFF					02	ST.OBG.	161435
HARRISBURG POLYCLINIC	D. A. SMITH	554	19,039	651 17,177	10,000	08	ROT.0;	161511
	J. S. BRAY					04	ST.MED.	161532
	L. T. PATTERSON					04	ST.SURG.	161533
	J. M. GARFUNKEL					02	ST.PED.	161534
HERSHEY								
MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY	A. E. YEAKEL	77	2,991	110 37,600	9,648	01	ROT.8;	161777
	G. H. JEFFRIES					08	ST.MED.	161732
	N. M. NELSON					03	ST.PED.	161734
JOHNSTOWN								
CONEMAUGH VALLEY MEMORIAL#	S. A. GOLDBLATT	404	16,269	622 80,314	9,000	12	ROT.9;	161620
LANCASTER								
LANCASTER GENERAL	J. ESBENSHADE, JR.	422	18,016	551 69,901	10,000	06	ROT.0;	161811
MC KEESPORT								
MC KEESPORT	K. W. TEICH	492	16,949	839 98,323	9,000	12	ROT.9;	162020
NORRISTOWN								
MONTGOMERY	R. E. CARLSON	254	12,121	337 108,266	9,600	06	ROT.0;	162111
PHILADELPHIA								
ALBERT EINSTEIN MEDICAL CENTER#	I. WOLDROW	613	20,725	938 34,265	9,500	02	ROT.3;	163115
						04	ROT.6;	163176
						24	ST.MED.	163132
CHESTNUT HILL#	H. P. CLOSE	174	7,060	262 6,149	9,500	08	ROT.0,1,2,3,5,8;	191020
	Z-P WOO					01	ST.PATH.	191036
CHILDREN'S HOSPITAL OF PHILADELPHIA#	R. KAYE	117	6,463	181 65,617	9,200	17	ST.PED.	186334
EPISCOPAL	F. E. GLAUSER	298	12,006	496 41,872	9,400	06	ROT.0,1,2,3,5,7;	162320
	W. I. GEFTER					02	ST.MED.	162332
	L. H. STAHLGREN					02	ST.SURG.	162333
	R. W. HYATT					02	ST.OBG.	162335
FRANKFORD	R. E. COHN	178	7,916	306 28,269	9,100	10	ROT.0;	162411
GERMANTOWN DISPENSARY AND HOSPITAL	G. E. MC LAUGHLIN	279	8,829	538 76,097	8,862	12	ROT.0,1,2,3,4;	162520
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA#	H. F. ZINSSER	277	6,695	424 71,661		07	ST.MED.	162632
HAHNEMANN MEDICAL COLLEGE AFFILIATED HOSPITALS#	P. SIGMANN				9,500	24	ST.MED.	162732
	K. LEESE					18	ST.SURG.	162733

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
PENNSYLVANIA, PITTSBURGH - CONTINUED								
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL		432	12,073	669 63,371				
PHILADELPHIA GENERAL		809	14,813	814 191,024				
CROZER-CHESTER MEDICAL CENTER (CHESTER)		370	15,315	487 241,299				
ST. AGNES								
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL#	J. LEE	432	12,073	669 63,371	9,500	02	ROT.3;	162715
	R. NEWMAN					12	ROT.6;	162776
	M. HASKIN					02	ROT.7;	162742
	E. SHAHEEN					05	ST.PED.	162734
	J. DOLPHIN					02	ST.PATH.	162736
HOSPITAL OF THE MEDICAL COLLEGE OF PENNSYLVANIA	D. K. WAGNER	248	10,034	231 84,985	9,700	04	ROT.0;	184911
	E. R. CARRINGTON					03	ROT.3;	184915
	D. A. HOWELL					02	ROT.4;	184914
	L. MADOW					02	ROT.6;	184976
						02	ROT.7;	184942
	D. R. COOPER					04	ST.SURG.	184933
	D. A. HOWELL					04	ST.PED.	184934
	J. LEIGHTON					02	ST.PATH.	184936
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA#	L. MASTROIANNI	710	26,963	635 189,088	9,991	06	ROT.3;	162615
	S. S. HAMILTON					04	ROT.6;	162876
	A. S. RELMAN					27	ST.MED.	162832
	J. E. RHOADS					16	ST.SURG.	162823
LANKENAU#	A. P. ANGELIDES	342	15,239	487 49,847	9,500	06	ROT.0,1,2,3,4,5,7,8;	163220
	J. D. CORBIT, JR.					01	ST.OBG.	163235
MEDICAL COLLEGE OF PENNSYLVANIA AFFILIATED HOSPITALS	D. KAYE				9,700	15	ST.MED.	184932
HOSPITAL OF THE MEDICAL COLLEGE OF PENNSYLVANIA		248	10,034	231 84,985				
VETERANS ADMIN.		431	6,375	401 34,446				
MEMORIAL	H. E. DI SILVESTRO					09	ROT.0;	163311
MERCY CATHOLIC MEDICAL CENTER MISERICORDIA DIVISION#	N. N. COHEN	274	9,942	568 24,768	9,400	13	ROT.9;	163620
						05	ST.MED.	163632
MERCY-DOUGLASS	R. G. MORRIS, JR.	137	4,769	192 13,363	9,500	08	ROT.0;	163411
METHODIST	J. N. GIACOBBO	216	8,942	271 16,898	9,500	08	ROT.0,1,2,3;	163520
NAZARETH	R. J. WINKLE	344	14,883	465 89,071	8,000	18	ROT.0,1,2,3,4,6;	163820
NORTHEASTERN HOSPITAL OF PHILADELPHIA	M. S. MANDELL	204	7,086	329 42,586	10,000	08	ROT.0;	197511
PENNSYLVANIA#	E. E. WALLACH	364	13,433	409 65,371	9,900	03	ROT.3;	163915
	J. M. MYERS					03	ROT.6;	163976
	J. E. WOOD					10	ST.MED.	163932
	P. V. MOULDER					04	ST.SURG.	163933
PHILADELPHIA GENERAL		809	14,813	814 191,024				
COMBINED DIVISIONS#	L. RORKE				9,650	03	ST.PATH.	164036
HAHNEMANN MEDICAL COLLEGE SERVICE#					9,650			
	A. GOLDMAN					04	ROT.6;	164010
	E. COODLEY					04	ROT.9;	164020
	E. COODLEY					24	ST.MED.	164032
	M. PERLMAN					03	ST.SURG.	164033
UNIVERSITY OF PENNSYLVANIA SERVICE#					9,650			
	S. HAMILTON					08	ROT.6;	164080
	T. G. SCHNABEL					11	ROT.9;	164060
	T. G. SCHNABEL					06	ST.MED.	164050
PRESBYTERIAN - UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER#	R. G. TROUT	251	9,337	412 95,328	9,700	10	ROT.0,2,3,4,5,7,8;	164120
	R. G. TROUT					10	ST.MED.	164132
						02	ST.SURG.	164133
ST. AGNES						10	ROT.0;	164211
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	V. C. VAUGHAN, 3D.				9,200	13	ST.PED.	165334
ST. JOSEPH'S	T. J. MAYE	157	4,660	271 39,145	8,400	06	ROT.0;	164311
ST. LUKE'S AND CHILDREN'S MEDICAL CENTER	J. H. DAVIDSON	256	9,585	269 11,257	10,200	12	ROT.0,1,2,4;	164420
TEMPLE UNIVERSITY	M. J. DALY	534	16,735	646 98,964	9,500	03	ROT.3;	164615
	S. SHERRY					20	ST.MED.	164632
	W. P. MAIER					09	ST.SURG.	164633
	W. H. CLARK, JR.					03	ST.PATH.	164636
THOMAS JEFFERSON UNIVERSITY#	J. M. HUNTER	589	19,925	654 76,673	9,500	09	ROT.9;	163020
						12	ST.MED.	163032
						06	ST.SURG.	163033
PITTSBURGH								
ALLEGHENY GENERAL	E. B. ROTHERAM, JR.	537	19,761	632 178,160	10,200	10	ROT.1;	164812
	G. J. MAGOVERN					06	ROT.2;	164813
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH CHILDREN'S HOSPITAL OF PITTSBURGH#	T. K. OLIVER, JR.	190	8,850	235 107,029	9,000	16	ST.PED.	165234
MONTEFIORE#	H. MENDELOW	421	13,699	540 37,140	10,000	09	ROT.0,1,2,5,7,8;	165020
	P. TROEN					12	ST.MED.	165032
PRESBYTERIAN-UNIVERSITY	P. SAFAR, B. SMITH	505	15,593	604 92,155		02	ROT.8;	165277
	J. J. LEONARD					24	ST.MED.	165232
	H. T. BAHNSON					12	ST.SURG.	165233
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	T. J. GILL, 3D.					10	ST.PATH.	165236
PRESBYTERIAN-UNIVERSITY	T. J. GILL, 3D.							
MONTEFIORE	H. MENDELOW							
VETERANS ADMIN.	H. R. HELLSTROM							
WESTERN PSYCHIATRIC INSTITUTE AND CLINIC	F. F. LOEB, JR.	119	1,303	2 40,783	10,000	12	ROT.6;	166076
MERCY	C. E. COPELAND	555	17,935	636 61,846	10,500	14	ROT.1,2,3,4,5,7,8;	164920
	F. J. LUPARELLO					09	ST.MED.	164932
PITTSBURGH	R. G. RECIO	188	7,256	282 82,196	8,800	06	ROT.0;	165111
ST. FRANCIS GENERAL	J. A. MARASCO, JR.	736	20,149	659 201,696	11,000	22	ROT.9;	188120
	E. J. HOLZINGER					07	ST.MED.	168132
ST. JOSEPH'S HOSPITAL AND DISPENSARY	F. J. SUATONI, JR.	157	5,716	221 40,982	8,400	06	ROT.0;	165511
ST. MARGARET MEMORIAL#	P. W. DISHART	228	7,180	193 57,186	10,500	12	ROT.2;	165613
SHADYSIDE	K. H. FRANZ	320	11,492	452 8,244	7,980	14	ROT.2;	165713
SOUTH SIDE	F. J. HERTZOG	283	9,138	453 65,307	10,200	10	ROT.0;	165811

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
PENNSYLVANIA, PITTSBURGH - CONTINUED								
WESTERN PENNSYLVANIA	J. H. GOODWORTH	545	20,314	595 49,600	10,000	12	ROT.0;	165911
						02	ROT.7;	165942
						05	ST.MED.	165932
						05	ST.SURG.	165933
						02	ST.PATH.	165936
						03	ST.OBG.	165935
POTTSVILLE								
POTTSVILLE HOSPITAL AND WARNE CLINIC	E. W. CUBLER	273	10,004	252 15,957	8,400	06	ROT.0;	184711
READING								
READING	J. R. MC SHANE	572	21,821	487 143,724	10,080	10	ROT.0,1;	166120
	E. A. HILDRETH					04	ST.MED.	166132
	L. L. CRAMP					02	ST.SURG.	166133
SAYRE								
ROBERT PACKER#	P. C. ROYCE	256	11,956	314 103,265	8,000	12	ROT.0,1,2,3,4,6,7,8;	166420
UNIONTOWN								
UNIONTOWN	T. M. D' AURIA	241	9,821	571 44,326	9,600	07	ROT.0,1,2,3,4;	166820
WASHINGTON								
WASHINGTON	S. SPAGNOLA	463	17,308	632 124,119	9,600	12	ROT.0;	166911
WEST CHESTER								
CHESTER COUNTY	P. N. HILLYER	203	9,621	299 92,930	8,400	08	ROT.0;	188211
WILKES-BARRE								
WILKES-BARRE GENERAL	L. M. SAIDMAN	288	11,076	513 57,814	8,100	10	ROT.0;	167111
WILKINSBURG								
COLUMBIA	J. G. LIGGETT	356	9,244	431 53,170	8,700	06	ROT.0;	167211
YORK								
YORK#	L. P. ANDREWS	469	23,607	760 22,588	9,600	10	ROT.9;	167420
	J. L. ATKINS					04	ST.MED.	167432
	K. E. WILT					02	ST.SURG.	167433
PUERTO RICO								
HATO REY								
AUXILIO MUTUO	E. RIVERA	134	6,007	186 31,300	7,800	06	ROT.1;	
	J. I. IGLESIAS					04	ROT.2;	
MAYAGUEZ								
MAYAGUEZ MEDICAL CENTER	J. RAMIREZ-RIVERA	222	10,749	423 52,522	5,700	20	ROT.0;	
PONCE								
HOSPITAL DE DAMAS		137	7,950	109 14,841	6,000	06	ROT.0,1,2,8;	
PONCE DISTRICT GENERAL	H. RODRIGUEZ	457	17,135	685 66,532	5,700	18	ROT.0,1,2,3,4;	278820
SAN JUAN								
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA	E. MARCHAND	432	20,335	101,120	6,975	36	ROT.0;	
	E. MARCHAND					08	ST.MED.	
	A. S. CASANOVA					04	ST.SURG.	
	J. JIMENEZ					06	ST.PED.	
UNIVERSITY DISTRICT						06	ST.MED.	
						04	ST.PED.	
						04	ST.PATH.	
VETERANS ADMIN. CENTER	E. A. RAMIREZ	567	7,030	175 123,602	7,146	12	ST.MED.	
RHODE ISLAND								
PAWTUCKET								
MEMORIAL	H. H. MAGENDANTZ	264	12,261	474 7,483	9,500	06	ROT.0;	167611
	H. H. MAGENDANTZ					01	ROT.1;	167612
	H. H. MAGENDANTZ					01	ROT.2;	167613
	M. STEIN					04	ST.MED.	167632
PROVIDENCE								
MIRIAM	R. P. DAVIS	220	7,430	248 5,857	9,500	12	ROT.0;	195311
						04	ST.MED.	195332
RHODE ISLAND	H. T. RANDALL	596	23,806	886 60,884	9,500	05	ROT.2;	167713
	M. HAMOLSKY					20	ST.MED.	167732
	H. T. RANDALL					05	ST.SURG.	167733
ROGER WILLIAMS GENERAL	P. CALABRESI	218	8,303	365 7,105	9,500	16	ROT.1,2,4;	167820
						08	ST.MED.	167832
ST. JOSEPH'S	H. S. M. UHL	414	15,123	597 10,508	10,000	16	ROT.0;	167911
SOUTH CAROLINA								
CHARLESTON								
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS MEDICAL UNIVERSITY OF SOUTH CAROLINA	P. L. PEROT, JR.	372	16,114	409 102,254	7,900	16	ROT.9;	168020
	J. C. ROSS					12	ST.MED.	168032
	C. P. ARTZ					12	ST.SURG.	168033
	G. R. HENNIGAR					06	ST.PATH.	168036
COLUMBIA								
RICHLAND MEMORIAL	C. MC GOWN	409	15,954	661 20,599	7,800	12	ROT.0;	168111
GREENVILLE								
GREENVILLE GENERAL	R. C. RAMAGE	584	30,020	855 34,656	8,500	18	ROT.0;	168311
SPARTANBURG								
SPARTANBURG GENERAL	L. F. PARMLEY	404	17,794	618 148,406	10,000	13	ROT.0,1,2;	168520
						02	ST.SURG.	168533
SOUTH DAKOTA								
SIOUX FALLS								
MC KENNAN	R. R. DONAHOE	236	11,136	277 20,568	9,600	06	ROT.0;	168611
UNIVERSITY OF SOUTH DAKOTA AFFILIATED HOSPITALS SIOUX VALLEY	R. FRIESS	249	11,949	332 13,343	8,200	06	ROT.0;	168711
	K. W. WEGNER					02	ST.PATH.	168736
YANKTON								
SACRED HEART	C. B. MC VAY	163	6,105	172 4,625	8,700	02	ST.SURG.	280533
	B. RANNEY					01	ST.OBG.	280535
TENNESSEE								
CHATTANOOGA								
S. E. TENNESSEE MEDICAL EDUCATION CENTER BARONESS ERLANGER	W. K. DWYER	630	31,082	947 70,052	8,700	14	ROT.0,1,2,3,4,5;	168920
	C. E. RICHARDSON					04	ST.MED.	168932
	Y. KATO					04	ST.SURG.	168933

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Outpatient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
TENNESSEE - CONTINUED								
KNOXVILLE								
UNIVERSITY OF TENNESSEE MEMORIAL RESEARCH CENTER AND HOSPITAL	A. O. BEASLEY	278	15,005	493 41,776	8,000	10	ROT.1;	183912
	H. A. BLAKE					05	ROT.2;	183913
	A. W. DIDDLE					02	ROT.3;	183915
	H. S. CHRISTIAN					02	ROT.4;	183914
	F. S. JONES					01	ROT.5;	183986
MEMPHIS								
BAPTIST MEMORIAL	J. D. UPSHAW, JR.	1,384	61,287	1,414 266,410	9,000	26	ROT.9;	169420
	J. P. MILNOR, JR.					04	ST.MED.	169432
	R. M. MILES					06	ST.SURG.	169433
	E. E. MUIRHEAD					03	ST.PATH.	169436
CITY OF MEMPHIS HOSPITALS	P. GEORGE	562	25,930	1,027 140,192	7,200	24	ROT.0;	184411
	G. STOLLERMAN					13	ROT.I;	184412
	G. STOLLERMAN					17	ST.MED.	164432
	R. SHERMAN					04	ST.SURG.	184433
METHODIST	T. V. STANLEY, JR.	777	37,761	907 13,711	8,868	16	ROT.0,1,2;	169620
ST. JOSEPH	L. C. PRIETO, JR.	375	16,118	559 8,984	79,800	16	ROT.0,1,2,3,4,5;	169720
	M. C. PIAN, JR.					02	ST.SURG.	169733
	L. C. PRIETO					01	ST.PATH.	169736
	W. F. MACKEY					01	ST.OBG.	169735
ST. JUDE CHILDREN'S RESEARCH	D. PINKEL	20	782	82 17,235		06	ST.PED.	169634
ST. JOSEPH		375	16,118	559 8,984				
NASHVILLE								
GEORGE W. HUBBARD HOSPITAL OF MEHARRY MEDICAL COLLEGE	L. O. P. PERRY	168	6,468	241 42,299	8,184	18	ROT.0,1,2,3,4,5,6,7;	
						03	ST.MED.	
						01	ST.SURG.	
						01	ST.OBG.	
ST. THOMAS	R. F. INGRAM					03	ST.MED.	170132
						02	ST.SURG.	170133
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	G. W. LIDDLE				8,000	24	ST.MED.	170232
	O. A. KARZON					10	ST.PED.	170234
	V. LE QUIRE					05	ST.PATH.	170236
	D. A. GOSS					02	ST.OBG.	170235
VANDERBILT UNIVERSITY		404	17,178	582 139,625				
NASHVILLE METROPOLITAN GENERAL		129	6,209	298 88,712				
VETERANS ADMIN.		421	7,546	394 71,700				
TEXAS								
AUSTIN								
BRACKENRIDGE	R. W. PAPE	238	11,032	417 26,825	9,600	14	ROT.9;	170420
CORPUS CHRISTI								
DRISCOLL FOUNDATION CHILDREN'S	J. M. SLOAN	67	3,406	89 25,423	9,000	04	ST.PED.	170334
MEMORIAL MEDICAL CENTER	V. C. CALMA	357	16,406	471 18,501	9,000	10	ROT.0;	170511
DALLAS								
BAYLOR UNIVERSITY MEDICAL CENTER	R. TOMPSETT	710	34,074	883 15,609	8,280	10	ROT.1,2,5;	170620
	R. TOMPSETT					10	ST.MED.	170632
	G. J. RACE					03	ST.PATH.	170636
CHILDREN'S MEDICAL CENTER	H. F. EICHENWALD	89	6,625	155 63,976	7,800	15	ST.PED.	195534
METHODIST HOSPITAL OF DALLAS	I. E. DANHOF	414	19,475	508 33,468	8,500	10	ROT.9;	170720
	R. P. NORGAARD					02	ST.MED.	170732
	W. H. GOSSARD					02	ST.SURG.	170733
	G. NOTEBOOM					01	ST.PATH.	170736
	O. T. HOTCHKISS					02	ST.OBG.	170735
PARKLAND MEMORIAL	P. C. MAC DONALD	702	30,683	895 241,139	7,488	08	ROT.3;	170815
	M. T. JENKINS					08	ROT.8;	170877
	D. W. SELDIN					24	ST.MED.	170832
	G. T. SHIRES					27	ST.SURG.	170833
	V. A. STEMBRIDGE					06	ST.PATH.	170836
PRESBYTERIAN HOSPITAL OF DALLAS	F. L. CASEY	339	22,453	320 32,850	7,488	12	ROT.0,1,2,3,5,6,8;	171920
ST. PAUL	W. C. BROOKS	445	25,154	591 16,856	8,400	10	ROT.0,1,2,3,5,7,8;	170920
	K. L. WALGREN					02	ST.MED.	170932
	E. POULOS					02	ST.SURG.	170933
	J. H. CHILDERS					01	ST.PATH.	170936
	L. LEIB					02	ST.OBG.	170935
VETERANS ADMIN.	S. EISENBERG	635	9,930	650 73,881	7,945	15	ST.MED.	188732
EL PASO								
R. E. THOMASON GENERAL	M. I. MARKS	196	8,117	303 87,173	10,500	18	ROT.0;	171011
	H. M. JESURUN					02	ST.OBG.	171035
FORT WORTH								
HARRIS HOSPITAL - FORT WORTH MEDICAL CENTER	C. B. MITCHELL	463	29,037	612 14,173	9,996	03	ST.PATH.	171236
JOHN PETER SMITH	W. W. GOLDMAN, JR.	188	11,527	431 163,475	10,000	24	ROT.2;	171113
GALVESTON								
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS#	W. J. MC GANITY	8	19,877	604 102,995	8,400	04	ROT.3;	171476
	E. I. BRUCE, JR.					04	ROT.6;	171477
	C. R. ALLEN					03	ROT.8;	171432
	W. P. DEISS, JR.					17	ST.MED.	171433
	J. C. THOMPSON					13	ST.SURG.	171436
	F. L. JENNINGS					02	ST.PATH.	
HOUSTON								
BAYLOR COLLEGE OF MEDICINE AFFILIATED HOSPITAL								
BEN TAUB GENERAL	G. L. JORDAN, JR.	373	15,179	785 226,331	8,400	26	ROT.9;	171620
BEN TAUB-JEFFERSON DAVIS-METHODIST-ST. LUKE'S EPISCOPAL	R. H. KAUFMAN				8,400	09	ST.OBG.	171635
BEN TAUB GENERAL		373	15,179	785 226,331				
JEFFERSON DAVIS		190	21,156	230 73,585				
METHODIST		853	33,869	797 98,217				
ST. LUKE'S EPISCOPAL		359	18,635	459 15,974				
BEN TAUB GENERAL-TEXAS CHILDREN'S	W. C. ROBERTS				8,400	03	ST.PATH.	171636
BEN TAUB GENERAL		373	15,179	785 226,331				
TEXAS CHILDREN'S		112	8,187	167 63,903				

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
TEXAS, HOUSTON - CONTINUED								
BEN TAUB GENERAL-VETERANS ADMIN.-METHODIST#	H. D. MC INTOSH				8,400	36	ST.MED.	171632
BEN TAUB GENERAL		373	15,179	785 226,331				
VETERANS ADMIN.		1,103	12,989	731 93,909				
METHODIST		853	33,869	797 98,217				
ST. LUKE'S EPISCOPAL	R. J. HALL	359	18,635	459 15,974	8,400	06	ST.MED.	172032
HERMANN	C. M. SMYTHE	420	21,740	439 51,057	7,800	20	ROT.9;	171520
	W. M. KIRKENDALL					04	ST.MED.	171532
	W. G. BROWN					01	ST.PATH.	171536
MEMORIAL BAPTIST	A. T. TALLEY, JR.	791	45,648	867 132,990	9,600	12	ROT.0;	198211
ST. JOSEPH	H. L. FRED	575	26,991	501 54,187	7,800	12	ROT.0,1,2,3,4,5;	171820
	P. M. MARCUSE					01	ST.PATH.	171836
UNIVERSITY OF TEXAS M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE		273	7,155	627 221,886		03	ST.PATH.	285136
SAN ANTONIO								
SANTA ROSA MEDICAL CENTER					8,100	12	ROT.0;	172311
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS	H. L. ZAUDER				9,000	03	ROT.8;	172277
	L. CANDER					16	ST.MED.	172232
	J. B. AUST					14	ST.SURG.	172233
	H. C. MC GILL, JR.					04	ST.PATH.	172236
	J. SEITCHIK					04	ST.OBG.	172235
BEXAR COUNTY TEACHING		380	17,443	489 238,533				
TEMPLE								
SCOTT AND WHITE MEMORIAL	K. B. KNUDSEN	873	21,544	709 226,672	9,000	08	ROT.0,1,2,5,6,7,8;	172520
	K. B. KNUDSEN					07	ST.MED.	172532
	C. W. BRODERS					03	ST.SURG.	172533
	R. F. PETERSON					01	ST.PATH.	172536
UTAH								
OGDEN								
ST. BENEDICT'S	J. L. WALLACE	129				10	ROT.0;	172711
SALT LAKE CITY								
LATTER-DAY SAINTS#	W. D. GAISFORD	489	24,479	622 25,171	8,700	13	ROT.0,1,2;	172920
	P. R. FREDERICK					01	ROT.7;	172942
	D. H. NELSON					06	ST.MED.	172932
UNIVERSITY OF UTAH AFFILIATED HOSPITALS#	C. B. SMITH				8,700	05	ROT.2;	173213
	C. B. SMITH					03	ROT.4;	173214
	C. B. SMITH					19	ST.MED.	173232
	F. G. MOODY					09	ST.SURG.	173233
	J. T. WESTON					02	ST.PATH.	173236
UNIVERSITY		230	10,192	352 63,364				
HOLY CROSS HOSPITAL OF SALT LAKE CITY								
VETERANS ADMIN.		464	4,817	233 36,749				
VERMONT								
BURLINGTON								
MEDICAL CENTER HOSPITAL OF VERMONT#	W. A. TISDALE	407	19,563	425 113,698	7,500	12	ROT.1;	173412
	R. J. MC KAY, JR.					02	ROT.4;	173414
	J. H. DAVIS					08	ST.SURG.	173433
	R. W. COON					03	ST.PATH.	173436
VIRGINIA								
CHARLOTTESVILLE								
UNIVERSITY OF VIRGINIA	W. MULLER, E. HOOK	445	17,826	577 86,983	8,400	04	ROT.2;	173713
	W. THURMAN, E. HOOK					06	ROT.4;	173714
	D. R. HAWKINS					02	ROT.6;	173776
	H. CARRON					04	ROT.8;	173786
	E. W. HOOK					14	ST.MED.	173732
	W. H. MULLER					11	ST.SURG.	173733
	W. G. THURMAN					04	ST.PED.	173734
	D. S. SMITH					02	ST.PATH.	173736
NEWPORT NEWS								
RIVERSIDE	E. L. ALEXANDER	466	20,874	459 32,852	9,600	16	ROT.0,1,2,3,4,5,6,7;	173920
NORFOLK								
DE PAUL	J. D. PRICE	259	14,203	315 19,910	10,000	12	ROT.0;	174011
NORFOLK GENERAL	R. EASTON	641	21,402	681 55,713	10,000	20	ROT.0,1,2,3,4,7;	174120
	R. R. STEPHENS					01	ST.PATH.	174136
RICHMOND								
JOHNSTON-WILLIS	T. D. DAVIS, JR.	305	11,396	413 18,246		14	ROT.2;	174213
VIRGINIA COMMONWEALTH UNIVERSITY M. C. V. AFFILIATED HOSPITALS	G. HILKOVITZ				8,400	06	ROT.0;	174311
	W. T. THOMPSON					12	ROT.1;	174312
	D. M. HUME					06	ROT.2;	174313
	L. DUNN					05	ROT.3;	174315
	W. E. LAUPUS					04	ROT.4;	174314
	F. GOODALE, JR.					02	ROT.5;	174386
	J. L. MATHIS					03	ROT.6;	174376
	E. R. KING					04	ROT.7;	174342
	C. P. BOYAN					04	ROT.8;	174377
	W. T. THOMPSON					24	ST.MED.	174332
	D. M. HUME					12	ST.SURG.	174333
	W. E. LAUPUS					08	ST.PED.	174334
	F. GOODALE, JR.					04	ST.PATH.	174336
MEDICAL COLLEGE OF VIRGINIA HOSPITALS		708	28,010	962 198,007	8,400			
VETERANS ADMIN.		739	8,588	477 54,531	8,400			
ROANOKE								
COMMUNITY HOSPITAL OF ROANOKE VALLEY	M. J. MOORE	378	18,686	433 38,548	8,100	06	ROT.0;	174611
						06	ROT.2;	174613
ROANOKE MEMORIAL HOSPITALS	C. L. CROCKETT	650	23,725	502 66,912	6,000	20	ROT.0;	174811
WASHINGTON								
SEATTLE								
HARBORVIEW MEDICAL CENTER#	E. H. LAWS	216	8,573	304 62,362	8,208	20	ROT.0;	175211
PROVIDENCE#	J. E. Z. CANER	252	13,595	452 7,087	8,580	09	ROT.0,1,2,3,5,7;	175320
	L. R. SAUVAGE					02	ST.SURG.	175333

Name of Hospital	Program Director	Average Daily Census	Total Admissions	Out-patient Clinic Visits	Minimum Annual Salary	Complement	Type	NIRMP Number
WASHINGTON, SEATTLE - CONTINUED								
SWEDISH HOSPITAL MEDICAL CENTER#	J. L. WRIGHT	371	20,998	659 151,256	7,860	12	ROT.0;	175511
UNIVERSITY#	N. K. MOTTET	249	9,409	339 123,177	8,200	05	ST.PATH.	191836
UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS#	R. G. PETERSDORF				8,200	21	ST.MED.	191832
UNIVERSITY		249	9,409	339 123,177				
HARBORVIEW MEDICAL CENTER		216	8,573	304 82,362				
VETERANS ADMIN.		270	5,965	234 63,686				
U. S. PUBLIC HEALTH SERVICE		165	4,732	127 112,400				
VIRGINIA MASON#	R. M. HEGSTROM	232	12,821	299 151,964	7,980	13	ROT.0,2;	175620
						04	ST.MED.	175632
SPOKANE								
DEACONESS	J. M. COLLINS	232	16,500	356 21,800	8,400	10	ROT.0;	175711
SACRED HEART#	R. G. ROWBERG	332	19,489	570 19,440	8,400	13	ROT.0,1,2,3,5,7;	175820
WEST VIRGINIA								
CHARLESTON								
CHARLESTON AREA MEDICAL CENTER MEMORIAL DIVISION	W. O. MC MILLAN, JR.	353	17,902	454 24,435	7,500	13	ROT.00,0,1,2,3,4,5;	190220
MORGANTOWN								
WEST VIRGINIA UNIVERSITY MEDICAL CENTER#	B. ZIMMERMANN	340	12,253	496 111,135	8,500	02	ROT.2;	183713
	W. G. KLINGBERG					02	ROT.4;	183714
	H. TURNDORF					01	ROT.8;	183777
	E. B. FLINK					08	ST.MED.	183732
	B. ZIMMERMANN					03	ST.SURG.	183733
	M. R. HOLES					03	ST.PATH.	183736
WHEELING								
OHIO VALLEY GENERAL	R. O. STRAUCH	392	14,520	502 72,306	11,820	15	ROT.0,1,2,3,4,6,7;	176920
	R. B. ARMSTRONG					02	ST.MED.	176932
	C. D. HERSHEY					02	ST.SURG.	176933
	H. G. LITTLE					02	ST.PATH.	176936
	F. G. GIUSTINI					01	ST.OBG.	176935
WHEELING	G. M. KELLAS	193	7,793	276 22,727	7,200	10	ROT.0,2,3,4;	177020
WISCONSIN								
LA CROSSE								
LA CROSSE LUTHERAN HOSPITAL AND GUNDERSEN CLINIC#	E. L. OVERHOLT	289	13,688	326 188,672	6,000	08	ROT.0,1,2,3,4;	177420
						03	ST.MED.	177432
MADISON								
UNIVERSITY HOSPITALS#	B. M. PECKHAM	508	15,939	438 153,039	9,270	02	ROT.3;	177920
	C. C. LOBECK					03	ROT.4;	177914
	W. FEY					06	ROT.6;	177976
	D. T. GRAHAM					26	ST.MED.	177932
	A. R. CURRERI					05	ST.SURG.	177933
	A. W. DUDLEY, JR.					06	ST.PATH.	177936
MARSHFIELD								
ST JOSEPH'S	G. E. MAGNIN	312	12,236	406 9,099	9,000	08	ROT.0;	178011
MILWAUKEE								
COLUMBIA	D. G. SANTER	306	10,924	295 16,841	9,500	11	ROT.0,1,2;	176120
	D. B. CLAUDON					02	ST.PATH.	178136
EVANGELICAL DEACONESS	J. T. BOTTICELLI	224	8,150	280 4,476	9,000	19	ROT.1,2,4;	178220
MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS MILWAUKEE COUNTY GENERAL	J. M. CERLETTY	408	15,261	611 221,629	9,500	22	ROT.0,1,2,3,4,6;	178420
	W. W. ENGSTROM					12	ST.MED.	178432
	J. J. DE COSSE					12	ST.SURG.	178433
	J. STRAUMFJORD, JR.					02	ST.PATH.	178436
	R. F. MATTINGLY					06	ST.OBG.	178435
MILWAUKEE CHILDREN'S	J. C. PETERSON	149	9,622	93 105,826	9,500	08	ST.PED.	178334
MOUNT SINAI MEDICAL CENTER	J. CHASE	302	15,541	326 26,198	9,000	17	ROT.00,0,1,2,3;	178720
	J. N. SHANBERGE					01	ST.PATH.	178736
ST. JOSEPH'S	K. E. SAUTER	455	19,911	468 25,915	10,000	15	ROT.0,1,2,3;	178820
ST. LUKE'S	J. A. PALESE	431	17,935	576 47,758	9,500	15	ROT.9;	178920
						02	ST.SURG.	178933
ST. MARY'S	M. J. CICCANTELLI	231	9,922	420 9,828	10,000	10	ROT.0,1,2,3,5;	179020
ST. MICHAEL	N. G. BAUCH	257	11,027	263 12,699	10,000	12	ROT.0;	179111

SPECIAL NOTICE

Concerning

INTERNSHIPS AND RESIDENCIES 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 is being discontinued with this issue of the Directory. 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.

ABBREVIATIONS AND NOTES

‡ Internship appointments begin in June rather than on July 1. The exact date should be obtained from the program director and should be specified in the intern's contract.

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

REQUIREMENTS FOR ROTATING INTERNSHIPS

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

ROTATIONS AND ELECTIVES

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

REQUIREMENTS FOR A STRAIGHT INTERNSHIP

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

LISTINGS OF ROTATING INTERNSHIPS

Hospitals that prefer to offer a rotating internship that is limited to the four major clinical services of internal medicine, surgery, obstetrics-gynecology, and pediatrics, and without a specific "major" may use the designation "rotating 0" for such programs, in addition to programs that follow the pattern listed below for "rotating 0." Those few hospitals approved for rotating internships of longer than twelve months duration will be listed as "rotating 00." A maximum of ten footnotes can be published as follows:

Rotating 0—A mandatory assignment of at least four months but not more than five months to *internal medicine*, plus other assignments of less than four months, but of not less than two months' duration. Possible combinations for months of assignments are:
Medicine 4, Electives 3-3-2
Medicine 4, Electives 2-2-2-2
Medicine 5, Electives 3-2-2

Rotating 1—A mandatory assignment of not less than six months but of not more than eight months to *internal medicine*, plus an elective assignment of not less than two months to at least one other service. Examples in months would be:
Medicine 8, Electives 4
Medicine 8, Electives 2-2
Medicine 7, Electives 5
Medicine 7, Electives 3-2
Medicine 6, Electives 4-2
Medicine 6, Electives 3-3
Medicine 6, Electives 2-2-2

Rotating 2—A mandatory assignment of four to six months on internal medicine, plus at least four months of major emphasis on *surgery*, but not more than two other assignments of at least two months each. Examples:
Medicine 4, Surgery 8
Medicine 4, Surgery 6, Elective 2
Medicine 4, Surgery 5, Elective 3
Medicine 4, Surgery 4, Elective 4
Medicine 4, Surgery 4, Electives 2-2
Medicine 5, Surgery 7
Medicine 5, Surgery 5, Elective 2
Medicine 5, Surgery 4, Elective 3
Medicine 6, Surgery 6
Medicine 6, Surgery 4, Elective 2

Rotating 3—A mandatory assignment of four to six months on internal medicine, plus at least four months of major emphasis on *obstetrics-gynecology*, but not more than two other assignments of at least two months each. Examples:
Medicine 4, Obstetrics-Gynecology 8
Medicine 4, Obstetrics-Gynecology 6, Elective 2
Medicine 4, Obstetrics-Gynecology 5, Elective 3
Medicine 4, Obstetrics-Gynecology 4, Elective 4
Medicine 4, Obstetrics-Gynecology 4, Electives 2-2
Medicine 5, Obstetrics-Gynecology 7
Medicine 5, Obstetrics-Gynecology 5, Elective 2
Medicine 5, Obstetrics-Gynecology 4, Elective 3
Medicine 6, Obstetrics-Gynecology 6
Medicine 6, Obstetrics-Gynecology 4, Elective 2

Rotating 4—A mandatory assignment of four to six months on internal medicine, plus at least four months of major emphasis on *pediatrics*, but not more than two other assignments of at least two months each. Examples:
Medicine 4, Pediatrics 8
Medicine 4, Pediatrics 6, Elective 2
Medicine 4, Pediatrics 5, Elective 3
Medicine 4, Pediatrics 4, Elective 4
Medicine 4, Pediatrics 4, Electives 2-2
Medicine 5, Pediatrics 7
Medicine 5, Pediatrics 5, Elective 2
Medicine 5, Pediatrics 4, Elective 3
Medicine 6, Pediatrics 6
Medicine 6, Pediatrics 4, Elective 2

Rotating 5—A mandatory assignment of four to six months on interna medicine, plus at least four months of major emphasis on *pathology* but not more than two other assignments of at least two months each. Examples:
Medicine 4, Pathology 8
Medicine 4, Pathology 6, Elective 2
Medicine 4, Pathology 5, Elective 3
Medicine 4, Pathology 4, Elective 4
Medicine 4, Pathology 4, Electives 2-2
Medicine 5, Pathology 7
Medicine 5, Pathology 5, Elective 2
Medicine 5, Pathology 4, Elective 3
Medicine 6, Pathology 6
Medicine 6, Pathology 4, Elective 2

Rotating 6—A mandatory assignment of four to six months on internal medicine, plus at least four months of major emphasis on *psychiatry*, but not more than two other assignments of at least two months each. Examples:
Medicine 4, Psychiatry 8
Medicine 4, Psychiatry 6, Elective 2
Medicine 4, Psychiatry 5, Elective 3
Medicine 4, Psychiatry 4, Elective 4
Medicine 4, Psychiatry 4, Electives 2-2
Medicine 5, Psychiatry 5, Elective 2
Medicine 5, Psychiatry 4, Elective 3
Medicine 6, Psychiatry 6
Medicine 6, Psychiatry 4, Elective 2
Medicine 5, Psychiatry 7

Rotating 7—A mandatory assignment of four to six months on internal medicine, plus at least four months of major emphasis on *radiology*, but not more than two other assignments of at least two months each. Examples:
Medicine 4, Radiology 8
Medicine 4, Radiology 6, Elective 2
Medicine 4, Radiology 5, Elective 3
Medicine 4, Radiology 4, Elective 4
Medicine 4, Radiology 4, Electives 2-2
Medicine 5, Radiology 7
Medicine 5, Radiology 5, Elective 2
Medicine 5, Radiology 4, Elective 3
Medicine 6, Radiology 6
Medicine 6, Radiology 4, Elective 2

Rotating 8—A mandatory assignment of four to six months on internal medicine, plus at least four months of major emphasis on *anesthesiology*, but not more than two other assignments of at least two months each. Examples:
Medicine 4, Anesthesiology 8
Medicine 4, Anesthesiology 6, Elective 2
Medicine 4, Anesthesiology 5, Elective 3
Medicine 4, Anesthesiology 4, Elective 4
Medicine 4, Anesthesiology 4, Electives 2-2
Medicine 5, Anesthesiology 7
Medicine 5, Anesthesiology 5, Elective 2
Medicine 5, Anesthesiology 4, Elective 3
Medicine 6, Anesthesiology 6
Medicine 6, Anesthesiology 4, Elective 2

Rotating 9—This notation will be used, to simplify the listing, when hospitals offer all types of rotating internships, from Rotating 0 through Rotating 8 under a single Matching Code number. If the Internships are to have separate Matching Code numbers, however, Rotating 9 cannot be used for the listing.

Essentials of an Approved Internship

Preface

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

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

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

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

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

In December, 1970, the AMA House of Delegates approved a report of the Council on Medical Education entitled "Continuum of Medical Education." The report is given in full under Section II, "The Internship," beginning as Part 2, "Policy effective July 1, 1971."

Other changes made in the Essentials since 1955 will now be nullified, or at least modified, by adoption of the new policy, but the individual changes are detailed in the section on "Special Announcements" in the Annual Directory of Approved Internships and Residencies. It is expected that a new version of the Essentials will have been submitted to the House of Delegates prior to the deadline date for the implementation of the new policy on the coordination of internships and residencies.

In the meantime, these "Essentials of an Approved Internship" should serve as a guide to the staff of hospitals conducting internship programs currently and being considered as components of graduate training programs that will coordinate the internship and residencies into a unified whole. The Essentials may also serve as a source of information for students planning their graduate education, as well as for interns themselves, so that they may be aware of the current requirements and the changes that will take place in graduate medical education by 1975.

I. Introduction

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

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

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

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

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

as well as the scientific aspects of the lofty discipline of medicine.

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

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

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

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

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

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

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

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

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

II. The Internship

1. *Policy Prior to July 1, 1971.*

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

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

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

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

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

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

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

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

In rotating internships of 12 months' duration, the time allotted to internal medicine may in no case be less than four months. No assignment may be of less than two months' duration, and in such cases, the two months' assignment must be consecutive. Block assignments of two months each in internal medicine are acceptable, but assignments of four or

more months consecutively are preferable. If an intern desires experience in a specialty not included in his rotation schedule, such training may be offered through appropriate outpatient assignments or by participation in consultations on his own and other patients conducted by members of the department concerned. Too frequent a rotation of assignments, and hence too short a time on a service, is inconsistent with the conduct of a good internship.

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

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

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

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

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

2. *Policy Effective July 1, 1971:*

Report L of the Board of Trustees presented at the AMA annual meeting in June, 1970, had stated the results of continuing studies by the Board of Trustees and the Council on Medical Education of the various provisions of the report of the Citizens Commission on Graduate Medical Education. In December 1970, the House of Delegates adopted the following two specific recommendations in the report, aimed at the unification of the internship and residencies years into a "coordinated whole.":

1. After July 1, 1971, a new internship program shall be approved only when the application contains convincing evidence that the internship and the related residency years will be organized and conducted as a unified and coordinated whole;
2. After July 1, 1975, *no* internship program shall be approved which is not integrated with residency training to form a unified program of graduate medical education.

The action of the House of Delegates in adopting these recommendations did not abolish the internship program, but did require that it be made an integral part of a total program of graduate medical education. The advanced deadlines were set to permit institutions to reorganize their programs of graduate medical education to conform to these requirements. Meanwhile, the program should meet the requirements outlined above for the internship program, until July 1, 1975.

The effective implementation of the requirements requires that related organizations and agencies, such as the state licensing boards, the examining boards in medical specialties—and the faculties of medical schools, reevaluate the requirements stated in their current policies.

To insure that the desired transition from the undergraduate curriculum to a unified program of graduate medical education can be effected, the following statement on the Continuum of Medical Education has been adopted as AMA policy:

1. That the first year of medical education following receipt of the M.D. degree be accredited by an appropriate residency review committee;
2. That all state licensing boards be notified that, effective July 1, 1970, the first year of an approved residency program including family practice, is acceptable to the Council on Medical Education as an internship approved by the American Medical Association;
3. That it be recommended to the specialty boards that they consider giving credit toward certification for appropriate clinical experience afforded prior to the granting of the M.D. degree;
4. That medical schools be asked to examine the need for four calendar years of undergraduate medical education and to consider the possibility of beginning graduate medical education in the fourth year;
5. That within the area of graduate medical education joint cooperative efforts be encouraged between university facilities and community hospitals in order to produce a larger number of physicians to provide for the delivery of health care;
6. That within university medical centers and their affiliated hospitals university facilities jointly with the faculties of their affiliated hospitals assume greater corporate responsibility for the conduct of graduate education;
7. That the principle of a voluntary matching program be preserved, and that the only point at which this can be preserved is at the time of obtaining the M.D. degree;
8. That the director of a unified program of graduate medical education be responsible to insure that trainees in the program are adequately grounded in such of the broad fields of medicine, surgery, pediatrics, psychiatry, family practice, and pathology as are appropriate to the program and to individual career goals;
9. That all specialty boards requiring three or more years of graduate experience permit the substitution of at least one year of graduate education in medicine, surgery, pediatrics, or family practice for their own stated requirements;
10. That the future design and development of post-M.D. education programs, and curricula leading to qualification for examination by a specialty board, should emphasize:
    a. The educational goal,
    b. The personal motivation,
    c. The learning capabilities,
    d. The individual evaluation,

    of each post-M.D. candidate, without reference to calendar perimeters of a fixed or limiting character.

III. Selection of Interns

The development of a satisfactory program requires, first of all, a careful selection of applicants for appointment to the intern staff. The hospital administration and the medical staff, though appropriate review of credentials, should ascer-

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

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

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

Since similar sources and kinds of information have not been readily available for graduates of foreign medical schools, the Educational Council for Foreign Medical Graduates, 3500 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 internship positions acquire reasonable assurance with regard to their medical qualifications through utilization of the program of the Educational Council.

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

(1) have secured a standard certificate from ECFMG, or

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

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

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

IV. Hospitals Eligible for Approval*

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

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

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

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

Hospitals which can otherwise qualify for approval but lack adequate clinical material of certain types may augment the education afforded their interns by establishing affiliations with other hospitals able to provide suitable experience in these areas. Such affiliating hospitals need not themselves be approved. Their contribution to the training program is taken into consideration in evaluation of the internship sponsored by the parent institution. Except in unusual cir-

*See also "2. Policy Effective July 1, 1971," under "II. The Internship."

cumstances, periods of training on an affiliating basis should not exceed 3 months in a 12-month program or 6 months in a 24-month internship.

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

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

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

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

V. The Hospital Staff

The teaching staff should be composed of physicians and other health professionals qualified on the basis of educational background and professional accomplishment, oriented to the requirements and responsibilities of a teaching appointment, and motivated to assign acceptable priority to teaching duties. Physicians appointed to the visiting staff must have proper qualifications as to medical education and licensure. The staff must be limited to physicians whose professional and moral integrity are unquestioned, who are proficient in the fields of practice to which they devote themselves, who give personal attention to the patients under their charge, and who are willing to assume responsibility individually and as a group for providing ample instruction to the interns and to assist them in their wok.

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

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

VI. Clinical Records

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

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

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

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

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

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

VII. Pathology

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

The pathologist should attend ward rounds frequently so that he may participate in the clinical evaluation of patients and confer with the intern and attending staffs regarding the selection and interpretation of clinical laboratory proce-

dures, as well as gain an opportunity to detect any inadequacies in the performance of laboratory work in the hospital.

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

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

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

VIII. Radiology

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

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

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

IX. Medical Library

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

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

X. Organization and Conduct of the Internship Teaching Program*

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

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

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

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

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

*See also "2. Policy Effective July 1, 1971," under "II. The Internship."

number of attending or visiting physicians.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Special consideration will be given to each application proposing a preceptorship, particularly to one involving a limited number of physicians whose offices are located together or nearby, or where there is a group or clinic type of arrangement in which the management of a pool of patients and the participation of the house officer follows the pattern of a well-organized and supervised outpatient department.

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

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

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

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

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

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

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

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

(c) The countries of origin of foreign medical graduates have widely-varying needs for health and medical care, and the programs for individual foreign physicians should reflect an interest in those features of clinical practice most essential to the foreign physician upon return to his own country.

10. *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.

XI. Nature of the Intern's Duties

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

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

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

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

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

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

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

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

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

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.

XII. Miscellaneous

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

2. *Record of Interns' Assignments and Certificates of Service.*— It is advantageous both to the hospital and to the intern that an adequate record be kept of his activities on each service to which he is assigned. Such information is helpful to the hospital in evaluating its intern-training program and is required by some state licensing boards and other agencies. At the completion of his internship, he should be furnished

with a certificate of service, attesting to the satisfactory completion of his training period. The hospital is justified in withholding such a certificate only if the intern fails to complete his internship or if his performance has been such as to indicate that he is unfit for the practice of medicine. Under no circumstances should the hospital arbitrarily refuse to issue such a certificate for relatively minor reasons. In the event of illness necessitating the intern's withdrawal from training, the hospital may properly issue a certificate to include the period of training completed.

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

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

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

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

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

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

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

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

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

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

8. *Employment Relationships 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-board, the professional staff, and house officers, with institutional communication between the governing 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 sexcellence 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 shoud 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.

XIII. Admission to the Approved List*

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

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

Approval for intern training, including the number and type of internships, is granted on an annual basis, through publication of the name of the hospital in the list of approved programs in the Directory of Approved Internships and Residencies. This Directory will appear each fall.

XIV. Withdrawal From the Approved List*

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

Among other major deficiencies leading to probationary status are:

(1) Failure to maintain an autopsy rate of at least 25%.

(2) Failure to maintain an appropriate ratio of admissions per intern. While Section IV of these "Essentials" specifies that a hospital eligible for approval should have a minimum complement of six interns and a ratio of 15 to 25 beds per intern, an excessively rapid turnover of patients may result in such a high admission rate that the greatly increased work load will result in deterioration in the educational experience of the interns and unsatisfactory service to the hospital.

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

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

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

Lack of evidence of recognition, planning, and implementation of the special requirements described in Section X, paragraph 9, will be regarded as a deficiency in any program accepting numbers of foreign medical graduates. On the other hand, evidence of exceptional performance in this area, especially for a program composed wholly of such physicians, will warrant commendation by the Council on Medical Education.

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

Re-applications for approval will not be accepted ordinarily from hospitals whose programs have been disapproved until lapse of a significant period of time for evaluation and reorganization. The Council considers that effective reorganization of disapproved programs will require a minimum of six months, and frequently longer, before re-application should be accepted.

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

Appendix: Suggestions to Hospitals Not Eligible for Internship Approval

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

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

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

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

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

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

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

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

*See also "2. Policy Effective July 1, 1971," under "II. The Internship."

Directory of Approved Residencies

Council on Medical Education of the American Medical Association

535 North Dearborn Street, Chicago, 60610

Revised to July 1, 1972

Hospitals 1,399 **Residencies, Positions, 50,193**

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

This issue follows the format adopted in 1960 for the listing of residencies. General features relating to the hospitals will be found in the Consolidated List which begins on page 39.

The average daily census for each specialty service usually reflects a 12-month period ending September 30, 1971.

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 intead 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 indicates that specific numbers were not available at the time of publication or could not be meaningfully interpreted for each column. In some instances the caption heading of a specialty list will describe special identification of those hospitals offering training beyond the period for which approved.

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

Numerical and other references are on Page 99 and pp. 240-242.

INDEX ORDER OF FOLLOWING LIST

1. AEROSPACE MEDICINE

The programs in Aerospace Medicine that have been approved by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine, List 26A.

2. ANESTHESIOLOGY

Residency programs in the following hospitals have been approved for TWO or for THREE years of training, or for ONE year of specialized training at the third year level, by the Council on Medical Education 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 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE								
TEXAS								
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	F. J. DANNEMILLER	9,002	142	3	06	016		
UNITED STATES ARMY								
DISTRICT OF COLUMBIA								
WALTER REED GENERAL, WASHINGTON	R. R. RITTER	9,127	287	3	04	012		
TEXAS								
BROOKE GENERAL, SAN ANTONIO	M. K. MENDENHALL	7,333	70	3	04	012		
UNITED STATES NAVY								
CALIFORNIA								
NAVAL, OAKLAND	H. N. DEAN	5,067	153	3	04	012		
NAVAL, SAN DIEGO	P. R. KNOX	12,025	907	3	06	018		
MARYLAND								
NAVAL, BETHESDA	R. J. VAN HOUTEN	4,666	178	3	04	012		
MASSACHUSETTS								
NAVAL, CHELSEA	L. T. YORK	2,654	175	3	03	009		
PENNSYLVANIA								
NAVAL, PHILADELPHIA	R. H. NORTON	3,559	45	3	03	009		
VIRGINIA								
NAVAL, PORTSMOUTH	W. M. MC DERMOTT, JR.	7,209	341	3	02	006		
UNITED STATES PUBLIC HEALTH SERVICE								
NEW YORK								
U. S. PUBLIC HEALTH SERVICE (STATEN ISLAND), NEW YORK CITY	J. A. SHOUKAS	2,200	100	2	02	006		
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
UNIVERSITY OF ALABAMA MEDICAL CENTER	G. CORSSEN			3	08	024	9,400	
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS		16,000	250					
VETERANS ADMIN.		3,000	400					
FAIRFIELD								
LLOYD NOLAND	R. W. GRADY	5,374	348	3	02	006	11,400	100865
ARIZONA								
PHOENIX								
MARICOPA COUNTY GENERAL	T. I. CRAWFORD	3,959	201	2	04	008	10,795	
ARKANSAS								
LITTLE ROCK								
UNIVERSITY	F. E. GREIFENSTEIN	3,711	101	3	06	015	7,800	101865
CALIFORNIA								
DAVIS								
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS	H. S. DAVIS			3	04	011	10,836	
SACRAMENTO MEDICAL CENTER (SACRAMENTO)		4,250	354					
LOMA LINDA								
LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS								
LOMA LINDA UNIVERSITY	B. BRANDSTATER	6,505	280	3	06	015	10,465	
LOS ANGELES								
CHILDRENS HOSPITAL OF LOS ANGELES	G. B. LEWIS, JR.	7,441	65	1	00	009	12,500	
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	J. S. DENSON	22,290	1,217	3	16	034	14,330	
U. C. L. A.	J. B. DILLON	10,000	500	3	15	035	10,200	
WHITE MEMORIAL MEDICAL CENTER	H. T. MORSE, JR.	4,908	444	3	03	008	10,800	
PALO ALTO								
VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
SACRAMENTO								
SACRAMENTO COUNTY	SEE UNIV. OF CALIF. (DAVIS) AFFILIATED HOSPITALS, DAVIS							

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CALIFORNIA - CONTINUED								
SAN DIEGO								
MERCY HOSPITAL AND MEDICAL CENTER	G. E. KINYON	10,781	72	2	01	002	9,765	
UNIVERSITY OF CALIFORNIA (SAN DIEGO) AFFILIATED HOSPITALS	H. H. BENDIXEN			3	10	024		
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY		5,858	815				10,200	
VETERANS ADMIN.								
SAN FRANCISCO								
UNIVERSITY OF CALIFORNIA PROGRAM	W. HAMILTON	18,669	1,855	3	15	039		
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	W. HAMILTON	11,118	55				9,400	
SAN FRANCISCO GENERAL	W. HAMILTON, E. P. GUY	5,188	1,900				9,924	
VETERANS ADMIN.	H. B. FAIRLEY	2,631	1,000				9,400	
SAN JOSE								
SANTA CLARA VALLEY MEDICAL CENTER	P. A. OLSEN	3,497	700	3 3	03	006	11,045	
STANFORD								
STANFORD UNIVERSITY AFFILIATED HOSPITALS	J. P. BUNKER			3	06	015	9,700	
STANFORD UNIVERSITY	J. P. BUNKER	14,478	544					
VETERANS ADMIN. (PALO ALTO)	R. I. MAZZE	2,402	250					
TORRANCE								
LOS ANGELES COUNTY HARBOR GENERAL	P. H. LORMAN	6,372	122	2	07	020	14,340	
COLORADO								
DENVER								
CHILDREN'S	P. R. HACKETT	3,886	295	1		003	10,600	
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	P. J. COHEN			3	12	030		
UNIVERSITY OF COLORADO MEDICAL CENTER	P. J. COHEN	5,170	214				9,620	
DENVER GENERAL	F. M. GALLOWAY	4,166	358				9,620	
VETERANS ADMIN.	C. KOPRIVA	2,718	28				9,620	
CONNECTICUT								
HARTFORD								
HARTFORD	C. HICKCOX, D. LITTLE, JR.	25,071	165	3	03	009	10,500	
NEW HAVEN								
YALE-NEW HAVEN MEDICAL CENTER								
YALE-NEW HAVEN	N. M. GREEN	17,751	832	3	06	016	10,450	106965
DISTRICT OF COLUMBIA								
WASHINGTON								
GEORGETOWN UNIVERSITY	T. E. MACNAMARA	10,276	104	3	04	013	10,550	
GEORGE WASHINGTON UNIVERSITY	C. S. COAKLEY	14,084	864	3	07	023	10,022	
WASHINGTON HOSPITAL CENTER	C. A. ALBERT	24,277	200	3	07	017	10,522	180065
FLORIDA								
GAINESVILLE								
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	J. H. MODELL			3	10	025		183465
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS	J. H. MODELL	5,912	2,641				8,400	
VETERANS ADMIN.	H. M. PERKINS	4,011	215				8,625	
MIAMI								
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	F. MOYA			3	09	036		
JACKSON MEMORIAL	F. MOYA	21,000	2,400				9,950	
VARIETY CHILDREN'S	A. FREEMAN	2,703	133				10,250	
VETERANS ADMIN.	F. MOYA	3,842	260				10,050	
GEORGIA								
ATLANTA								
EMORY UNIVERSITY AFFILIATED HOSPITALS	J. E. STEINHAUS			3	06	010	8,860	
EMORY UNIVERSITY		6,181						
GRADY MEMORIAL		7,878	219					
AUGUSTA								
MEDICAL COLLEGE OF GEORGIA HOSPITALS								
EUGENE TALMADGE MEMORIAL	P. P. VOLPITTO	3,509		3	04	010	9,500	
ILLINOIS								
CHICAGO								
CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS								
MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO	H. S. HAVDALA	5,424	684	3	04	010	9,700	
COOK COUNTY	V. J. COLLINS	11,514	724	3	08	025	10,900	
ILLINOIS MASONIC MEDICAL CENTER	F. N. HELLER	6,558	250	3	05	010	11,200	
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	R. F. ALBRECHT	11,486	400	3	05	016	11,100	114265
NORTHWESTERN UNIVERSITY-MC GAW MEDICAL CENTER	E. A. BRUNNER	15,822	828	3	09	027	11,250	
CHICAGO WESLEY MEMORIAL	E. A. BRUNNER	6,558	540					
CHILDREN'S MEMORIAL	D. ALLAN	5,800	4,000					
PASSAVANT MEMORIAL	F. RAYMON	6,315	358					
VETERANS ADMIN. RESEARCH	E. A. BRUNNER	1,831	229					
EVANSTON (EVANSTON)	C. A. BALDWIN, JR.	7,764	213					
PRESBYTERIAN-ST. LUKE'S	M. S. SADOVE	9,800	200	3	04	010	9,946	
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	H. J. LOWE	7,000	450	3	07	018	10,800	
UNIVERSITY OF ILLINOIS	A. P. WINNIE	10,789	600	3	07	021	10,560	

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
ILLINOIS - CONTINUED								
EVANSTON								
EVANSTON	SEE NORTHWESTERN UNIV.-MCGAW MEDICAL CENTER, CHICAGO							
HINES								
VETERANS ADMIN.	R. C. BALAGOT	3,497	24	3	03	009	10,100	225765
JOLIET								
ST. JOSEPH	L. D. RUTTLE	10,649	350	3	03	006	12,000	225965
MAYWOOD								
LOYOLA UNIVERSITY	A. A. EL-ETR	4,541	123	3	04	012	10,600	
INDIANA								
INDIANAPOLIS								
INDIANA UNIVERSITY MEDICAL CENTER	V. K. STOELTING			3	12	035		
INDIANA UNIVERSITY HOSPITALS	V. K. STOELTING	13,053	958				9,500	
MARION COUNTY GENERAL	G. E. DRYDEN	7,500	100				10,000	
VETERANS ADMIN.	V. K. STOELTING	2,332	53				10,250	
METHODIST HOSPITAL OF INDIANA	W. L. EDWARDS	22,872	560	3	02	006	10,605	
IOWA								
IOWA CITY								
UNIVERSITY OF IOWA AFFILIATED HOSPITALS	J. MOYERS			3	10	024	9,500	120365
UNIVERSITY OF IOWA HOSPITALS	J. MOYERS	17,425	1,068					
VETERANS ADMIN.	F. D. STAAB	3,039	69					
KANSAS								
KANSAS CITY								
UNIVERSITY OF KANSAS MEDICAL CENTER	R. T. PARMLEY	9,600	50	3	04	010	12,000	
WICHITA								
ST. FRANCIS	R. H. ROBINSON	13,538	200	2	04	008	9,300	
KENTUCKY								
LEXINGTON								
UNIVERSITY OF KENTUCKY MEDICAL CENTER	L. F. REDICK			3	06	015		184865
UNIVERSITY		6,125	362				8,500	
VETERANS ADMIN.		1,224	36				8,300	
LOUISVILLE								
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	J. A. ALORETE			3	05	012		
CHILDREN'S		2,992	250					
LOUISVILLE GENERAL		2,881	260					
LOUISIANA								
NEW ORLEANS								
CHARITY HOSPITAL OF LOUISIANA	J. ADRIANI	13,074	457	3	07	015	7,800	
OCHSNER FOUNDATION	J. T. MARTIN	7,500	978	3	03	006	8,500	
MAINE								
PORTLAND								
MAINE MEDICAL CENTER	J. R. LINCOLN	10,342	205	3	03	006	8,505	
MARYLAND								
BALTIMORE								
BALTIMORE CITY HOSPITALS	P. CHODOFF	2,912	250	3	00	000		
JOHNS HOPKINS	D. W. BENSON	19,891	114	3	07	021	10,000	
UNIVERSITY OF MARYLAND	M. HELRICH	10,000	1,250	3	08	024	10,700	125265
MASSACHUSETTS								
BOSTON								
BETH ISRAEL	J. HEDLEY-WHYTE	8,036	1,028	3	03	010	10,200	
BOSTON CITY	P. S. MARCUS	9,345	625	3	06	014	10,300	
BOSTON HOSPITAL FOR WOMEN	M. H. ALPER	13,232	375	1		002	10,700	
CHILDREN'S HOSPITAL AND MEDICAL CENTER	R. M. SMITH	8,759	153	1	00	004	10,300	
LAHEY CLINIC	M. J. NICHOLSON	7,048	444	3	02	006	10,200	
MASSACHUSETTS GENERAL	R. J. KITZ	16,839	867	3	15	038	10,200	
NEW ENGLAND MEDICAL CENTER HOSPITALS	B. E. ETSTEN	5,101	422	3	04	014	10,165	
PETER BENT BRIGHAM	L. O. VANDAM	5,609	200	3	06	014	10,200	
ST. ELIZABETH'S HOSPITAL OF BOSTON	E. J. FRUGGIERO	10,659	650	3	03	009	10,200	
UNIVERSITY	B. J. KRIPKE	3,760	65	3	03	008	10,100	126265
VETERANS ADMIN.	D. MAHLER	3,339	150	2	02	006	10,690	
CAMBRIDGE								
CAMBRIDGE	F. L. COMUNALE	3,167	300	3	03	009	11,124	
PITTSFIELD								
BERKSHIRE MEDICAL CENTER	W. R. PADGET	7,912	219	2	01	002	10,600	
SPRINGFIELD								
SPRINGFIELD HOSPITAL MEDICAL CENTER	F. D. DINALE	13,143	398	3	02	006	11,606	
MICHIGAN								
ANN ARBOR								
UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS	R. B. SWEET			3	08	020		
UNIVERSITY	R. B. SWEET	8,938					10,000	
VETERANS ADMIN.	R. B. SWEET, T. H. CORBETT	2,117	65				11,000	
DETROIT								
CHILDREN'S HOSPITAL OF MICHIGAN	S. AUSTIN	5,662	120	1		013	13,008	
HENRY FORD	P. R. DUMKE	16,472	520	2	06	016	10,300	
SINAI HOSPITAL OF DETROIT	E. M. BROWN	14,456	1,565	3	03	009	10,100	
SOUTHFIELD								
PROVIDENCE	A. V. KANE	12,571	200	3	02	006	11,700	130365

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MINNESOTA								
MINNEAPOLIS								
UNIVERSITY OF MINNESOTA								
AFFILIATED HOSPITALS	F. H. VAN BERGEN			3	09	030		
UNIVERSITY OF MINNESOTA HOSPITALS		9,534	959					
VETERANS ADMIN.		8,088	144				9,600	
GILLETTE CHILDREN'S (ST. PAUL)								
ROCHESTER								
MAYO GRADUATE SCHOOL OF MEDICINE	R. A. THEYE			3	05	015	10,500	132665
ROCHESTER METHODIST		17,848	1,136					
ST. MARY'S		19,174	1,877					
ST. PAUL								
GILLETTE CHILDREN'S	SEE UNIVERSITY OF MINNESOTA AFFIL. HOSPITALS, MINNEAPOLIS							
MISSOURI								
COLUMBIA								
UNIVERSITY OF MISSOURI MEDICAL CENTER	G. W. N. EGGERS, JR.	5,237	50	3	04	010	9,500	
KANSAS CITY								
CHILDREN'S MERCY	E. S. BROWN	1,727	26	1		001	10,500	
ST.LOUIS								
BARNES HOSPITAL GROUP	C. R. STEPHEN	20,290		3	06	016	9,500	
NEBRASKA								
OMAHA								
UNIVERSITY OF NEBRASKA								
AFFILIATED HOSPITALS	J. R. JONES			3	03	012	9,000	
UNIVERSITY OF NEBRASKA		3,238	521				9,000	
DOUGLAS COUNTY		664	120					
VETERANS ADMIN.		1,727	260				10,344	
NEW HAMPSHIRE								
HANOVER								
MARY HITCHCOCK MEMORIAL	M. L. HELLER	6,106	2,237	3	02	006	9,100	
NEW JERSEY								
HACKENSACK								
HACKENSACK	A. R. WOLLACK	11,744	364	3	02	006	10,600	
LIVINGSTON								
ST. BARNABAS MEDICAL CENTER	R. K. EGGE	16,251	75	3	01	003	10,700	
LONG BRANCH								
MONMOUTH MEDICAL CENTER	B. C. KAYE	12,112	96	3	02	006	11,500	139265
NEWARK								
NEWARK BETH ISRAEL MEDICAL CENTER	C. BEVERLY	7,908	100	3	02	006	11,300	
PATERSON								
ST. JOSEPH'S	E. T. LAWLESS	9,437	152	3	03	009	10,887	
NEW YORK								
ALBANY								
ALBANY MEDICAL CENTER	K. F. SCHMIDT	14,700	80	3	03	008		
BUFFALO								
BUFFALO GENERAL	R. N. TERRY	14,576	87	3	04	012	10,500	
CHILDREN'S HOSPITAL OF BUFFALO	M. J. DOWNEY, JR.	12,141						
CHILDREN'S HOSPITAL OF BUFFALO	M. J. DOWNEY, JR.	12,141		1		004		
MILLARD FILLMORE	K. A. KELLY	12,360	640	3	03	009	10,000	144065
S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS								
EDWARD J. MEYER MEMORIAL	R. MARKELLO	3,798	450	3	02	005	10,000	
EAST MEADOW								
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV.	I. WEINBERG	5,720	497	3	04	010	10,112	
NEW HYDE PARK								
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER PROGRAM								
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER	S. N. SURKS	10,821	760	3	04	008	13,300	
QUEENS HOSPITAL CENTER (NEW YORK CITY)	S. N. SURKS	5,414	1,127	3	03	009	13,300	
NEW YORK CITY								
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	L. R. ORKIN			3	12	036		
BRONX MUNICIPAL HOSPITAL CENTER	L. R. ORKIN	8,534	4,774					
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE	I. C. ANDREWS	7,702	232					
LINCOLN	J. MEHTA							
BETH ISRAEL MEDICAL CENTER	S. JOFFE	10,376	1,002	3	08	019	13,300	
BROOKDALE HOSPITAL CENTER	A. C. GOLDFEDER	9,497	466	2	04	012	13,300	
CORNELL COOPERATING HOSPITALS	J. F. ARTUSIO, JR.			3	07	021		
NEW YORK	J. F. ARTUSIO, JR.	20,684	250				13,300	
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	W. HOWLAND	7,048	500				11,200	
HOSPITAL FOR SPECIAL SURGERY	J. L. FOX, A. H. GOULET	2,581	35					
FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER POLYCLINIC DIVISION	J. MILOWSKY	6,146	375	3	03	009	13,750	147565
HARLEM HOSPITAL CENTER	K. TSUEDA	14,028	538	2	04	012		
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	A. E. CHIRON	11,126	122	3	06	012	13,300	
LONG ISLAND COLLEGE	E. S. OWRE	8,116	157	2	04	008	13,300	
MAIMONIDES MEDICAL CENTER TRAINING PROGRAM	P. SECHZER			2	04	008	13,300	
MAIMONIDES MEDICAL CENTER		13,716	13,716					
CONEY ISLAND		4,152	449					
METHODIST HOSPITAL OF BROOKLYN	G. WALLACE	8,871	197	3	04	012	13,000	142965

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	Positions Offered 1973-1974 All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK, NEW YORK CITY - CONTINUED								
MISERICORDIA - FORDHAM TRAINING PROGRAM	A. L. MAURO			3	06	014	13,300	
MISERICORDIA		5,927	453					
FORDHAM		2,719	558					
MONTEFIORE HOSPITAL TRAINING PROGRAM	F. F. FOLDES			3	07	022	13,000	
MONTEFIORE HOSPITAL AND MEDICAL CENTER		7,179	611					
MORRISANIA CITY		4,265	411					
MOUNT SINAI HOSPITAL TRAINING PROGRAM	L. RENDELL-BAKER			3	13	021	13,300	
MOUNT SINAI	L. RENDELL-BAKER	15,665	765					
CITY HOSPITAL CENTER AT ELMHURST	A. ROSENTHAL	8,130	777					
HOSPITAL FOR JOINT DISEASES AND MEDICAL CENTER	A. M. BETCHER	4,118	165					
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	H. BISHOP, D. BIZZARRI			3	07	019	13,300	
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS	H. BISHOP, L. FIERRO	7,380	83					
UNIT 2 - METROPOLITAN HOSPITAL CENTER	H. BISHOP, D. BIZZARRI	7,328	4,272					
GRASSLANDS (VALHALLA)	K. SHIBUTANI	1,636	1,566				11,850	
NEW YORK UNIVERSITY MEDICAL CENTER	V. D. B. MAZZIA			3	10	034		
BELLEVUE HOSPITAL CENTER	V. D. B. MAZZIA	8,494	134					
UNIVERSITY	V. D. B. MAZZIA	11,976						
VETERANS ADMIN. (MANHATTAN)	D. ZUBERKO	2,155	60				13,878	
PRESBYTERIAN	S. H. NGAI	19,838	33	3	17	046	13,000	
QUEENS HOSPITAL CENTER	SEE LONG ISLAND JEWISH MED. CTR. TRNG. PROG., NEW HYDE PARK							
ST. LUKE'S HOSPITAL CENTER	L. S. BLANCATO	13,300	120	3	05	015	13,000	
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	R. G. HICKS	9,211	1,752	3	03	008	11,600	
STATE UNIVERSITY-KINGS COUNTY HOSPITAL CENTER	B. D. KING			3	04	013		
KINGS COUNTY HOSPITAL CENTER		8,156	720				13,300	
STATE UNIVERSITY		3,533	165				11,800	
VETERANS ADMIN. (BRONX)	G. TEUTSCH	3,027	132	2	03	006	13,878	
ROCHESTER								
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	A. J. GILLIES	11,321	400	3	05	012	10,000	
SYRACUSE								
ST. JOSEPH'S HOSPITAL HEALTH CENTER	H. K. MORRELL, JR.	10,979	391	3	04	006	10,400	
S.U.N.Y. UPSTATE MEDICAL CENTER	A. B. DOBKIN			3	07	019	10,400	
STATE UNIVERSITY	A. B. DOBKIN	5,649	180					
CROUSE IRVING-MEMORIAL	J. BERTRAND	11,013						
VETERANS ADMIN.	A. B. DOBKIN	2,210	34					
VALHALLA								
GRASSLANDS	SEE N. Y. MED. COLL.-METROPOLITAN HOSP. CNTR., NEW YORK CITY							
NORTH CAROLINA								
CHAPEL HILL								
NORTH CAROLINA MEMORIAL	K. SUGIOKA	7,049	276	3	05	012	9,500	
DURHAM								
DUKE UNIVERSITY AFFILIATED HOSPITALS	M. H. HARMEL			3	05	015	9,250	
DUKE UNIVERSITY MEDICAL CENTER	M. H. HARMEL	13,000	75					
VETERANS ADMIN.	R. E. BENWAY	3,495	567					
WINSTON-SALEM								
BOWMAN GRAY SCHOOL OF MEDICINE AFFILIATED HOSPITALS								
NORTH CAROLINA BAPTIST	T. H. IRVING	8,200	300	3	03	009	9,000	
OHIO								
CINCINNATI								
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	N. W. B. CRAYTHORNE			3	05	011		154865
CHILDREN'S	C. N. MELAMPY	4,850	300					
CINCINNATI GENERAL	N. W. B. CRAYTHORNE	9,076	200				9,700	
VETERANS ADMIN.	N. W. B. CRAYTHORNE	2,642					10,590	
CLEVELAND								
CLEVELAND METROPOLITAN GENERAL	H. E. KRETCHMER	12,302	156	3	02	005	10,500	
FAIRVIEW GENERAL	R. WARREN	11,543	721	2	06	013	11,400	
HURON ROAD HOSPITAL-CLEVELAND CLINIC	E. R. MALIA, J. K. POTTER			3	07	027		
HURON ROAD	E. R. MALIA	6,848	45				10,800	
CLEVELAND CLINIC	J. K. POTTER	15,257	190				11,000	
MARYMOUNT	N. G. DE PIERO	6,125	675	3	02	006	11,400	
MOUNT SINAI HOSPITAL OF CLEVELAND	S. KATZ	13,489	265	3	03	009	10,500	155765
ST. LUKE'S	B. B. SANKEY	11,914	133	3	02	006	10,000	156065
UNIVERSITY HOSPITALS OF CLEVELAND	J. S. GRAVENSTEIN	19,651	563	3	08	023	10,500	
VETERANS ADMIN.		4,145	19				10,850	
COLUMBUS								
OHIO STATE UNIVERSITY HOSPITALS	W. HAMELBERG	15,686	350	3	04	010	7,200	
TOLEDO								
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS								
HOSP. OF THE MEDICAL COLLEGE OF OHIO AT TOLEDO	L. E. MORRIS	1,668	79	3	04	012	10,200	157965
TOLEDO	P. J. DITMYER	11,421	62	3	02	005	10,200	158365
YOUNGSTOWN								
ST. ELIZABETH	R. S. RICHARDS	13,856	1,056	2	06	010	10,600	
YOUNGSTOWN	D. W. METCALF	16,990	920	3	04	010	10,600	

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
OKLAHOMA								
OKLAHOMA CITY								
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER	S. DEUTSCH			3	05	013	10,000	
UNIVERSITY OF OKLAHOMA HOSPITALS	S. DEUTSCH	5,221	982					
VETERANS ADMIN.	C. A. CARMACK	2,063	113					
OREGON								
PORTLAND								
UNIVERSITY OF OREGON AFFILIATED HOSPITALS	N. A. BERGMAN			3	06	015		
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	N. A. BERGMAN	7,228	400				8,600	
VETERANS ADMIN.	M. L. DARSIE	2,780	14	14,956			9,371	
PENNSYLVANIA								
HERSHEY								
MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY	A. E. YEAKEL	1,325	49	3	03	009	10,224	
JOHNSTOWN								
CONEMAUGH VALLEY MEMORIAL	P. C. LUND	9,130	1,692	3	03	009	10,200	161665
PHILADELPHIA								
ALBERT EINSTEIN MEDICAL CENTER	B. GOLDSTEIN	15,428	277	2	06	012	10,100	163165
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	H. H. STONE	3,351	390	3	01	001	11,180	
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	H. L. PRICE	4,405	425	3	04	012	10,200	
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	R. D. DRIPPS	16,488	547	3	18	054	10,969	
CHILDREN'S HOSPITAL OF PHILADELPHIA	L. BACHMAN	3,711	1,500				11,000	
VETERANS ADMIN.	R. D. DRIPPS	2,693	80				11,125	
PRESBYTERIAN-UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER	S. SCHOTZ	4,335	104	3	02	005	10,650	
TEMPLE UNIVERSITY	L. W. KRUMPERMAN	8,085	90	3	06	018	10,200	
ST. CHRISTOPHER'S HOSP. FOR CHILDREN	B. W. MAYER	4,767	150				11,000	
THOMAS JEFFERSON UNIVERSITY	J. JACOBY	10,853	798	3	05	012	10,300	
PITTSBURGH								
ALLEGHENY GENERAL	R. L. PATTERSON	11,470	1,325	3	03	008	10,500	
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	P. SAFAR, B. SMITH			3	06	026	10,000	
PRESBYTERIAN-UNIVERSITY	D. TORPEY	6,986	262					
CHILDREN'S HOSPITAL OF PITTSBURGH	J. MARCY	6,410	360					
EYE AND EAR HOSPITAL OF PITTSBURGH	R. B. SMITH	10,170						
MAGEE-WOMENS	R. A. HINGSON	14,108	63					
VETERANS ADMIN.	B. KIRIMLI	2,453	210					
MERCY	E. S. SIKER	11,915	643	3	05	013	11,400	164965
WESTERN PENNSYLVANIA	O. C. PHILLIPS	11,662	200	3	02	006	10,600	165965
SAYRE								
ROBERT PACKER	E. A. TALMAGE	4,790	201	3	01	003	11,020	
PUERTO RICO								
PONCE								
HOSPITAL DE DAMAS	J. L. JIMENEZ VELEZ	2,919	176	3	01	003	10,200	
SAN JUAN								
UNIVERSITY OF PUERTO RICO AFFILIATED HOSPITALS	N. R. DE JESUS			3	08	024	7,875	
INDUSTRIAL								
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA								
UNIVERSITY DISTRICT		18,679	328					
RHODE ISLAND								
PROVIDENCE								
RHODE ISLAND	E. SAKLAD	14,804	150	2	05	011	10,100	
SOUTH CAROLINA								
CHARLESTON								
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS	J. E. MAHAFFEY			3	04	010		
MEDICAL UNIVERSITY OF SOUTH CAROLINA	J. E. MAHAFFEY	8,740	803				8,400	
VETERANS ADMIN.	L. L. BROWN	1,797	25				8,777	
TENNESSEE								
KNOXVILLE								
UNIVERSITY OF TENNESSEE MEMORIAL RESEARCH CENTER AND HOSPITAL	W. F. POWELL	6,708	97	3	01	003	8,500	
MEMPHIS								
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS								
CITY OF MEMPHIS HOSPITALS	W. C. NORTH	12,258	437	3	05	015	9,624	
NASHVILLE								
VANDERBILT UNIVERSITY	B. E. SMITH	7,385	75	3	04	010	8,500	
TEXAS								
DALLAS								
PARKLAND MEMORIAL	M. T. JENKINS	10,919	182	3	10	023	7,893	
GALVESTON								
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	C. R. ALLEN	9,106	593	3	06	018	9,600	

2. ANESTHESIOLOGY—Continued

	Chief of Service or Program Director	Total Anesthetics	Consultation on Nonsurgical Patients	Length of Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
TEXAS - CONTINUED								
HOUSTON								
BAYLOR COLLEGE OF MEDICINE								
AFFILIATED HOSPITALS	A. S. KEATS			3	08	024	9,000	
BEN TAUB GENERAL	A. S. KEATS	6,317	56					
JEFFERSON DAVIS	A. S. KEATS	9,539	50					
METHODIST	P. H. CHALMERS	22,763	12					
ST. LUKE'S EPISCOPAL	J. D. CARTER	12,135						
TEXAS CHILDREN'S	J. D. CARTER	3,545						
VETERANS ADMIN.	W. H. MANNHEIMER	5,900	27					
HERMANN	F. P. THOMAS	16,114	140	2	02	004	8,400	
ST. JOSEPH	L. T. JOHNSON, JR.	15,982	565	2	02	006	8,400	
UNIVERSITY OF TEXAS M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE	W. S. DERRICK	5,662	230	3	02	006	9,000	
SAN ANTONIO								
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS								
BEXAR COUNTY TEACHING	H. L. ZAUDER	7,309	114	3	05	014	9,000	
TEMPLE								
SCOTT AND WHITE MEMORIAL	C. H. GILLESPIE	6,701		3	01	003	9,400	172565
UTAH								
SALT LAKE CITY								
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	C. M. BALLINGER			3	09	022		
UNIVERSITY	C. M. BALLINGER	5,615	57				9,200	
HOLY CROSS HOSPITAL OF SALT LAKE CITY	L. R. CORNELIUS	7,730	100				8,900	
LATTER-DAY SAINTS	P. M. WILLIAMS	12,812	77				9,200	
PRIMARY CHILDREN'S	W. H. RING	5,771						
ST. MARK'S	D. C. HOLLOWAY	7,320	262					
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	C. M. BALLINGER	328						
VETERANS ADMIN.								
VERMONT								
BURLINGTON								
MEDICAL CENTER HOSPITAL OF VERMONT	J. ABAJIAN, JR.	8,525	2,106	3	02	008	8,100	
VIRGINIA								
CHARLOTTESVILLE								
UNIVERSITY OF VIRGINIA	H. CARRON	9,426	540	3	06	014	8,900	
RICHMOND								
VIRGINIA COMMONWEALTH UNIV. M.C.V. AFFILIATED HOSPITALS								
MEDICAL COLLEGE OF VIRGINIA HOSPITALS	C. P. BOYAN	10,436	316	3	04	010	8,900	
WASHINGTON								
SEATTLE								
UNIVERSITY OF WASHINGTON								
AFFILIATED HOSPITALS	J. J. BONICA			3	14	039		191665
CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER	K. F. EATHER	4,670						
HARBORVIEW MEDICAL CENTER	F. FREUND	3,496	530					
UNIVERSITY	J. J. BONICA	4,092	1,902				8,700	
VETERANS ADMIN.	G. M. ASHEIM	1,863	100				8,700	
TACOMA GENERAL (TACOMA)	P. H. BACKUP	8,544	138				8,700	
VIRGINIA MASON	D. MOORE, P. BRIDENBAUGH	7,810	293	3	04	012	8,820	
TACOMA								
TACOMA GENERAL	SEE UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS, SEATTLE							
WEST VIRGINIA								
MORGANTOWN								
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	H. TURNDORF	4,200	300	3	04	012	9,000	
WISCONSIN								
MADISON								
UNIVERSITY OF WISCONSIN								
AFFILIATED HOSPITALS	S. C. ALEXANDER			3	06	018	9,785	
UNIVERSITY HOSPITALS	S. C. ALEXANDER	5,393	139					
VETERANS ADMIN.	D. C. BOHLMAN	1,410	67					
MILWAUKEE								
MEDICAL COLLEGE OF WISCONSIN								
AFFILIATED HOSPITALS	E. O. HENSCHEL			3	08	028		
MILWAUKEE COUNTY GENERAL		5,855	1,103				10,068	
VETERANS ADMIN. CENTER (WOOD)		3,210	1,021				10,413	

3. CHILD PSYCHIATRY

The programs in Child Psychiatry that have been approved by the Council on Medical Education and the American Board of Psychiatry and Neurology and its Committee on Certification in Child Psychiatry, through the Residency Review Committee for Psychiatry and Neurology, are listed following the programs in Psychiatry, as List 27D.

4. COLON AND RECTAL SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Colon and Rectal Surgery, and the American College of Surgeons, through the Residency Review Committee for Colon and Rectal Surgery, as offering TWO years of acceptable training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
NONFEDERAL AND VETERANS ADMINISTRATION							
CALIFORNIA							
LOS ANGELES							
QUEEN OF ANGELS	B. R. JACKSON	7	419	142	01	001	15,000
ILLINOIS							
CHICAGO							
COOK COUNTY	D. SMITH	11	441	3,439	02	002	12,100
LOUISIANA							
NEW ORLEANS							
OCHSNER FOUNDATION	J. E. RAY	16	508	12,606	02	002	10,500
MASSACHUSETTS							
BOSTON							
LAHEY CLINIC	M. C. VEIDENHEIMER	37	526	9,542	02	002	11,800
MICHIGAN							
GRAND RAPIDS							
FERGUSON-DROSTE-FERGUSON	J. P. MULDOON	88	3,890	14,736	04	004	9,000
MINNESOTA							
MINNEAPOLIS							
UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS	W. C. BERNSTEIN				02	002	
UNIVERSITY OF MINNESOTA HOSPITALS		10	325	2,450			11,000
VETERANS ADMIN.		5	135	1,370			9,800
ROCHESTER							
MAYO GRADUATE SCHOOL OF MEDICINE	J. R. HILL			25,300	01	002	12,500
ROCHESTER METHODIST		16	899				
ST. MARY'S		16	431				
NEW JERSEY							
PLAINFIELD							
MUHLENBERG	E. P. SALVATI	10	402	80	01	001	12,975
NEW YORK							
BUFFALO							
BUFFALO GENERAL	J. E. ALFORD	11	320	289	01	002	12,000
DEACONESS HOSPITAL OF BUFFALO	W. H. BERNHOFT	6	125	186	01	001	12,000
OHIO							
CLEVELAND							
CLEVELAND CLINIC	R. B. TURNBULL, JR.	31	782	4,878	03	003	12,000
PENNSYLVANIA							
ALLENTOWN							
ALLENTOWN	G. L. KRATZER	23	640	133	01	001	12,800
PHILADELPHIA							
TEMPLE UNIVERSITY	A. R. GENNARO	14	535	794	01	002	12,500
TEXAS							
DALLAS							
BAYLOR UNIVERSITY MEDICAL CENTER	W. BAILEY	19	966	187	01	001	9,780
PRESBYTERIAN HOSPITAL OF DALLAS	R. J. ROWE	7	224	2,200	01	001	7,893
HOUSTON							
HERMANN	J. W. HARRIS	19	877	758	01	001	10,800

5. DERMATOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education 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 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE									
NEBRASKA									
EHRLING BERGQUIST U.S.A.F., OFFUTT A.F.B.	SEE UNIVERSITY OF NEBRASKA AFFIL. HOSPS., OMAHA, NEB.								

5. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	Positions Offered 1973-1974 All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE - CONTINUED									
TEXAS									
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	L. R. LUMPKIN	6	114	33,530	3	03	009		
UNITED STATES ARMY									
CALIFORNIA									
LETTERMAN GENERAL, SAN FRANCISCO	R. B. ODOM	6	94	12,563	3	02	006		
COLORADO									
FITZSIMONS GENERAL, DENVER	D. D. NUSS	7	96	17,307	3	02	006		
DISTRICT OF COLUMBIA									
WALTER REED GENERAL, WASHINGTON	W. R. VINEYARD	6	83	22,361	3	03	009		
TEXAS									
BROOKE GENERAL, SAN ANTONIO	C. W. LEWIS	3	92	29,771	3	04	012		
UNITED STATES NAVY									
CALIFORNIA									
NAVAL, SAN DIEGO	W. E. CARSON	27	396	47,414	3	04	012		
PENNSYLVANIA									
NAVAL, PHILADELPHIA	R. G. DAVIS	9	100	10,026	3	03	009		
UNITED STATES PUBLIC HEALTH SERVICE									
MARYLAND									
NATIONAL INSTITUTES OF HEALTH-CLINICAL CENTER, BETHESDA					1	01	003		
NEW YORK									
U. S. PUBLIC HEALTH SERVICE (STATEN ISLAND), NEW YORK CITY	J. P. FIELDS	19	155	11,692	2	02	006		
NONFEDERAL AND VETERANS ADMINISTRATION									
ALABAMA									
BIRMINGHAM									
UNIVERSITY OF ALABAMA MEDICAL CENTER	R. D. NOOJIN				3	03	011	9,400	
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS		6	98	32,158					
VETERANS ADMIN.				1,560					
FAIRFIELD									
LLOYD NOLAND	P. G. REQUE	3	54	6,011	2	02	002	11,400	100866
ARKANSAS									
LITTLE ROCK									
UNIVERSITY OF ARKANSAS MEDICAL CENTER	G. T. JANSEN				3	02	006		101866
UNIVERSITY		2	64	5,520				7,800	
VETERANS ADMIN. CONSOLIDATED		17	183	3,344				9,420	
CALIFORNIA									
LONG BEACH									
VETERANS ADMIN.	J. W. WILSON	17	785	7,560	3	03	009	13,678	
LOS ANGELES									
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	N. E. LEVAN	14	495	16,185	3	07	012		
U. C. L. A.	V. D. NEWCOMER	3	500	8,264	3	03	009	10,200	
VETERANS ADMIN. CENTER-WADSWORTH	E. T. WRIGHT	24	995	15,500	3	03	009	13,878	
PALO ALTO									
VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD								
SAN DIEGO									
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	W. R. NICKEL	2	60	2,206	3	01	003	10,200	
SAN FRANCISCO									
PACIFIC MEDICAL CENTER-PRESBYTERIAN	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD								
UNIVERSITY OF CALIFORNIA PROGRAM	W. EPSTEIN				3	03	015		
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	W. EPSTEIN	7	225	11,443				9,400	
SAN FRANCISCO GENERAL	G. GELLIN			2,918				9,924	
VETERANS ADMIN.	D. L. TUFFANELLI	5	280	2,416				9,400	
SAN MATEO									
HAROLD D. CHOPE COMMUNITY	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD								
STANFORD									
STANFORD UNIVERSITY AFFILIATED HOSPITALS	E. M. FARBER				3	04	012		
STANFORD UNIVERSITY	E. M. FARBER	9	231	10,906				9,700	
VETERANS ADMIN. (PALO ALTO)	V. CONSTANTINE	11	117	1,459				9,700	
PACIFIC MEDICAL CENTER-PRESBYTERIAN (SAN FRANCISCO)	H. M. SCHNEIDMAN	1	28	1,800					
HAROLD D. CHOPE COMMUNITY (SAN MATEO)	D. E. L. SCHMIDT	10	4,926	42,605				10,962	
COLORADO									
DENVER									
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	G. KAHN				3	01	008	9,200	
UNIVERSITY OF COLORADO MEDICAL CENTER	G. KAHN	2	18	5,148				9,200	
DENVER GENERAL	E. G. THORNE	1	20	6,000					
VETERANS ADMIN.	G. KAHN			520				9,620	

5. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CONNECTICUT									
NEW HAVEN									
YALE-NEW HAVEN MEDICAL CENTER									
YALE-NEW HAVEN	A. B. LERNER	6	160	8,882	3	02	006	10,450	108966
DISTRICT OF COLUMBIA									
WASHINGTON									
FREEDMEN'S	J. A. KENNEY, JR.	1	11	16,480	3	01	003	11,342	
GEORGE WASHINGTON UNIVERSITY	R. S. HIGDON	1	11	6,000	3	01	002	9,500	180266
FLORIDA									
MIAMI									
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	H. BLANK				3	05	017		
JACKSON MEMORIAL		30	1,572	19,176				9,950	
VETERANS ADMIN.		9	309	3,255				10,050	
MIAMI BEACH									
MOUNT SINAI HOSPITAL OF GREATER MIAMI	P. FROST, N. ZAIAS				3	01	003	9,900	
GEORGIA									
ATLANTA									
EMORY UNIVERSITY AFFILIATED HOSPITALS	A. C. BROWN				3	01	003	6,880	
EMORY UNIVERSITY		2	814						
GRADY MEMORIAL				5,321					
VETERANS ADMIN. (DECATUR)				950					
AUGUSTA									
MEDICAL COLLEGE OF GEORGIA HOSPITALS	J. G. SMITH, JR.				3	03	009		
EUGENE TALMADGE MEMORIAL		3	62	2,857				9,500	
UNIVERSITY				449					
VETERANS ADMIN.				747				8,100	
DECATUR									
VETERANS ADMIN. (DECATUR)	SEE EMORY UNIVERSITY AFFILIATED HOSPITALS, ATLANTA								
ILLINOIS									
CHICAGO									
COOK COUNTY	S. BARSKY	16	1,229	17,242	3	02	005		
NORTHWESTERN UNIVERSITY-MC GAW MEDICAL CENTER	S. M. BLUEFARB	11	565	5,239	3	02	006	11,250	
VETERANS ADMIN. RESEARCH	S. M. BLUEFARB	11	156	2,814					
PRESBYTERIAN-ST. LUKE'S	F. D. MALKINSON	2	21	3,200	3	01	003	9,946	
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	A. L. LORINCZ	10	212	6,025	3	03	009	10,800	
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS	A. ROSTENBERG, JR.					02	006		
UNIVERSITY OF ILLINOIS		10	176	9,200	3			10,560	
VETERANS ADMIN. (HINES)		2	117	2,480				10,100	
HINES									
VETERANS ADMIN.	SEE UNIV. OF ILL. AFFILIATED HOSPS., CHICAGO								
INDIANA									
INDIANAPOLIS									
INDIANA UNIVERSITY MEDICAL CENTER	V. C. HACKNEY				3	03	004		
INDIANA UNIVERSITY HOSPITALS				1,850				9,500	
MARION COUNTY GENERAL			22	9,420				10,000	
IOWA									
IOWA CITY									
UNIVERSITY OF IOWA HOSPITALS	R. G. CARNEY	11	471	15,108	3	03	009	9,500	120366
KENTUCKY									
LOUISVILLE									
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	L. G. OWEN				3	02	006		
LOUISVILLE GENERAL		2	50	5,500				8,600	
VETERANS ADMIN.				1,379				8,370	
LOUISIANA									
NEW ORLEANS									
CHARITY HOSPITAL OF LOUISIANA	S. O' QUINN, V. DERBES	4	152	25,585	3	04	014	7,800	
MARYLAND									
BALTIMORE									
JOHNS HOPKINS	G. W. HAMBRICK, JR.			11,741	3	03	005	10,000	
UNIVERSITY OF MARYLAND	H. M. ROBINSON, JR.	1	15	9,401	3	01	006	10,700	
MASSACHUSETTS									
BOSTON									
LAHEY CLINIC	S. L. MOSCHELLA	6	304	15,764	2	01	002	10,200	
MASSACHUSETTS GENERAL	T. B. FITZPATRICK	12	307	8,810	3	02	010	10,200	
TUFTS UNIVERSITY AFFILIATED HOSPITALS	W. F. LEVER				3	03	008		
BOSTON CITY		2	30	10,668				9,600	
NEW ENGLAND MEDICAL CENTER HOSPITALS				5,807				10,165	
UNIVERSITY	H. MESCON	20	500	7,000	3	03	009	10,100	126266

5. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MICHIGAN									
ALLEN PARK									
VETERANS ADMINISTRATION	SEE WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS, DETROIT								
ANN ARBOR									
UNIVERSITY OF MICHIGAN									
AFFILIATED HOSPITALS	E. R. HARRELL				3	05	015		
UNIVERSITY	E. R. HARRELL	12	352	9,987				10,000	
VETERANS ADMIN.	E. R. HARRELL, R. BISHOP			1,009				11,000	
DETROIT									
HENRY FORD	C. S. LIVINGOOD	23	679	42,242	3	05	015	10,300	
WAYNE STATE UNIVERSITY									
AFFILIATED HOSPITALS	H. PINKUS				3	04	014		
VETERANS ADMIN. (ALLEN PARK)	H. PINKUS	18	636	4,600				10,980	
DETROIT GENERAL	H. PINKUS	1	15	5,705				10,800	
HARPER	H. PLOTNICK	8	46	934				10,800	
MINNESOTA									
MINNEAPOLIS									
UNIVERSITY OF MINNESOTA									
AFFILIATED HOSPITALS	R. W. GOLTZ				3	04	012		133466
HENNEPIN COUNTY GENERAL	B. J. BART	2	30	3,953				9,250	
UNIVERSITY OF MINNESOTA HOSPITALS	R. W. GOLTZ	6	134	2,983				8,500	
VETERANS ADMIN.	I. FISHER	11	176	2,325				9,800	
ST. PAUL-RAMSEY (ST. PAUL)	H. G. RAVITS	2	38	3,876				8,750	
ROCHESTER									
MAYO GRADUATE SCHOOL OF MEDICINE	R. K. WINKELMANN			34,680	3	05	019	10,500	
ROCHESTER METHODIST									
ST. MARY'S									
ST. PAUL									
ST. PAUL-RAMSEY	SEE UNIVERSITY OF MINNESOTA AFFILIATED HOSPS., MINNEAPOLIS								
MISSOURI									
COLUMBIA									
UNIVERSITY OF MISSOURI MEDICAL CENTER	P. C. ANDERSON	4	85	10,000	3	02	007	9,500	
ST. LOUIS									
BARNES HOSPITAL GROUP	A. Z. EISEN	50	250	15,300	3	03	008	9,500	
NEBRASKA									
OMAHA									
UNIVERSITY OF NEBRASKA									
AFFILIATED HOSPITALS	R. M. FUSARO				3	01	001		
BISHOP CLARKSON MEMORIAL									
DOUGLAS COUNTY									
UNIVERSITY OF NEBRASKA				1,223					
VETERANS ADMIN.				123				10,344	
EHRLING BERGQUIST U.S.A.F. (OFFUTT A.F.B.)									
NEW HAMPSHIRE									
HANOVER									
MARY HITCHCOCK MEMORIAL	W. E. CLENDENNING	14	355	8,827	3	01	005	9,100	
NEW YORK									
ALBANY									
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	L. R. LUMPKIN				3	01	004		
ALBANY MEDICAL CENTER		3	84	3,884				10,608	
VETERANS ADMIN.									
BUFFALO									
ROSWELL PARK MEMORIAL INSTITUTE	H. L. STOLL	6	55	4,626	1	01	001	8,330	
S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS									
EDWARD J. MEYER MEMORIAL	H. L. STOLL, JR.	1	17	3,812	3			10,600	
NEW YORK CITY									
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	F. PASS				3	02	006		
BRONX MUNICIPAL HOSPITAL CENTER		3	100	7,500					
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE		1	10	4,000					
MOUNT SINAI HOSPITAL TRAINING PROGRAM	A. W. GLICK				3	01	003	13,300	
MOUNT SINAI	A. W. GLICK	3	70	12,000					
CITY HOSPITAL CENTER AT ELMHURST	I. KANTOR	1	24	5,224					
NEW YORK	F. DANIELS, JR.			10,250	3	02	006	13,300	
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	E. H. MANDEL	5	34	9,626	3	03	007	13,300	
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS									
UNIT 2 - METROPOLITAN HOSPITAL CENTER									
NEW YORK UNIVERSITY MEDICAL CENTER	R. L. BAER				3	05	019		
BELLEVUE HOSPITAL CENTER	R. L. BAER	20	278	15,172					
UNIVERSITY	R. L. BAER	17	321	24,862					
VETERANS ADMIN. (MANHATTAN)	P. MICHAELIDES	31	438					13,878	
PRESBYTERIAN	C. T. NELSON	6	107	23,806	3	01	004	13,000	
ST. LUKE'S HOSPITAL CENTER	A. W. YOUNG, JR.	2	51	8,204	2	01	002	13,000	
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	L. FRANK				3	03	009		
KINGS COUNTY HOSPITAL CENTER	L. FRANK	13	228	11,271				13,300	
STATE UNIVERSITY	L. FRANK	5	127	1,081				11,800	
VETERANS ADMIN. (BROOKLYN)	Y. L. LYNFIELD	30	967	1,220				15,956	
VETERANS ADMIN. (BRONX)	H. SHATIN	26	370	1,785	2	02	004	13,878	

5. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NORTH CAROLINA									
CHAPEL HILL									
NORTH CAROLINA MEMORIAL	C. E. WHEELER, JR.			10,945	3	04	012	9,500	
DURHAM									
DUKE UNIVERSITY MEDICAL CENTER	J. L. CALLAWAY	2	88	3,169	3	02	006	9,250	
OHIO									
CINCINNATI									
UNIVERSITY OF CINCINNATI HOSPITAL GROUP									
CINCINNATI GENERAL	L. GOLDMAN	12	204	5,621	3	03	011	9,700	
CLEVELAND									
CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS	B. MICHEL				3	03	009		
UNIVERSITY HOSPITALS OF CLEVELAND		4	111	4,695				10,500	
VETERANS ADMIN.		9	94	468				10,850	
ST. LUKE'S									
MOUNT SINAI HOSPITAL OF CLEVELAND									
CLEVELAND CLINIC	H. ROENIGK, JR.	12	381	15,943	3	03	009	10,000	
CLEVELAND METROPOLITAN GENERAL	J. R. POMERANZ	4	76	8,730	3	02	006	10,500	
COLUMBUS									
OHIO STATE UNIVERSITY HOSPITALS	E. D. LOWNEY	4	120	15,000	3	01	004	7,300	
OKLAHOMA									
OKLAHOMA CITY									
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER	M. A. EVERETT				3	02	006	9,000	
UNIVERSITY OF OKLAHOMA HOSPITALS		1	47	13,798					
VETERANS ADMIN.		4	120	1,872					
OREGON									
PORTLAND									
UNIVERSITY OF OREGON AFFILIATED HOSPITALS	W. C. LOBITZ, JR.				3	04	012		
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS		3	70	14,956				8,600	
VETERANS ADMIN.		5	55	968					
PENNSYLVANIA									
DANVILLE									
GEISINGER MEDICAL CENTER	R. F. DICKEY	1	18	22,500	3	02	007	10,000	160866
PHILADELPHIA									
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	R. FLEISCHMAJER	30	160	7,500	3	01	003	9,000	
TEMPLE UNIVERSITY	F. URBACH	14	365	15,355	3	03	011	10,200	
THOMAS JEFFERSON UNIVERSITY	H. A. LUSCOMBE	2	39	3,244	2	01	002	10,300	
UNIVERSITY OF PENNSYLVANIA AFFILIATED HOSPITALS	W. B. SHELLEY				3	05	015		
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	M. H. SAMITZ	3	62	1,631				11,180	
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	J. J. LEYDEN	6	161	8,111				10,969	
PENNSYLVANIA	P. R. GROSS	2	39	2,908				10,500	
PHILADELPHIA GENERAL	C. L. HEATON	9	168	5,414				10,150	
VETERANS ADMIN.	J. W. PETROZZI	6	252	1,253				11,125	
PITTSBURG									
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	P. S. PORTER				3	02	006	10,000	
CHILDREN'S HOSPITAL OF PITTSBURGH				416					
PRESBYTERIAN-UNIVERSITY		1	30	3,490					
PUERTO RICO									
SAN JUAN									
UNIVERSITY DISTRICT	V. M. TORRES	19		21,953	3	03	009	7,875	
RHODE ISLAND									
PAWTUCKET									
MEMORIAL	BROWN UNIVERSITY AFFILIATED HOSPITALS, PROVIDENCE								
PROVIDENCE									
BROWN UNIVERSITY AFFILIATED HOSPITALS	C. J. MC DONALD				3	03	009	10,100	
ROGER WILLIAMS GENERAL	C. J. MC DONALD	6	122	3,198					
MIRIAM	A. B. KERN, R. P. DAVIS								
RHODE ISLAND	C. S. SAWYER		19	2,515					
MEMORIAL (PAWTUCKET)	B. L. SCHIFF			233					
TENNESSEE									
MEMPHIS									
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS	E. W. ROSENBERG				3	02	006		
CITY OF MEMPHIS HOSPITALS		2	54	4,728				7,752	
VETERANS ADMIN.		3	80	1,525				8,120	
TEXAS									
DALLAS									
PARKLAND MEMORIAL	J. H. HERNDON			3,955	3	02	004	7,893	
GALVESTON									
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	J. F. MULLINS	10	250	12,600	3	02	006	9,000	
HOUSTON									
BAYLOR COLLEGE OF MEDICINE AFFILIATED HOSPITALS	J. M. KNOX				3	04	012	9,000	
BEN TAUB GENERAL	J. M. KNOX	2	32	8,361					
VETERANS ADMIN.	J. M. KNOX	19	216	3,666					

5. DERMATOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
VIRGINIA									
CHARLOTTESVILLE									
UNIVERSITY OF VIRGINIA	E. P. CAWLEY	5	136	10,124	3	02	006	8,900	
RICHMOND									
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS	W. K. BLAYLOCK				3	02	009	8,900	
MEDICAL COLLEGE OF VIRGINIA HOSPITALS		55	125	5,002					
VETERANS ADMIN.		6	75	2,556					
WASHINGTON									
SEATTLE									
UNIVERSITY	W. B. BAKER, G. F. ODLAND			3,608	3	01	004	8,700	
WEST VIRGINIA									
MORGANTOWN									
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	W. A. WELTON	2	52	4,334	3	01	003	9,000	
WISCONSIN									
MADISON									
UNIVERSITY OF WISCONSIN AFFILIATED HOSPITALS	D. J. CRIPPS				3	02	006		
UNIVERSITY HOSPITALS	D. J. CRIPPS	8	155	5,031				9,785	
VETERANS ADMIN.	S. A. M. JOHNSON	2	81	1,336					
MARSHFIELD CLINIC (MARSHFIELD)	W. F. SCHORR	4	103	10,356				9,500	
MARSHFIELD									
MARSHFIELD CLINIC	SEE UNIVERSITY OF WISCONSIN AFFILIATED HOSPITALS, MADISON								
MILWAUKEE									
MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS	G. B. THEIL				3	02	007		
MILWAUKEE COUNTY GENERAL	T. J. RUSSELL								
VETERANS ADMIN. CENTER (WOOD)	G. B. THEIL	5	56	6,089				10,413	

6. DIAGNOSTIC RADIOLOGY

Residency programs in Diagnostic Radiology that have been approved by the Residency Review Committee for Radiology, are listed following programs in Radiology, and are indicated as List 29B.

7. FAMILY PRACTICE

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Family Practice, and the American Academy of Family Physicians, through the Residency Review Committee for Family Practice, as offering THREE years of training.

	Director of Program	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE						
DISTRICT OF COLUMBIA						
MALCOLM GROW U.S.A.F. MEDICAL CENTER, WASHINGTON	D. L. HOFF	295,815	06	018		
UNITED STATES NAVY						
CALIFORNIA						
NAVAL, CAMP PENDLETON	R. L. DONNELL	192,682	04	012		100218
FLORIDA						
NAVAL, JACKSONVILLE	J. V. DERVIN	3,360	06	018	16,368	181918
NONFEDERAL AND VETERANS ADMINISTRATION						
ARIZONA						
PHOENIX						
GOOD SAMARITAN	R. A. PRICE	5,473	08	016	9,000	101118
TUCSON						
UNIVERSITY	J. W. TAPP	35,000	04	012	9,850	
ARKANSAS						
LITTLE ROCK						
UNIVERSITY OF ARKANSAS MEDICAL CENTER	J. M. TUDOR, JR.	21,500	20	060	9,000	101818
ARKANSAS BAPTIST MEDICAL CENTER						
ARKANSAS CHILDREN'S		14,899			9,000	
ST. VINCENT INFIRMARY	J. M. TUDOR, JR.				9,000	
UNIVERSITY						

7. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CALIFORNIA						
DAVIS						
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS SACRAMENTO MEDICAL CENTER (SACRAMENTO)	L. H. ANDRUS	571	06	016	10,067	
FRESNO						
VALLEY MEDICAL CENTER OF FRESNO	R. D. SMITH	137	02	006		102218
LOMA LINDA						
LOMA LINDA UNIVERSITY	R. D. WEST	4,200	08	016	9,575	102418
LOS ANGELES						
KAISER FOUNDATION	I. M. RASGON	633,021	06	016	12,000	
NEWPORT BEACH						
HOAG MEMORIAL HOSPITAL-PRESBYTERIAN	J. F. BRIDGEMAN	16,000	06	014	11,000	103718
RIVERSIDE						
RIVERSIDE GENERAL	D. A. LAWRENCE	89,963	04	006		185016
SACRAMENTO						
SACRAMENTO MEDICAL CENTER	SEE UNIV. OF CALIF. (DAVIS) AFFILIATED HOSPITALS, DAVIS					
SAN BERNARDINO						
SAN BERNARDINO COUNTY GENERAL	W. L. OGDEN	70,210	12	036	9,600	104718
SANTA CRUZ						
SANTA CRUZ GENERAL	W. E. WHITSTONE	19,959	03	009	13,200	291616
SANTA MONICA						
SANTA MONICA HOSPITAL MEDICAL CENTER	T. L. STERN	13,000	04	012	10,800	106618
SANTA ROSA						
COMMUNITY HOSPITAL OF SONOMA COUNTY	R. C. ANDERSON	20,723	06	018	9,600	106516
TORRANCE						
LOS ANGELES COUNTY HARBOR GENERAL	J. A. TURNER	1,347	03	012	14,340	106718
VENTURA						
GENERAL HOSPITAL VENTURA COUNTY	W. H. WELCHER	66,482	05	017	13,860	106618
COLORADO						
DENVER						
MERCY	C. FLAXER		03	009	9,200	192218
UNIVERSITY OF COLORADO MEDICAL CENTER	H. R. BRETTELL	142,486	04	014	9,200	
CONNECTICUT						
BRIDGEPORT						
BRIDGEPORT	A. BERGER	21,820	04	012	9,350	107918
NEW HAVEN						
HOSPITAL OF ST. RAPHAEL	J. MIGNONE	22,500	06	018	9,350	109018
DELAWARE						
WILMINGTON						
WILMINGTON MEDICAL CENTER	D. T. WALTERS	3,120	04	012	9,750	
DISTRICT OF COLUMBIA						
WASHINGTON						
FREEDMEN'S	W. E. MATORY	4,941	10	020	11,342	
FLORIDA						
DAYTONA BEACH						
HALIFAX DISTRICT	W. H. HUBBARD	8,687	04	012	9,000	162918
JACKSONVILLE						
JACKSONVILLE HOSPITALS EDUCATIONAL PROGRAM ST. VINCENT'S	L. E. MASTERS	13,979	04	011		
MIAMI						
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS JACKSON MEMORIAL	L. P. CARMICHAEL	72,000	12	039	9,450	110418
ST. PETERSBURG						
BAYFRONT MEDICAL CENTER	C. E. AUCREMANN	780	02	006	10,080	191118
GEORGIA						
COLUMBUS						
MEDICAL CENTER	H. G. VIGRASS	32,000	06	018	9,600	111818
ILLINOIS						
BERWYN						
MAC NEAL MEMORIAL	K. F. KESSEL	5,200	04	012	9,420	112118
OAK PARK						
WEST SUBURBAN	A. L. BURDICK, JR.	2,738	05	015	9,500	117318
PEORIA						
METHODIST HOSPITAL OF CENTRAL ILLINOIS	D. R. BORDEAUX, F. Z. WHITE	1,992	06	010	10,000	226718
ST. FRANCIS	C. F. NEUHOFF	12,020	03	009	10,250	
ROCKFORD						
ROCKFORD MEDICAL EDUCATION FOUNDATION	L. P. JOHNSON	7,000	09	027	10,000	226818
SPRINGFIELD						
ST. JOHNS	W. L. STEWART	55,331	04	012	10,000	227118
INDIANA						
EVANSVILLE						
ST. MARY'S	R. W. NICHOLSON	17,959	02	006	9,600	
INDIANAPOLIS						
METHODIST HOSPITAL OF INDIANA	R. G. BLANKENBAKER	13,052	08	022	10,000	118818
ST. VINCENT'S	A. A. FISCHER	5,000	04	012	11,028	118918
MUNCIE						
BALL MEMORIAL	R. L. EGGER	4,229	06	018	10,000	119218
SOUTH BEND						
MEMORIAL HOSPITAL OF SOUTH BEND	L. L. FRANK, JR.	2,965	04	012	9,600	119318
ST. JOSEPH'S	N. N. HOLTZMAN	56,409	04	012	9,600	119416

7. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
IOWA						
CEDAR RAPIDS						
CEDAR RAPIDS MEDICAL EDUCATION PROGRAM	L. R. MARTIN	9,686	08	024	10,200	119618
MERCY						
ST. LUKE'S METHODIST						
DES MOINES						
BROADLAWNS POLK COUNTY	L. F. PARKER	24,749	08	024	9,300	
IOWA CITY						
UNIVERSITY OF IOWA HOSPITALS	R. E. RAKEL		10	015	9,300	120318
KANSAS						
KANSAS CITY						
UNIVERSITY OF KANSAS MEDICAL CENTER	J. D. WALKER	3,000	06	018		120818
WICHITA						
ST. JOSEPH HOSPITAL AND REHABILITATION CENTER	J. M. DONNELL	10,000	04	012	12,300	121118
WESLEY MEDICAL CENTER	S. MOSLER, V. VORHEES	25,000	08	016	9,300	121018
KENTUCKY						
MADISONVILLE						
HOPKINS COUNTY HOSPITAL AND TROVER CLINIC	D. A. MARTIN	220,000	02	006	9,000	291218
LOUISIANA						
BATON ROUGE						
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS						
EARL K. LONG MEMORIAL	R. C. SANCHEZ		06	018		122118
MARYLAND						
BALTIMORE						
FRANKLIN SQUARE	W. REICHEL	33,861	04	012	9,300	124018
UNIVERSITY OF MARYLAND	E. J. KOWALEWSKI	1,316	06	016	10,700	125218
MASSACHUSETTS						
BOSTON						
HARVARD MEDICAL SCHOOL FAMILY HEALTH CARE PROGRAM	J. J. ALPERT, JR.	8,700	03	009	9,700	
CHILDREN'S HOSPITAL MEDICAL CENTER						
PETER BENT BRIGHAM						
MICHIGAN						
DEARBORN						
OAKWOOD	E. M. WAKEMAN	2,374	05	015	10,200	194618
FLINT						
ST. JOSEPH	L. E. SIMONI	14,124	06	018	9,000	130818
LANSING						
EDWARD W. SPARROW	H. E. CROW	9,285	04	012	10,600	131518
MIDLAND						
MIDLAND	R. E. BOWSHER	3,940	06	018	10,000	196118
SAGINAW						
SAGINAW COOPERATIVE HOSPITALS	R. GERARD, P. D. WAYS		08	024	10,508	132018
SAGINAW GENERAL	R. GERARD, B. WAIT	5,899				
ST. LUKE'S	R. GERARD, W. C. AVERILL	5,899				
ST. MARY'S	R. GERARD, R. L. VITU	5,899				
MINNESOTA						
MINNEAPOLIS						
HENNEPIN COUNTY GENERAL	E. B. BERGLUND	4,722	12	036	9,250	132918
UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS	E. W. CIRIACY		45	135		
UNIVERSITY OF MINNESOTA HOSPITALS	E. W. CIRIACY				8,400	
FAIRVIEW						
NORTH MEMORIAL						
ST. MARY'S	D. L. SPENCER					
METHODIST (ST. LOUIS PARK)						
BETHESDA LUTHERAN (ST. PAUL)						
ST. JOHN'S (ST. PAUL)						
ST. LOUIS PARK						
METHODIST	SEE UNIV. OF MINNESOTA AFFILIATED HOSPITALS, MINNEAPOLIS					
ST. PAUL						
BETHESDA LUTHERAN	SEE UNIVERSITY OF MINNESOTA AFFIL. HOSPITALS, MINNEAPOLIS					
ST. JOHN'S	SEE UNIVERSITY OF MINNESOTA AFFIL. HOSPITALS, MINNEAPOLIS					
ST. PAUL-RAMSEY	V. R. HUNT		12	024	9,500	
MISSOURI						
COLUMBIA						
UNIVERSITY OF MISSOURI MEDICAL CENTER	A. S. BAKER	90,000	03	009	9,000	199418
NEBRASKA						
OMAHA						
CREIGHTON MEMORIAL ST. JOSEPH'S	M. J. HALLER		10	022		137218
UNIVERSITY OF NEBRASKA	F. L. LAND	4,381	20	040	9,000	137618
NEW JERSEY						
FLEMINGTON						
HUNTERDON MEDICAL CENTER	F. C. SNOPE	86,726	05	015	7,000	183818

7. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK						
BAY SHORE						
SOUTHSIDE	M. G. ROSEN	8,550	04	012	10,000	141718
BUFFALO						
DEACONESS HOSPITAL OF BUFFALO	E. R. HAYNES	7,200	08	024	9,500	143718
JOHNSON CITY						
CHARLES S. WILSON MEMORIAL	S. L. ERNEY	6,000	06	018	9,700	145218
NEW YORK CITY						
LUTHERAN MEDICAL CENTER	E. FANTA	4,860	03	007	12,600	143018
ROCHESTER						
UNIVERSITY OF ROCHESTER SCHOOL OF MED.-HIGHLAND	E. S. FARLEY, JR.	16,800	10	026	10,100	150818
SYRACUSE						
S.U.N.Y. UPSTATE MEDICAL CENTER-ST. JOSEPH'S	F. S. CALIVA	10,088	12	036	9,700	151818
ST. JOSEPH'S HOSPITAL HEALTH CENTER		10,088				
STATE UNIVERSITY		10,088				
NORTH CAROLINA						
CHARLOTTE						
CHARLOTTE MEMORIAL	B. L. GALUSHA		03	003	9,600	
GREENSBORO						
MOSES H. CONE MEMORIAL HOSPITAL	W. B. HERRING	3,288	06	015	9,000	194318
OHIO						
AKRON						
AKRON CITY	E. J. SHAHADY	14,507	05	015	9,100	154118
AKRON GENERAL	J. P. SCHLEMMER	5,500	03	009	9,800	154218
COLUMBUS						
GRANT	A. J. PULTZ	10,622	04	012	8,100	
DAYTON						
GOOD SAMARITAN	D. P. LONGENECKER	23,224	03	009	12,600	156818
MIAMI VALLEY	R. K. BARTHOLOMEW	19,682	03	009	10,550	156918
ST. ELIZABETH MEDICAL CENTER	W. A. STOWE		06	018	12,000	157018
TOLEDO						
MERCY	A. M. YETIS	6,926	04	012	9,600	158018
OKLAHOMA						
OKLAHOMA CITY						
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER	T. N. LYNN	32,000	08	020	8,500	158818
UNIVERSITY FAMILY PRACTICE PROGRAM						
UNIVERSITY OF OKLAHOMA HOSPITAL						
PRESBYTERIAN						
OREGON						
PORTLAND						
UNIVERSITY OF OREGON AFFILIATED HOSPITALS						
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	L. G. CASE	4,982	04	012	8,600	
PENNSYLVANIA						
HERSHEY						
MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY	T. L. LEAMAN	22,500	04	009	9,648	161718
JOHNSTOWN						
CONEMAUGH VALLEY MEMORIAL	T. M. DUGAN	2,475	06	018	9,000	161618
LANCASTER						
LANCASTER GENERAL	N. J. ZERVANOS	10,695	06	024	10,000	161818
PHILADELPHIA						
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	R. H. SELLER	63,371	04	012	10,000	162718
PITTSBURGH						
ST. MARGARET MEMORIAL	J. FERRANTE, R. BENDER	1,560	02	006	10,500	165618
SHADYSIDE	W. J. GARNER	3,177	03	009	9,600	165718
READING						
READING	A. A. NAGLE		02	004	10,632	166118
WASHINGTON						
WASHINGTON	G. C. SCHMIELER		04	012	9,600	166918
YORK						
YORK	T. M. HART	18,000	04	018	9,600	167418
SOUTH CAROLINA						
CHARLESTON						
MEDICAL UNIVERSITY OF SOUTH CAROLINA	H. B. CURRY	26,100	12	036	7,900	168018
GREENVILLE						
GREENVILLE GENERAL	E. F. GAYNOR		09	027	10,000	168318
SPARTANBURG						
SPARTANBURG GENERAL	R. H. TAYLOR, W. C. LOVETT	1,203	08	024	10,000	
TENNESSEE						
KNOXVILLE						
UNIVERSITY OF TENNESSEE MEMORIAL RESEARCH CENTER AND HOSPITAL	R. F. LASH	12,517	02	006	8,000	183918

7. FAMILY PRACTICE—Continued

	Director of Program	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
TEXAS						
GALVESTON						
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	M. L. ROSS, JR.		04	012	9,000	171418
WACO						
MC LENNAN COUNTY FAMILY PRACTICE PROGRAM	J. K. WALKER		06	019	10,000	
PROVIDENCE		9,912				
HILLCREST BAPTIST		20,152				
UTAH						
OGDEN						
MCKAY-DEE HOSPITAL CENTER	SEE UNIVERSITY OF UTAH AFFILIATED HOSPITALS, SALT LAKE CITY					
ST. BENEDICT'S	SEE UNIV. OF UTAH AFFILIATED HOSPITALS, SALT LAKE CITY					
SALT LAKE CITY						
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	J. P. GEYMAN		16	048	8,700	173218
MC KAY-DEE HOSPITAL CENTER (OGDEN)						
ST. BENEDICT'S (OGDEN)						
VIRGINIA						
CHARLOTTESVILLE						
UNIVERSITY OF VIRGINIA	R. W. LINDSAY	36,572	06	018	8,900	173718
NEWPORT NEWS						
RIVERSIDE	SEE VA. COMMONWEALTH UNIV. M.C.V. AFFIL.HOSPS., RICHMOND					
RICHMOND						
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS	G. S. MITCHELL, JR.		12	036		174318
MEDICAL COLLEGE OF VIRGINIA HOSPITALS	F. MAYO	28,000			8,400	
RIVERSIDE (NEWPORT NEWS)	G. S. MITCHELL, JR.	32,852			9,600	
ROANOKE						
ROANOKE MEMORIAL HOSPITALS	C. L. CROCKETT, JR.	13,699	06	018	6,600	174818
WASHINGTON						
SEATTLE						
DOCTORS	J. N. SCARDAPANE	2,682	06	014	8,400	175118
GROUP HEALTH	R. B. MONROE, J. S. GILSON		02	006	6,400	181118
UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS	T. J. PHILLIPS		06	018		191818
UNIVERSITY	T. J. PHILLIPS				8,200	
HARBORVIEW MEDICAL CENTER						
WISCONSIN						
MADISON						
UNIVERSITY OF WISCONSIN MEDICAL CENTER	J. H. RENNER	57,000	12	030	9,000	
UNIVERSITY FAMILY HEALTH SERVICE						
MILWAUKEE						
ST. MICHAEL	N. G. BAUCH	12,699	12	024	10,000	179118

8. FORENSIC PATHOLOGY

Residency programs in Forensic Pathology that have been approved by the Council on Medical Education and the American Board of Pathology through the Residency Review Committee for Pathology, are listed following the programs in Pathology.

9. GENERAL PRACTICE.

Residency programs in the following hospitals have been approved by the Council on Medical Education 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 Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES PUBLIC HEALTH SERVICE									
NEW MEXICO									
GALLUP INDIAN MEDICAL CENTER, GALLUP	J. SCHULMAN, JR.	159	4,890	73,627	2	04	008		
NONFEDERAL AND VETERANS ADMINISTRATION									
ALABAMA									
BIRMINGHAM									
CARRAWAY METHODIST MEDICAL CENTER	C. W. NEVILLE	374	15,621	119,725	2	02	004	10,200	100667

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 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CALIFORNIA									
BAKERSFIELD									
KERN COUNTY GENERAL		188	8,303	53,882	2	02	004	12,600	
LOS ANGELES									
QUEEN OF ANGELS	F. E. POWELL	25	1,343	5,525	2	01	002	12,000	
MARTINEZ									
CONTRA COSTA COUNTY MEDICAL SERVICES	J. R. LYNCH	235	13,006	254,560	2	09	015	18,018	
MODESTO									
SCENIC GENERAL	R. S. WESTPHAL	101	3,380	39,775	2	04	008	12,000	
RIVERSIDE									
RIVERSIDE GENERAL	D. LAWRENCE	241	11,616	89,963	2	04	012	10,650	
SALINAS									
GENERAL HOSPITAL OF MONTEREY COUNTY	C. J. LEONARD	179	5,149	45,715	2	06	012	11,088	
SANTA BARBARA									
SANTA BARBARA GENERAL-COTTAGE HOSPITALS	D. M. CALDWELL				2	03	006	10,600	
SANTA BARBARA COTTAGE									
SANTA BARBARA GENERAL				17,243					
COLORADO									
COLORADO SPRINGS									
ST. FRANCIS	R. W. URICH				2	01	002		
DENVER									
ST. ANTHONY	W. E. EATON	393	23,520		2	03	006	9,800	107367
ST. JOSEPH	A. P. MILLER	453	21,782	9,677	2	02	004	9,200	
CONNECTICUT									
DANBURY									
DANBURY	J. O. BURRIS	88	3,500	1,085	2	03	006	10,100	
DISTRICT OF COLUMBIA									
WASHINGTON									
ROGERS MEMORIAL	J. H. CHOI	84	3,415	6,469	2	04	007	11,000	
FLORIDA									
ST. PETERSBURG									
BAYFRONT MEDICAL CENTER	K. A. BAKER	120	3,740	726	2	02	004	10,080	
GEORGIA									
MACON									
MEDICAL CENTER OF CENTRAL GEORGIA	J. L. ACHORD	426	23,730	39,473	2	04	012	9,600	
ILLINOIS									
CHICAGO									
GRANT	L. C. JOHNSTON	140	5,142	13,831	2	02	009	11,640	
JACKSON PARK	M. I. SHAPIRO	172	6,580	29,537	2	04	008	12,000	
LOUIS A. WEISS MEMORIAL	H. E. BESSINGER	313	10,988	14,046	2	04	008	11,300	
NORWEGIAN-AMERICAN	G. T. MURPHY	207	9,907	3,398	2	06	009	10,200	
RAVENSWOOD	W. F. BOHEM	120	4,004	2,831	2	06	012	10,900	
ST. ELIZABETH'S	H. H. OZDEGER	259	11,325	8,011	2	02	004	10,200	
SWEDISH COVENANT	P. D. ANDERSON	208	7,623	7,775	2	03	006	9,060	115967
EVANSTON									
ST. FRANCIS	B. BERNE	54	3,015	34,891	2	01	002	11,100	
LOUISIANA									
PINEVILLE									
HUEY P. LONG CHARITY	T. ERTAN				2	06	006		
MAINE									
PORTLAND									
MAINE MEDICAL CENTER	R. H. PAWLE				2	02	004	8,505	
MARYLAND									
BETHESDA									
SUBURBAN	E. P. LIBRE	293	18,757	3,536	2	02	004	10,200	
MICHIGAN									
DETROIT									
EVANGELICAL DEACONESS	J. FENNESSEY, L. STERN	152	5,430	11,147	2	04	008	11,684	129767
KIRWOOD GENERAL	L. THOMAS, T. BATCHELOR	126	4,300	4,920	2	05	010	10,500	243267
FLINT									
HURLEY	P. S. THOMS	508	19,755	7,066	2	02	004	8,900	
ST. JOSEPH	L. E. SIMONI	362	15,447	14,124	2	03	003	9,600	
RIVER ROUGE									
SIDNEY A. SUMBY MEMORIAL	J. L. LOOMIS	63	2,031	2,928	2	05	005	13,000	
MINNESOTA									
ST. PAUL									
UNITED HOSPITALS ST. LUKE'S DIVISION	R. E. LINDELL	221	8,622	9,734	2	04	008	9,600	133967
MISSOURI									
KANSAS CITY									
TRINITY LUTHERAN	J. H. HILL	214	7,656	884	2	02	004	7,800	
ST. LOUIS									
LUTHERAN	G. A. KOEHLER	400	18,076	1,465	3	03	009	9,000	135967

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 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW JERSEY									
HOBOKEN									
ST. MARY	F. CACACE	231	8,425	24,789	2	04	008	11,292	
PERTH AMBOY									
PERTH AMBOY GENERAL	L. HOMER			9,370	2	02	009	10,220	
PRINCETON									
PRINCETON	H. ROTHBERG				3	04	009		
SOMERS POINT									
SHORE MEMORIAL	S. GOSIN	163	8,605	2,357	2	03	006	11,000	
SOMERVILLE									
SOMERSET	B. S. MILLER	274	15,471	53,624	2	02	004	9,500	193467
SUMMIT									
OVERLOOK	W. F. MINOGUE	477	17,638	36,261		04	012	11,200	
NEW MEXICO									
LOS ALAMOS									
LOS ALAMOS MEDICAL CENTER	C. L. SHAFER	35	2,200	2,500	2	01	002	9,600	
NEW YORK									
GLEN COVE									
COMMUNITY HOSPITAL AT GLEN COVE	F. X. MOORE	181	8,957	7,286	2	01	002		144667
YONKERS									
YONKERS GENERAL	S. A. SOROKOFF	156	6,057	31,786	2	03	003	9,700	152667
NORTH CAROLINA									
CHARLOTTE									
CHARLOTTE MEMORIAL	B. L. GALUSHA	231	9,026	23,173	2	02	004	9,300	
OHIO									
AKRON									
ST. THOMAS	C. A. EAST	134	4,782	5,846	2	02	004	10,429	
BARBERTON									
BARBERTON CITIZENS	D. ZELLING	334	16,170	6,568	2	04	008	6,229	196467
CINCINNATI									
UNIVERSITY OF CINCINNATI HOSPITAL GROUP									
CINCINNATI GENERAL	J. W. AGNA	320		120,000	2	06	012	9,700	
CLEVELAND									
FAIRVIEW GENERAL	J. FRACKELTON	409	17,523	12,317	3	02	004	11,400	
POLYCLINIC	R. V. BACHMAN	104	3,275	2,003	3	03	009	10,000	
ST. JOHN'S	R. J. MC CAFFERY	287	10,295	7,807	3	06	018	11,400	
COLUMBUS									
MOUNT CARMEL	J. F. MASON	460	17,729	21,279	2	03	006	8,150	156567
RIVERSIDE METHODIST	J. M. COULTER	33	1,076		2	01	003	8,900	
DAYTON									
MIAMI VALLEY	R. K. BARTHOLOMEW	609	24,077	19,682	2	03	006	11,183	
ELYRIA									
ELYRIA MEMORIAL	W. H. SIGALOVE	152	9,236	4,639	2	03	006	9,300	
EUCLID									
EUCLID GENERAL	G. C. POORE	322	12,741	22,557	3	04	012	10,800	155567
RAVENNA									
ROBINSON MEMORIAL PORTAGE COUNTY	D. S. PALMSTROM	210	12,671	4,798	3	06	015	10,200	
TOLEDO									
MERCY	T. G. KLEVER	327	14,828	6,926	2	04	008	10,200	
ST. CHARLES	M. YUCE	229	9,156	3,708	2	02	004	10,200	
TOLEDO	J. B. GIBBS	532	23,971	13,407	2	01	002		158367
WARREN									
TRUMBULL MEMORIAL	R. R. LEWIS	366	17,267	5,540	2	04	008	10,600	198067
YOUNGSTOWN									
ST. ELIZABETH	A. RANDELL	557	25,387	44,387	2	02	004	10,600	
OKLAHOMA									
OKLAHOMA CITY									
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER									
UNIVERSITY OF OKLAHOMA HOSPITALS	I. H. BROWN	295	12,344	128,378		02	004	9,000	
OREGON									
PORTLAND									
ST. VINCENT HOSPITAL AND MEDICAL CENTER	D. B. MILLER, JR.	268	13,626	28,000	2	02	005	9,480	
PENNSYLVANIA									
ABINGTON									
ABINGTON MEMORIAL	R. B. LUTZ, JR.	16	580	1,496	2	01	002	9,800	
ALTOONA									
ALTOONA	P. W. HOOVLER	375	13,597	17,282	2	03	006	10,800	160367
BRISTOL									
LOWER BUCKS	W. CAPPIELLO	264	14,648	5,180	2	06	006	10,200	
DREXEL HILL									
DELAWARE COUNTY MEMORIAL	J. H. A. BOMBERGER	270	9,600	30,000	2	02	004	9,000	
NORRISTOWN									
MONTGOMERY	R. E. CARLSON	254	12,121	108,266	2	04	008	10,500	162167
SACRED HEART	B. R. MARGER	112	5,653	3,349	2	04	008	10,000	
PHILADELPHIA									
ST. AGNES					2	01	002		164267
POTTSVILLE									
GOOD SAMARITAN	N. M. WALL	223	10,098	46,065	2	06	006	10,800	
POTTSVILLE HOSPITAL AND WARNE CLINIC	E. W. CUBLER	273	10,004	15,957	2	02	002	9,600	184767
READING									
ST. JOSEPH'S	J. WILLIAMS				2	03	007		
PUERTO RICO									
SAN JUAN									
UNIVERSITY DISTRICT	L. HADDOCK	361	16,825	128,544	2	02	004	7,875	

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 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
TEXAS									
EL PASO									
R. E. THOMASON GENERAL	M. I. MARKS	196	8,117	87,173	2	04	008	12,500	
FORT WORTH									
JOHN PETER SMITH	W. W. GOLDMAN, JR.	188	11,527	97,842	2	08	016	10,320	
HOUSTON									
MEMORIAL BAPTIST	A. T. TALLEY, JR.	791	45,648	82,344	2	04	012	10,800	
UTAH									
SALT LAKE CITY									
LATTER-DAY SAINTS	J. H. COOK	489	24,479	7,808	2	02	004	9,200	
VIRGINIA									
NORFOLK									
DE PAUL	H. M. HORDEN	139	4,304	6,298	2	01	002	10,500	174067
NORFOLK GENERAL	A. J. CICCONE	677	26,807	5,034	2	03	006	10,500	174167
PORTSMOUTH									
MARYVIEW	C. N. PSIMAS	260	8,726	600	2	04	004	9,600	
PORTSMOUTH GENERAL	J. G. SETTER	235	9,537	16,800	2	05	010	11,400	
ROANOKE									
ROANOKE MEMORIAL HOSPITALS	C. L. CROCKETT, JR.	41	1,524	13,699	2	04	006	6,600	
SUFFOLK									
LOUISE OBICI MEMORIAL	B. L. CRITZER	160	7,146	21,307	2	03	007	10,000	
WEST VIRGINIA									
SOUTH CHARLESTON									
HERBERT J. THOMAS MEMORIAL	J. J. SCHAEFER	199	10,467	31,171	2	02	002	8,400	
WHEELING									
WHEELING	J. TRAUBERT	193	7,793	22,727	2	02	004	9,600	
WISCONSIN									
MILWAUKEE									
EVANGELICAL DEACONESS	J. T. BOTTICELLI	102	3,595	1,901	3	02	006	9,500	

10. INTERNAL MEDICINE

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Internal Medicine, and the American College of Physicians through the Residency Review Committee for Internal Medicine, as offering THREE years of training in the specialty under any of the several programs leading to eligibility for examination by the American Board of Internal Medicine.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE								
ARIZONA								
U.S.A.F. REGIONAL, TUCSON	SEE UNIVERSITY OF ARIZONA AFFIL. HOSPS., TUCSON							
CALIFORNIA								
DAVID GRANT U.S.A.F. MEDICAL CENTER, FAIRFIELD	M. B. MILLER	81	2,450	67,174	04	012		
MISSISSIPPI								
U.S.A.F. MEDICAL CENTER, BILOXI	R. D. AMDALL	95	3,316	60,635	03	009		
TEXAS								
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	R. F. FITCH	269	7,762	181,207	09	021		
UNITED STATES ARMY								
CALIFORNIA								
LETTERMAN GENERAL, SAN FRANCISCO	J. J. DELLER, JR.	116	2,663	53,808	05	016		
COLORADO								
FITZSIMONS GENERAL, DENVER	J. J. BERGIN	176	4,411	135,436	06	018		
DISTRICT OF COLUMBIA								
WALTER REED GENERAL, WASHINGTON	D. BARRETT, A. J. OGNIBENE	260	5,457	158,423	09	027		
HAWAII								
TRIPLER GENERAL, HONOLULU	E. J. KAMIN	193	4,740	150,238	05	015		
TEXAS								
WILLIAM BEAUMONT GENERAL, EL PASO	J. HILL, JR., D. LINDEN	157	4,896	218,225	05	019		
BROOKE GENERAL, SAN ANTONIO	R. L. NORTH	169	4,263	79,667	14	036		
WASHINGTON								
MADIGAN GENERAL, TACOMA	E. B. COOPER	248	13,089	70,951	05	015		

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES NAVY								
CALIFORNIA								
NAVAL, OAKLAND	G. E. GORSUCH	124	2,255	39,027	08	024		
NAVAL, SAN DIEGO	E. D. KAUFMANN	300	7,432	29,879	12	042		181468
ILLINOIS								
NAVAL, GREAT LAKES	R. H. EASTERDAY	168	2,739	32,086	04	012		182168
MARYLAND								
NAVAL, BETHESDA	L. M. FOX	167	3,270	113,509	09	027		182368
MASSACHUSETTS								
NAVAL, CHELSEA	J. M. YOUNG	80	1,504	18,900	05	012		182568
PENNSYLVANIA								
NAVAL, PHILADELPHIA	W. J. JACOBY, JR.	148	3,187	13,688	06	028		183168
VIRGINIA								
NAVAL, PORTSMOUTH	J. T. HORGAN	262	5,403	44,400	06	018		183268
UNITED STATES PUBLIC HEALTH SERVICE								
CALIFORNIA								
U. S. PUBLIC HEALTH SERVICE, SAN FRANCISCO	K. H. HYATT	115	2,323	21,777	05	013		
LOUISIANA								
U. S. PUBLIC HEALTH SERVICE, NEW ORLEANS	A. S. HILD	111	2,001	12,775	03	009		
MARYLAND								
U. S. PUBLIC HEALTH SERVICE, BALTIMORE	S. FOREMAN	85	2,055	51,000	04	009		
MASSACHUSETTS								
U. S. PUBLIC HEALTH SERVICE, BOSTON	R. H. THURM	38	845	4,990	01	004		
NEW YORK								
U. S. PUBLIC HEALTH SERVICE (STATEN ISLAND), NEW YORK CITY	A. B. BARR	148	2,038	33,537	07	016	14,054	
WASHINGTON								
U. S. PUBLIC HEALTH SERVICE	SEE UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS, SEATTLE							
OTHER FEDERAL								
CANAL ZONE								
GORGAS, BALBOA HEIGHTS	C. M. DE CASTRO, JR.	59	2,468	19,123	02	006	11,386	
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
BAPTIST MEDICAL CENTERS	R. F. RODDAM				04	004		
BAPTIST MEDICAL CENTER-MONTCLAIR		190	5,736	10,963				
BAPTIST MEDICAL CENTER-PRINCETON		161	5,278	107,470				
CARRAWAY METHODIST MEDICAL CENTER	R. L. TIESZEN	145	3,920	15,767	03	009	10,200	
ST. VINCENT'S	K. W. BERRY, JR.	166	9,286	8,215	03	009	9,396	185168
UNIVERSITY OF ALABAMA MEDICAL CENTER	T. J. REEVES				20	046	9,400	
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS		99	3,409	22,618				
VETERANS ADMIN.		182	3,148	13,773				
FAIRFIELD								
LLOYD NOLAND	C. E. PORTER	97	3,810	30,671	02	006	11,400	100868
MOBILE								
MOBILE GENERAL	J. M. MC GEHEE	73	2,600	7,710	02	006	9,840	185268
ARIZONA								
PHOENIX								
GOOD SAMARITAN	D. J. CROSBY	198	8,191	3,854	04	012	10,200	
MARICOPA COUNTY GENERAL	J. W. HEATON, JR.	125	2,949	44,466	06	016	10,795	
ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER	J. W. SMITH	121	7,080	6,132	05	009	10,200	
TUCSON								
TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM	D. J. CROSBY				06	014	10,200	101468
PIMA COUNTY GENERAL DIVISION		59	2,391	32,910				
TUCSON MEDICAL CENTER DIVISION		186	6,979	5,328				
UNIVERSITY OF ARIZONA AFFILIATED HOSPITALS	W. F. DENNY				12	024	9,850	
U. S. A. F. REGIONAL								
UNIVERSITY		35	9,450	12,190				
VETERANS ADMIN.		132	2,276	11,185				
ARKANSAS								
LITTLE ROCK								
UNIVERSITY OF ARKANSAS MEDICAL CENTER	R. S. ABERNATHY				09	022		
UNIVERSITY		52	2,233	19,402			7,800	
VETERANS ADMIN. CONSOLIDATED		160	3,032	2,892			9,420	

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CALIFORNIA								
BAKERSFIELD								
KERN COUNTY GENERAL	F. B. ARMSTRONG	64	1,612	11,002	04	008	12,600	
DAVIS								
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS	R. J. BOLT				08	036	10,836	
SACRAMENTO MEDICAL CENTER (SACRAMENTO)		84	40,110	20,717				
FRESNO								
VALLEY MEDICAL CENTER OF FRESNO	R. K. LARSON	52	3,058	13,551	04	012	13,416	
IRVINE								
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS								
ORANGE COUNTY MEDICAL CENTER (ORANGE)	J. A. UDALL	117	5,402	35,139	14	040	13,546	
LOMA LINDA								
LOMA LINDA UNIVERSITY	J. E. PETERSON	183	7,400	36,000	14	035	10,465	
LONG BEACH								
MEMORIAL HOSPITAL OF LONG BEACH	M. COHEN	243	4,776	340	04	009	11,200	
ST. MARY'S LONG BEACH	C. C. CALESCIBETTA	95	4,910	10,639	03	007	11,000	102568
VETERANS ADMIN.	G. H. WHIPPLE	516	7,050	33,640	24	067	13,878	
LOS ANGELES								
CEDARS-SINAI MEDICAL CENTER	D. L. MAKOFF				12	026	12,600	
CEDARS OF LEBANON HOSPITAL DIVISION		397	5,519	16,656				
MOUNT SINAI HOSPITAL DIVISION		224	9,930					
HOSPITAL OF THE GOOD SAMARITAN MEDICAL CENTER	S. CRYST	154	5,191	13,755	04	006	13,656	
KAISER FOUNDATION	M. YETTRA	157	5,926	177,142	02	009	12,000	
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	T. H. BREM	566	39,021	101,814	40	130	14,340	
MARTIN LUTHER KING, JR. GENERAL	D. D. ULMER				07	021		
U. C. L. A.	A. D. SCHWABE	141	4,520	32,696	18	042	10,200	
VETERANS ADMIN. (SEPULVEDA)	M. C. GEOKAS	260	3,365	108,721	16	033	13,878	
VETERANS ADMIN. CENTER-WADSWORTH	S. DAYTON	301	8,673	62,800	16	067	13,678	
WHITE MEMORIAL MEDICAL CENTER	V. L. DE QUATTRO	63	1,984	15,180	02	006	10,600	
MARTINEZ								
VETERANS ADMIN.	E. R. MOVITT	180	3,127	1,983	03	006	10,332	
OAKLAND								
HIGHLAND GENERAL	H. D. CUTTING	363	6,179	56,686	06	012		
KAISER FOUNDATION	M. A. SHEARN	48	1,995	168,400	06	010	9,664	
ORANGE								
ORANGE COUNTY MEDICAL CENTER	SEE UNIV. OF CALIFORNIA (IRVINE) AFFIL. HOSPITALS, FRESNO							
PALO ALTO								
VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
PANORAMA CITY								
KAISER FOUNDATION	J. E. RUDERMAN	108	3,336	186,753	03	008	12,000	
PASADENA								
HUNTINGTON MEMORIAL	R. J. BING	124	4,732	17,635	05	015	11,000	
RIVERSIDE								
RIVERSIDE GENERAL	D. L. JOHN	202	9,453	74,225	04	010	10,650	
SACRAMENTO								
KAISER FOUNDATION	R. H. SWERDLOW	30	1,044	80,528	03	009	8,880	209768
SACRAMENTO MEDICAL CENTER	SEE UNIV. OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS, DAVIS							
SAN BERNARDINO								
SAN BERNARDINO COUNTY GENERAL	J. P. DRINKARD	70	2,119	15,280	04	012	10,600	
SAN DIEGO								
MERCY HOSPITAL AND MEDICAL CENTER	J. GELLER	147	7,126	16,801	04	010	9,765	
UNIVERSITY OF CALIFORNIA (SAN DIEGO) AFFILIATED HOSPITALS	E. BRAUNWALD				20	044		
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY		111	4,842	20,533			10,200	
VETERANS ADMIN.								
SAN FRANCISCO								
CHILDREN'S HOSPITAL AND ADULT MEDICAL CENTER	H. I. GRIFFEATH	65	2,636	7,465	04	006	9,700	
KAISER FOUNDATION	M. JANIN	73	2,677	168,645	06	013	9,500	
MOUNT ZION HOSPITAL AND MEDICAL CENTER	S. LEVIN	181	6,406	14,092	05	011	9,780	
PACIFIC MEDICAL CENTER AND AFFILIATED HOSPITALS	J. J. KELLY, JR.				06	017	9,600	
HARKNESS COMMUNITY HOSPITAL AND MEDICAL CENTER		114	3,823	16,900				
PACIFIC MEDICAL CENTER - PRESBYTERIAN		52	2,545	14,281				
ST. MARY'S HOSPITAL AND MEDICAL CENTER	J. J. FURLONG	106	3,788	10,802	06	009	9,450	
UNIVERSITY OF CALIFORNIA PROGRAM	L. H. SMITH, JR.				24	080		
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	H. L. SMITH, JR.	99	3,375	33,819			9,400	
SAN FRANCISCO GENERAL	H. WILLIAMS	191	4,874	40,796			9,924	
VETERANS ADMIN.	M. H. SLEISENGER	112	3,454	13,360			9,400	
SAN JOSE								
SANTA CLARA VALLEY MEDICAL CENTER	R. A. O' REILLY	103	2,806	42,796	04	011	11,045	
SANTA CLARA								
KAISER FOUNDATION	E. S. WOLFE	46	1,698	165,658	03	004	9,480	
STANFORD								
STANFORD UNIVERSITY AFFILIATED HOSPITALS	M. G. PERLROTH				12	025	9,700	
STANFORD UNIVERSITY	M. G. PERLROTH	74	2,993	15,107				
VETERANS ADMIN. (PALO ALTO)	K. B. TAYLOR	58	1,405	4,178				
STOCKTON								
SAN JOAQUIN GENERAL	L. ARMANIND	57	1,783	11,963	05	009	7,836	102168
TORRANCE								
LOS ANGELES COUNTY HARBOR GENERAL	K. R. TANAKA	145	8,827	25,162	14	051	14,340	

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
COLORADO								
DENVER								
PRESBYTERIAN MEDICAL CENTER	B. KORBITZ, H. KENNISON	153	6,182	508	06	015	9,200	
ST. JOSEPH	M. E. MC DOWELL	172	6,647	1,697	03	007	9,200	
UNIVERSITY OF COLORADO								
AFFILIATED HOSPITALS	G. MEIKLEJOHN				20	048		
DENVER GENERAL	A. B. ORGANICK	65	2,450	20,300			9,200	
UNIVERSITY OF COLORADO MEDICAL CENTER	E. GENTON	80	3,247	28,330			9,800	
VETERANS ADMIN.	H. P. WARD	105	2,913	5,000			9,620	
CONNECTICUT								
BRIDGEPORT								
BRIDGEPORT	P. E. PERILLIE	178	6,118	6,645	06	020	10,350	107968
ST. VINCENT'S	M. GARRELL	133	4,881	2,976	03	018	10,500	
GREENWICH								
GREENWICH	J. G. MURRAY	110	3,625	5,267	03	006	11,250	
HARTFORD								
HARTFORD	R. REINFRANK, A. BELLUCCI	758	7,422	10,747	10	026	10,500	
MOUNT SINAI	S. H. BERNSTEIN	70	1,600	1,500	03	008	10,800	185468
ST. FRANCIS	S. B. SULAVIK	155	4,306	5,089	06	014	7,800	
UNIVERSITY OF CONNECTICUT								
AFFILIATED HOSPITALS	L. W. HOYER				10	024	10,800	
UNIVERSITY OF CONNECTICUT HOSPITAL-MC COOK DIVISION		23	702	5,253				
VETERANS ADMIN. (NEWINGTON)		76	1,441	177,210				
NEW BRITAIN								
NEW BRITAIN GENERAL	H. LEVINE	148	4,300	7,886	05	009	11,750	
NEW HAVEN								
HOSPITAL OF ST. RAPHAEL	D. S. DOCK	158	4,800	5,832	09	028	10,450	
YALE-NEW HAVEN MEDICAL CENTER	L. WELT				18	032		
YALE-NEW HAVEN	L. WELT	174	6,510	25,024			10,450	
VETERANS ADMIN. (WEST HAVEN)	P. K. BONDY	88	1,902	5,970			10,543	
NEWINGTON								
VETERANS ADMINISTRATION	SEE UNIV. OF CONNECTICUT AFFIL. HOSPITALS, HARTFORD							
NORWALK								
NORWALK	M. H. FLOCH	132	4,592	1,741	04	015	9,000	
STAMFORD								
STAMFORD	R. B. ERICHSON	141	4,200	6,289	04	009	10,600	109568
WATERBURY								
ST. MARY'S	R. L. PISCATELLI	145	5,139	5,475	04	010	10,020	
WATERBURY	G. F. THORNTON	146	5,627	3,281	06	013	10,100	
WEST HAVEN								
VETERANS ADMIN.	SEE YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN							
DELAWARE								
WILMINGTON								
WILMINGTON MEDICAL CENTER	L. P. LANG	321	9,601	16,316	06	014	10,250	
DISTRICT OF COLUMBIA								
WASHINGTON								
DISTRICT OF COLUMBIA GENERAL								
GEORGETOWN UNIVERSITY SERVICE	R. F. DONOHOE	70	1,583		08	015	11,300	
GEORGE WASHINGTON UNIVERSITY SERVICE	M. CORN	77	1,667	7,629	10	014	11,300	
HOWARD UNIVERSITY SERVICE	E. C. NASH	59	1,298	7,665	06	013	11,300	
DOCTORS	C. JONES, J. CALATAYUD	123	3,543	1,705	10	018	9,500	
FREEDMEN'S	W. L. HENRY, JR.	136	2,375	15,985	11	035	11,342	
GEORGETOWN UNIVERSITY	I. B. BRICK	205	6,226	17,901	20	041	10,550	
GEORGE WASHINGTON UNIVERSITY	W. N. JENSEN	135	4,552	12,000	15	060	10,022	
PROVIDENCE	H. WEISS	139	3,336	6,114	06	010	10,000	
VETERANS ADMIN.	H. J. ZIMMERMAN	219	3,430	64,508	25	057	10,022	
WASHINGTON HOSPITAL CENTER	J. A. CURTIN	246	6,540	19,534	12	032	10,022	180068
FLORIDA								
GAINESVILLE								
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	L. E. CLUFF				12	023		
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS	L. E. CLUFF	61	2,393	11,234			8,500	
VETERANS ADMIN.	W. C. THOMAS, JR.	118	3,148	25,529			8,625	
JACKSONVILLE								
JACKSONVILLE HOSPITALS								
EDUCATIONAL PROGRAM	W. R. KEENE				10	021	8,600	
BAPTIST MEMORIAL	W. E. FARIS	120	4,661	2				
ST. LUKE'S	G. H. IRA, JR.	72	6,269					
ST. VINCENT'S								
UNIVERSITY HOSPITAL OF JACKSONVILLE	W. R. KEENE	49	1,585	31,135				
MIAMI								
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	W. HARRINGTON, J. SANDERS				34	116		
JACKSON MEMORIAL	W. HARRINGTON, J. SANDERS	206	5,316	45,357			9,950	
VETERANS ADMIN.	W. HARRINGTON	200	4,514	58,330			10,050	
MOUNT SINAI HOSPITAL OF GREATER MIAMI (MIAMI BEACH)	D. S. KUSHNER	314	10,107	8,711			9,900	
MIAMI BEACH								
MOUNT SINAI HOSPITAL OF GREATER MIAMI	SEE UNIVERSITY OF MIAMI AFFILIATED HOSPITALS, MIAMI							
PENSACOLA								
PENSACOLA EDUCATIONAL PROGRAM	F. N. VICKERS, J. W. HALL				02	006	10,200	182668
BAPTIST		68	3,745	2,341				
SACRED HEART		60	3,652	1,984				
UNIVERSITY		30	1,158	19,432				
TAMPA								
TAMPA GENERAL	L. KAHANA	123	7,497	3,723	03	009	8,925	

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
GEORGIA								
ATLANTA								
CRAWFORD W. LONG MEMORIAL	H. S. RAMOS	130	4,524	9,614	01	003	8,400	
EMORY UNIVERSITY AFFILIATED HOSPITALS	J. W. HURST				32	066	8,880	
EMORY UNIVERSITY	J. W. HURST	40	3,581					
GRADY MEMORIAL	J. W. HURST	137	4,604	53,481				
VETERANS ADMIN. (DECATUR)	J. C. CRUTCHER	195	3,671	37,712				
GEORGIA BAPTIST	G. F. FLETCHER	84	4,615	938	02	006		
AUGUSTA								
MEDICAL COLLEGE OF GEORGIA HOSPITALS	A. J. BOLLET				16	031		
EUGENE TALMADGE MEMORIAL	A. J. BOLLET	71	1,789	2,239			9,500	
UNIVERSITY	A. J. BOLLET	100	3,757	10,883				
VETERANS ADMIN.	L. G. HORAN	131	1,647	1,731			8,100	
DECATUR								
VETERANS ADMIN.	EMORY UNIVERSITY AFFILIATED HOSPITALS, ATLANTA							
SAVANNAH								
MEMORIAL MEDICAL CENTER	J. T. WALLER	174	5,571	12,839	02	006	8,229	
HAWAII								
HONOLULU								
QUEEN'S MEDICAL CENTER	J. A. ORBISON	91	3,570	13,085	06	011	10,500	
ST. FRANCIS	H. H. CHUN, C. K. TASHIMA	109	4,073	7,392	06	012	10,500	
ILLINOIS								
CHICAGO								
CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS								
MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO	P. FREEDMAN	144	3,921	4,418	05	012	9,700	114468
COLUMBUS - CUNEO MEDICAL CENTER	H. P. RUSSE				04	014	10,600	
COLUMBUS		152	3,784	945				
FRANK CUNEO		79	2,563	4,872				
COOK COUNTY	G. DUNEA	390	18,193	41,246	30	086	10,900	
ILLINOIS MASONIC MEDICAL CENTER	S. M. KAHN	191	5,272	3,507	09	017	11,200	
LOUIS A. WEISS MEMORIAL	H. E. BESSINGER	188	5,871	8,349	08	024	11,300	
MERCY HOSPITAL AND MEDICAL CENTER	H. DIZADJI, W. F. CERNOCK	200	4,850	19,325	06	013		114168
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	S. A. KABINS	293	8,643	9,657	16	033	11,100	
NORTHWESTERN UNIVERSITY-MC GAW MEDICAL CENTER	D. P. EARLE				28	076	10,750	
CHICAGO WESLEY MEMORIAL	G. F. HOLLIFIELD	188	4,643	26,167				
PASSAVANT MEMORIAL	D. P. EARLE	117	3,275	26,167				
VETERANS ADMIN. RESEARCH	C. W. BORDEN	200	2,762	3,848				
EVANSTON (EVANSTON)	L. F. JOURDONAIS	226	6,249	5,782				
PRESBYTERIAN-ST. LUKE'S	T. B. SCHWARTZ	276	7,680	28,000	15	032	9,946	
ST. JOSEPH	D. KESSLER	251	6,346	10,736	07	019	10,600	
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	A. R. TARLOV	154	4,337	39,587	15	037	10,800	
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS	M. D. BOGDONOFF				25	071	10,560	
UNIVERSITY OF ILLINOIS	M. D. BOGDONOFF	83	1,788	34,533				
VETERANS ADMIN. (WEST SIDE)	C. G. PILZ	229	3,226	66,039				
EVANSTON								
EVANSTON	SEE NORTHWESTERN UNIV. MC GAW MEDICAL CENTER, CHICAGO							
ST. FRANCIS	B. T. HEFFERNAN	161	4,980	29,779	06	013	11,100	116868
HINES								
VETERANS ADMIN.	A. LITTMAN	403	7,105	13,060	12	060	10,100	225768
MAYWOOD								
LOYOLA UNIVERSITY	J. R. TOBIN, JR.	84	2,457	11,285	05	016	10,600	
PEORIA								
ST. FRANCIS	O. E. RAGER	269	6,837	42,974	03	009	10,750	
INDIANA								
INDIANAPOLIS								
INDIANA UNIVERSITY MEDICAL CENTER	W. J. DALY				17	051		
INDIANA UNIVERSITY HOSPITALS	W. J. DALY	81	2,314	4,796			9,500	
MARION COUNTY GENERAL	J. MAMLIN		3,212	30,730			10,000	
VETERANS ADMIN.	W. J. DALY	257	3,730	8,334			10,250	
METHODIST HOSPITAL OF INDIANA	R. W. CAMPBELL	324	8,028	4,961	06	019	10,605	
ST. VINCENT'S	S. R. STOUDER	111	2,859	1,005	03	009	11,760	
IOWA								
IOWA CITY								
UNIVERSITY OF IOWA AFFILIATED HOSPITALS	J. A. CLIFTON				19	038	9,500	
UNIVERSITY OF IOWA HOSPITALS	J. A. CLIFTON	153	5,218	30,006				
VETERANS ADMIN.	J. THOMPSON	131	2,478	11,813				
KANSAS								
KANSAS CITY								
UNIVERSITY OF KANSAS MEDICAL CENTER	C. W. GURNEY	105	4,440	34,028	18	054	9,500	
VETERANS ADMIN. (KANSAS CITY, MO.)	R. N. SCHIMKE	149	3,935	2,874			9,500	
WICHITA								
ST. FRANCIS HOSPITAL-WESLEY MEDICAL CENTER	W. C. GOODPASTURE				06	018	9,300	120968
ST. FRANCIS		374	13,751	4,066				
WESLEY MEDICAL CENTER		186	8,070	3,999				
KENTUCKY								
LEXINGTON								
UNIVERSITY OF KENTUCKY MEDICAL CENTER	J. W. HOLLINGSWORTH				12	031		
UNIVERSITY	J. W. HOLLINGSWORTH	87	3,215	15,691			7,800	
VETERANS ADMIN.	W. H. NICKELL	151	1,242	4,972			8,300	

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
KENTUCKY - CONTINUED								
LOUISVILLE								
ST. JOSEPH INFIRMARY	R. D. WOLFE	156	5,829	3,510	03	009	9,500	
UNIVERSITY OF LOUISVILLE								
AFFILIATED HOSPITALS	W. A. ANDERSON				12	040		
LOUISVILLE GENERAL	W. A. ANDERSON	67	2,483	21,817			8,600	
VETERANS ADMIN.	J. J. MARTIN, JR.	142	2,428	14,674			8,370	
LOUISIANA								
BATON ROUGE								
EARL K. LONG MEMORIAL	SEE LOUISIANA STATE UNIV. AFFIL. HOSPITALS, NEW ORLEANS							
LAFAYETTE								
LA FAYETTE CHARITY	SEE LOUISIANA STATE UNIV. AFFIL. HOSPITALS, NEW ORLEANS							
NEW ORLEANS								
CHARITY HOSPITAL OF LOUISIANA-TULANE UNIVERSITY DIVISION	G. E. BURCH	80	2,447	51,535	10	030	7,800	
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS	F. M. ALLISON, JR.				02	006		
CHARITY HOSPITAL OF LOUISIANA	F. M. ALLISON, JR.	76	2,317	48,301				
EARL K. LONG MEMORIAL (BATON ROUGE)	G. T. MC KNIGHT	39	1,295	12,163				
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS	F. ALLISON				10	030	7,800	
CHARITY HOSPITAL OF LOUISIANA	F. ALLISON	76	2,317	48,301	10	030		
LAFAYETTE CHARITY (LAFAYETTE)	F. ALLISON, A. PITCHENIK	57	1,112	17,245			8,000	
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS	F. M. ALLISON, JR.				02	006		
CHARITY HOSPITAL OF LOUISIANA	F. M. ALLISON, JR.	76	2,317	48,301				
HOTEL DIEU	R. WEILBAECHER							
OCHSNER FOUNDATION	W. D. DAVIS	111	5,095	65,718	04	016	8,500	
TOURO INFIRMARY	S. JACOBS	151	4,219	7,898	03	009	9,000	
VETERANS ADMIN.	H. A. BUECHNER	237	3,713	36,000	12	040	9,437	
SHREVEPORT								
CONFEDERATE MEMORIAL MEDICAL CENTER	M. D. HARGROVE, JR.	70	2,856	10,781	06	018	7,800	
MAINE								
PORTLAND								
MAINE MEDICAL CENTER	A. ARANSON	152	5,504	10,358	03	009	8,505	
MARYLAND								
BALTIMORE								
BALTIMORE CITY HOSPITALS	C. C. J. CARPENTER	128	4,396	29,370	16	025		
CHURCH HOME AND HOSPITAL	G. ROVETI	114	2,653	5,136	04	008	10,750	
GREATER BALTIMORE MEDICAL CENTER	T. E. PROUT	88	2,266	10,400	04	010	10,500	
JOHNS HOPKINS	A. M. HARVEY	215	6,229	49,659	36	051	10,000	
GOOD SAMARITAN	J. C. HARVEY	165	2,089	3,600			10,500	
MARYLAND GENERAL	D. T. LEWERS	115	2,956	12,733	10	016	10,750	124468
MERCY	J. A. MEAD, JR.	98	2,608	9,621	07	015	10,500	124568
ST. AGNES	E. R. MOHLER, JR.	145	3,443	3,912	05	012	10,500	
SINAI HOSPITAL OF BALTIMORE	A. I. MENDELOFF	136	3,013	7,500	12	022	11,250	
SOUTH BALTIMORE GENERAL	R. T. PARKER	114	2,937	5,390	03	007	10,500	
UNION MEMORIAL	J. H. MULHOLLAND	143	3,791	16,332	05	009	10,500	125168
UNIVERSITY OF MARYLAND	T. E. WOODWARD	92	2,384	20,901	15	030	10,700	
CHEVERLY								
PRINCE GEORGE'S GENERAL	J. W. HARDING	142	5,575	6,384	02	006	10,000	
MASSACHUSETTS								
BOSTON								
BETH ISRAEL	H. H. HIATT	122	3,659	15,462	16	024	10,200	
BOSTON CITY								
1ST AND 3D MEDICAL SERVICE (TUFTS)	N. S. STEARNS	74	2,489	12,153	12	019		
2D AND 4TH MEDICAL SERVICE (HARVARD)	C. S. DAVIDSON	78	2,442	14,801	17	024	9,600	
BOSTON UNIVERSITY AFFILIATED HOSPITALS								
PROGRAM 1 BOSTON CITY	N. G. LEVINSKY	67	2,475	15,995	13	020	9,600	
PROGRAM 2 UNIVERSITY	R. W. WILKINS	80	2,796	14,538	12	021	10,100	126268
CARNEY	F. L. COLPOYS	125	3,124	8,404	06	013	10,165	
LEMUEL SHATTUCK	F. L. IBER	239	2,727	7,196	09	035	8,500	
FAULKNER								
MASSACHUSETTS GENERAL	O. D. FEDERMAN, A. LEAF	229	7,249	187,941	18	028	10,200	
NEW ENGLAND DEACONESS	J. L. TULLIS	184	6,700	2,000	14	023	10,200	
NEW ENGLAND MEDICAL CENTER HOSPITALS	W. B. SCHWARTZ	86	3,216	142 10,643	11	015	10,165	
PETER BENT BRIGHAM	G. W. THORN	133	6,158	29,811	15	022	10,200	
VETERANS ADMIN. (WEST ROXBURY)	T. A. WARTHIN	62	1,278	8,114			11,388	
ST. ELIZABETH'S HOSPITAL OF BOSTON	F. J. STOHLMAN, JR.	107	4,152	5,697	12	020	10,200	
VETERANS ADMIN.	E. SCHIMMEL	227	4,848	7,187	14	044		
CAMBRIDGE								
CAMBRIDGE	A. M. WEINBERG				04	006		
FRAMINGHAM								
FRAMINGHAM UNION	M. M. ADNER	61	2,495	380	02	003	9,600	
NEWTON LOWER FALLS								
NEWTON-WELLESLEY	L. B. PAGE, N. S. STEARNS	225	9,662	4,778	04	009	10,165	128068
PITTSFIELD								
BERKSHIRE MEDICAL CENTER	E. M. FRIBUSH	154	6,686	6,853	04	009	10,600	
SPRINGFIELD								
SPRINGFIELD HOSPITAL MEDICAL CENTER	C. E. CASSIDY	121	4,411	3,924	05	010	11,616	
WORCESTER								
MEMORIAL	H. H. MAC GILPIN, JR.	139	5,658	4,189	05	009	10,200	
ST. VINCENT	S. F. MURPHY	192	5,307	2,271	06	014	10,200	
WORCESTER CITY	E. BUDNITZ	110	3,906	11,395	08	015	9,645	

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MICHIGAN								
ALLEN PARK								
VETERANS ADMIN.	SEE WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS, DETROIT							
ANN ARBOR								
ST. JOSEPH MERCY	R. B. CARBECK	186	5,445	10,931	06	015	10,800	
UNIVERSITY OF MICHIGAN								
AFFILIATED HOSPITALS	W. D. ROBINSON				32	088		
UNIVERSITY	W. D. ROBINSON	156	4,402	60,650			10,000	
VETERANS ADMIN.	W. D. ROBINSON, R. BISHOP	92	2,014	12,814			10,000	
WAYNE COUNTY GENERAL (ELOISE)	B. A. BERCU	130	4,593	28,514			10,924	
DEARBORN								
OAKWOOD	C. Y. WU	157	4,715	2,374	04	012	10,800	
DETROIT								
GRACE	C. J. POLLINA, D. W. MYERS	36	10,635	13,666	08	020	10,800	
HENRY FORD	R. W. SMITH, JR.	420	10,146	177,180	20	088	10,300	
MOUNT CARMEL MERCY	I. D. FAGIN	392	6,383	3,570	06	018	10,800	130266
ST. JOHN	C. E. RUPE	181	5,006	3,941	04	012	11,450	
SINAI HOSPITAL OF DETROIT	H. A. RAVIN	164	3,338	10,999	06	016	10,100	
WAYNE STATE UNIVERSITY								
AFFILIATED HOSPITALS	A. M. WEISSLER				42	064		
VETERANS ADMIN. (ALLEN PARK)	G. W. BISSELL	307	3,036	28,125			10,980	
DETROIT GENERAL	A. M. WEISSLER	126	2,956	55,079			10,800	
HARPER	A. M. WEISSLER							
HUTZEL	A. M. LERNER	137	3,594	2,982			10,800	
EAST LANSING								
MICHIGAN STATE UNIVERSITY								
ASSOCIATED HOSPITALS	W. M. BAIRD				02	006	10,600	243668
MICHIGAN STATE UNIVERSITY HEALTH CENTER	S. SWISHER	18	1,171	142,216				
EDWARD W. SPARROW (LANSING)	M. JONES	110	4,074					
INGHAM MEDICAL (LANSING)	W. M. BAIRD	52	2,071	5,103				
ST. LAWRENCE (LANSING)	P. C. TURNER	69	6,238					
ELOISE								
WAYNE COUNTY GENERAL	SEE UNIV. OF MICHIGAN AFFIL. HOSPITALS, ANN ARBOR							
FLINT								
HURLEY	E. M. GOLDBERG	176	5,143	1,413	08	016	8,900	
MC LAREN GENERAL	N. FURSTENBERG	107	3,171	1,503	03	009	10,800	
GRAND RAPIDS								
BLODGETT MEMORIAL	R. H. PUITE	118	4,318	2,580	04	012	9,492	
BUTTERWORTH	J. G. LUKENS	135	4,147	3,056	04	010	9,492	
KALAMAZOO								
BRONSON METHODIST	H. E. DE PREE	75	2,651	5,507	02	006	9,300	
LANSING								
EDWARD W. SPARROW	SEE MICHIGAN STATE UNIV. ASSOCIATED HOSPITALS, EAST LANSING							
INGHAM MEDICAL	SEE MICHIGAN STATE UNIV. ASSOCIATED HOSPITALS, EAST LANSING							
ST. LAWRENCE	SEE MICHIGAN STATE UNIV. ASSOCIATED HOSPITALS, EAST LANSING							
PONTIAC								
ST. JOSEPH MERCY	A. I. RAGINS	109	2,801	3,668	03	008	10,800	
ROYAL OAK								
WILLIAM BEAUMONT	Y. MORITA	277	9,369	3,936	13	028	11,000	
SOUTHFIELD								
PROVIDENCE	E. G. ZDBL	122	3,412	3,441	04	013	11,700	130368
MINNESOTA								
MINNEAPOLIS								
NORTHWESTERN HOSPITAL OF MINNEAPOLIS	R. B. HOWARD	150	4,154	4,870	04	014	9,500	
UNIVERSITY OF MINNESOTA								
AFFILIATED HOSPITALS	R. V. EBERT				45	135		133468
UNIVERSITY OF MINNESOTA HOSPITALS	R. V. EBERT	103	3,202	12,707			9,500	
HENNEPIN COUNTY GENERAL	A. L. SCHULTZ	111	3,990	20,969			9,250	
MOUNT SINAI	F. B. LEWIS	219	10,936	23,546			9,500	
VETERANS ADMIN.	R. V. EBERT	260	4,663	31,775			9,800	
ST. PAUL-RAMSEY (ST. PAUL)	J. W. FROST	70	2,404	14,978			8,750	
ROCHESTER								
MAYO GRADUATE SCHOOL OF MEDICINE	R. E. WEEKS			434,194	55	200	10,500	
ROCHESTER METHODIST		144	6,444					
ST. MARY'S		228	9,208					
ST. PAUL								
ST. PAUL-RAMSEY	SEE UNIV. OF MINNESOTA AFFILIATED HOSPITALS, MINNEAPOLIS							
MISSISSIPPI								
JACKSON								
UNIVERSITY OF MISSISSIPPI								
MEDICAL CENTER	H. K. HELLEMS				12	040		
UNIVERSITY	B. B. JOHNSON	74	4,282	11,686			9,500	
VETERANS ADMIN. CENTER	J. L. GLASGOW	197	3,130	2,545			8,913	
MISSOURI								
COLUMBIA								
UNIVERSITY OF MISSOURI MEDICAL CENTER	C. E. MENGEL	120	3,400	19,000	14	025	9,500	
KANSAS CITY								
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER	W. T. SIRRIDGE	57	1,615	23,828	12	022	9,285	
MENORAH MEDICAL CENTER	N. WINER	137	4,460	3,462	04	012	11,600	
ST. LUKE'S	J. M. CATLETT	200	5,993	19,029	05	017	8,820	
UNIVERSITY OF MISSOURI AT KANSAS CITY	M. G. BERRY							
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER								
MENORAH MEDICAL CENTER								
ST. LUKE'S								
VETERANS ADMIN.	SEE UNIVERSITY OF KANSAS MEDICAL CENTER, KANSAS CITY, KANSAS							
ST. LOUIS								
BARNES HOSPITAL GROUP	C. V. MOORE	191	5,042	22,050	26	015	9,500	
DEACONESS	R. C. KINGSLAND	259	7,337	12,628	02	006	8,700	135668
JEWISH HOSPITAL OF ST. LOUIS	S. WESSLER	172	5,897	8,494	08	020	10,700	

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MISSOURI, ST. LOUIS - CONTINUED								
MISSOURI BAPTIST	F. J. CATANZARO	88	2,543	3,093	03	009	9,600	
ST. JOHN'S MERCY MEDICAL CENTER	R. A. REIDER	178	6,179	4,098	06	012		
ST. LOUIS CITY (ST. LOUIS UNIVERSITY SERVICE)	R. A. KINSELLA, JR.	53	2,242	14,586	08	013	9,594	
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS	T. F. FRAWLEY, R. G. SLAVIN				16	036	9,600	136568
FIRMIN DESLOGE GENERAL								
ST. LOUIS COUNTY	T. F. FRAWLEY	48	1,683	271,560				
ST. LUKE'S	R. PAINE	154	4,335	4,747	03	009	9,600	
ST. MARY'S	W. A. KNIGHT	169	5,029	932	08	018	9,600	
NEBRASKA								
OMAHA								
CREIGHTON UNIVERSITY AFFILIATED HOSPITALS	G. O. CLIFFORD				06	014		137268
CREIGHTON MEMORIAL ST. JOSEPH'S	G. O. CLIFFORD	161	4,573	19,832			10,200	
DOUGLAS COUNTY	J. F. SULLIVAN	23	636	852				
VETERANS ADMIN.	J. F. SULLIVAN	183	4,180	8,469			10,344	
UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS	D. B. STONE				10	032		
UNIVERSITY OF NEBRASKA	D. B. STONE	49	1,599	15,691			9,000	
BISHOP CLARKSON MEMORIAL	D. B. STONE	320	13,008				9,400	
DOUGLAS COUNTY	D. B. STONE	18	573					
VETERANS ADMIN.	R. E. ECKLUND	183	4,180	8,469			10,344	
NEW HAMPSHIRE								
HANOVER								
DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS	T. P. ALMY, J. L. GRANT				14	026	9,100	
MARY HITCHCOCK MEMORIAL	T. P. ALMY	83	2,911	42,226				
VETERANS ADMIN. CENTER (WHITE RIVER JUNCTION, VT.)	J. L. GRANT	72	1,540	9,611				
NEW JERSEY								
ATLANTIC CITY								
CAMDEN								
COOPER	J. DICKENSHEETS, S. LEVINE	282	2,725	2,194	04	012	10,000	138068
EAST ORANGE								
VETERANS ADMIN.	SEE CMDNJ-NEW JERSEY MEDICAL SCHOOL AFFIL. HOSPS., NEWARK							
ELIZABETH								
ST. ELIZABETH	C. R. REAM	140	3,733	4,100	05	015	11,500	138568
ENGLEWOOD								
ENGLEWOOD	C. D. ROBERTS	143	3,903	3,057	03	007	8,820	
FLEMING								
HUNTERDON MEDICAL CENTER	SEE CMDNJ-RUTGERS MED. SCHOOL AFFILIATED HOSPS., PISCATAWAY							
GREEN BROOK								
RARITAN VALLEY	SEE CMDNJ-RUTGERS MED. SCHOOL AFFILIATED HOSPS., PISCATAWAY							
HACKENSACK								
HACKENSACK	G. O. HELDEN	135	4,401	4,865	04	010	10,600	
JERSEY CITY								
JERSEY CITY MEDICAL CENTER	H. MARK	389	10,005	11,452	15	033	10,500	
LIVINGSTON								
ST. BARNABAS MEDICAL CENTER	J. A. HOGAN	247	8,704	1,800	03	009	10,700	
LONG BRANCH								
MONMOUTH MEDICAL CENTER	J. C. KIRBY	262	7,835	6,560	06	014	11,500	
MONTCLAIR								
MOUNTAINSIDE	A. D. TEAZE	121	5,738	6,022	03	009		
NEPTUNE								
JERSEY SHORE MEDICAL CENTER-FITKIN	E. ABRAHAM, Y. S. ARKEL	104	3,245	3,408	02	006		
NEWARK								
CMDNJ-NEW JERSEY MEDICAL SCHOOL AFFILIATED HOSPITALS	F. P. CHINARD				20	090	11,300	
VETERANS ADMIN. (EAST ORANGE)	N. H. ERTEL	181	2,467	27,400				
MARTLAND	F. P. CHINARD	147	4,101	18,749				
NEWARK BETH ISRAEL MEDICAL CENTER	M. A. KIRSCHNER	148	5,360	2,135	08	019	11,300	
ST. MICHAEL'S MEDICAL CENTER	L. G. SMITH	157	4,052	7,588	06	014	11,300	139968
NEW BRUNSWICK								
NEW BRUNSWICK HOSPITALS PROGRAM	N. REITMAN, P. B. JENNINGS				04	012	12,000	252368
MIDDLESEX GENERAL	N. REITMAN, G. PICKAR	78	2,635	6,185				
ST. PETER'S GENERAL		103	2,718	4,233				
PARAMUS								
BERGEN PINES COUNTY	S. F. ALEXANDER	658	3,236	16,709	06	020	9,495	190868
PATERSON								
ST. JOSEPH'S	K. P. LANCE	143	4,427	8,258	05	015	10,867	140668
PISCATAWAY								
CMDNJ-RUTGERS MEDICAL SCHOOL AFFILIATED HOSPITALS	H. L. CONN, JR.				13	028		
HUNTERDON MEDICAL CENTER (FLEMINGTON)	D. J. HOTCHKISS, JR.	38	1,656					
RARITAN VALLEY (GREEN BROOK)	H. L. CONN, JR.	31	990					
MUHLENBERG (PLAINFIELD)	P. K. JOHNSON	155	6,026	3,486			10,975	
PRINCETON (PRINCETON)	C. R. REAM	65	4,758	1,065				
PLAINFIELD								
MUHLENBERG	P. K. JOHNSON	155	6,026	3,486	02	007	10,975	
MUHLENBERG	SEE CMDNJ-RUTGERS MED. SCH. AFFILIATED HOSP., PISCATAWAY							
PRINCETON								
PRINCETON	SEE CMDNJ-RUTGERS MED. SCHOOL AFFILIATED HOSPS., PISCATAWAY							
NEW MEXICO								
ALBUQUERQUE								
UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS	R. C. WILLIAMS, JR.				11	029		
BERNALILLO COUNTY MEDICAL CENTER	R. C. WILLIAMS, JR.	43	1,353	19,412			8,000	
VETERANS ADMIN.	D. H. LAW	209	3,185	33,874			8,300	

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK								
ALBANY								
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	S. BONDURANT				15	038		
ALBANY MEDICAL CENTER		160	5,562	7,381			10,600	
VETERANS ADMIN.		349	3,932	4,870			11,600	
ST. PETER'S	W. O' BRIEN	143	3,410	2,423	06	014	11,000	
BUFFALO								
MERCY	M. C. MALONEY	136	3,303	1,094	03	009	10,300	
MILLARD FILLMORE	L. H. GOLDEN	211	4,839	15,883	04	012		
SISTERS OF CHARITY	C. J. O' CONNELL	161	4,516	6,042	04	010	9,910	
S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS	E. CALKINS				22	054		
BUFFALO GENERAL	J. P. NOLAN	268	5,760	15,823			10,500	
EDWARD J. MEYER MEMORIAL	E. CALKINS	251	3,481	45,383			10,000	
VETERANS ADMIN.	J. T. AQUILINA	400	2,967	13,430	04	020	10,000	
COOPERSTOWN								
MARY IMOGENE BASSETT	M. I. PAGE	43	1,463	13,228	04	007	11,720	
EAST MEADOW								
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV.	T. J. CINQUE	133	4,103	24,965	15	039	10,112	
JOHNSON CITY								
CHARLES S. WILSON MEMORIAL	E. N. ZINNER	180	5,269	42,211	04	008	9,700	145268
MANHASSET								
NORTH SHORE	SEE CORNELL COOPERATING HOSPITALS, NEW YORK							
MINEOLA								
NASSAU	W. C. HOLLIS	191	5,444	2,711	03	010	12,660	
MOUNT KISCO								
NORTHERN WESTCHESTER	F. J. BRICCETTI	74	2,714		02	006	10,080	
MOUNT VERNON								
MOUNT VERNON	M. A. GOLDINER	143	4,381	6,792	02	008	11,000	
NEW HYDE PARK								
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER PROGRAM	E. MEILMAN				24	053	13,300	
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER	E. MEILMAN	149	4,532	7,077				
QUEENS HOSPITAL CENTER (NEW YORK CITY)	H. KOLODNY	147	3,199	34,705				
NEW ROCHELLE								
NEW ROCHELLE HOSPITAL MEDICAL CENTER	J. J. MC LEAN	142	3,444	3,048	04	008	9,231	
NEW YORK CITY								
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	N. BRICKER				18	047		
BRONX MUNICIPAL HOSPITAL CENTER	M. FULOP	259	5,700	37,836				
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE	J. SANDSON	99	2,419	9,911				
BEEKMAN-DOWNTOWN	J. T. FLYNN	157	3,078	13,106	09	017	11,600	
BETH ISRAEL MEDICAL CENTER	B. STRAUS	214	3,573	104,779	36	082	12,300	147068
BOOTH MEMORIAL	J. DWEK	120	3,360	2,127	07	016	11,000	
BRONX-LEBANON HOSPITAL CENTER	E. E. FISCHEL	246	4,998	46,935	17	033	13,750	
BROOKDALE HOSPITAL CENTER	A. LYDN	123	3,358	17,896	11	025	13,300	
BROOKLYN - CUMBERLAND MEDICAL CENTER	J. F. MUELLER	263	5,843	29,685	12	030	13,300	
CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS	P. LO PRESTI				20	047		145068
MARY IMMACULATE DIVISION	P. LO PRESTI	87	2,147	9,475				
QUEENS HOSPITAL CENTER (CATHOLIC MEDICAL CENTER AFFILIATION)	W. D' ANGELO	77	1,561	12,085				
ST. JOHN'S QUEENS DIVISION	N. A. DE FRANCIS	90	2,237	2,182				
ST. MARY'S DIVISION	J. SEAMAN	58	1,364	13,536				
CONEY ISLAND	S. M. GLICK	141	3,519	74,520	16	036	13,300	
CORNELL COOPERATING HOSPITALS	A. BEARN, W. P. L. MYERS				24	042		149268
NEW YORK	A. BEARN	224	5,092	52,500			13,300	
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	W. P. L. MYERS	137	1,969	31,292				
NORTH SHORE (MANHASSET)	L. SCHERR	128	3,651	17,841			12,200	
FLUSHING HOSPITAL AND MEDICAL CENTER	C. CRAMER	108	2,616	5,386	04	010	11,800	144568
FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER	A. M. GELB	207	4,118	17,000	08	015	13,750	147568
HARLEM HOSPITAL CENTER	G. E. THOMSON	247	3,745	15,747	20	044		
HOSPITAL FOR JOINT DISEASES AND MEDICAL CENTER	J. GROSSMAN	82	1,660	23,935	04	008	13,300	
JAMAICA	B. O. GUSSOFF	101	2,229	9,911	05	014	13,050	
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	S. L. LEE	203	4,196	16,755	13	024	13,300	
GREENPOINT	S. L. LEE	48	1,147	75,485			13,300	
JEWISH MEMORIAL	R. P. LASSER	55	1,298	13,048	03	008	10,250	
KINGSBROOK JEWISH MEDICAL CENTER-UNITY	E. E. MANDEL				09	024		
KINGSBROOK JEWISH MEDICAL CENTER	E. E. MANDEL	570	2,768	5,543			13,750	
UNITY	V. GINSBERG	65	2,043	5,378			11,800	
KNICKERBOCKER	B. E. KRENTZ	136	1,847	31,232	03	009	12,000	
LENOX HILL	M. S. BRUNO	252	6,022	26,562	08	017	13,300	
LINCOLN	J. F. MC CAHAN	62			09	018	11,800	
LONG ISLAND COLLEGE	J. N. EDSON	251	9,820	11,483	04	010	13,300	
LUTHERAN MEDICAL CENTER	A. CACCESE	112	2,072	25,661	03	009	12,600	143068
MAIMONIDES MEDICAL CENTER TRAINING PROGRAM								
MAIMONIDES MEDICAL CENTER	D. GROB	277	4,703	17,253	14	021	13,300	
METHODIST HOSPITAL OF BROOKLYN	M. M. HOFFMAN	175	3,145	12,043	14	015	13,000	142968
MISERICORDIA - FORDHAM TRAINING PROGRAM	R. F. GOMPRECHT				14	036	13,300	
MISERICORDIA		114	1,930	10,752				
FORDHAM		131	1,935	32,312				

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK, NEW YORK CITY - CONTINUED								
MONTEFIORE HOSPITAL TRAINING PROGRAM	D. HAMERMAN				33	055	13,300	
MONTEFIORE HOSPITAL AND MEDICAL CENTER		385	7,314	15,450				
MORRISANIA CITY		90	2,820	19,018				
MONTEFIORE HOSPITAL TRAINING PROGRAM								
MARTIN LUTHER KING JR. NEIGHBORHOOD HEALTH CENTER	H. WISE			63,000	05	015	13,300	
MOUNT SINAI HOSPITAL TRAINING PROGRAM	S. A. BERSON							
MOUNT SINAI	S. A. BERSON	133	2,760	18,161	23	048	13,300	
CITY HOSPITAL CENTER AT ELMHURST	S. G. SECKLER	201	7,145	31,298	16	038	13,300	
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	R. GOLDSTEIN				19	044	13,300	
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS		110	3,204	2,000				
UNIT 2 - METROPOLITAN HOSPITAL CENTER		210	3,720	75,000				
NEW YORK UNIVERSITY MEDICAL CENTER								
BELLEVUE HOSPITAL CENTER-UNIVERSITY	S. J. FARBER				23	060		
BELLEVUE HOSPITAL CENTER	S. J. FARBER	291	4,629	51,109				
UNIVERSITY	S. J. FARBER	139	3,570	44				
NEW YORK UNIVERSITY MEDICAL CENTER								
UNIVERSITY HOSPITAL-VETERANS ADMINISTRATION (MANHATTAN)	N. SPRITZ, S. FARBER				06	031		
VETERANS ADMIN. (MANHATTAN)	N. SPRITZ	245	3,557	43,310			13,878	
UNIVERSITY	S. FARBER	139	3,570	44				
PRESBYTERIAN	C. RAGAN	228	7,073	91,819	17	032	13,000	
QUEENS HOSPITAL CENTER	SEE L. I. JEWISH-HILLSIDE MED. CTR. PROG., NEW HYDE PARK							
ROOSEVELT	N. P. CHRISTY	190	3,850	13,951	10	018	11,800	149668
ST. BARNABAS HOSPITAL FOR CHRONIC DISEASES	D. L. LARSON	280	1,329		04	010	12,000	
ST. CLARE'S HOSPITAL AND HEALTH CENTER	A. J. LEWIS	125	2,295	10,681	09	016	11,800	
ST. JOHN'S EPISCOPAL	F. TAUBMAN	89	3,298	14,351	04	011	13,600	143268
ST. LUKE'S HOSPITAL CENTER	T. B. VAN ITALLIE	198	4,035	36,994	11	022	13,300	
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	W. J. GRACE	228	4,689	28,190	12	022	11,800	
ST. VINCENT'S MEDICAL CENTER OF RICHMOND	L. WEINER	124	2,706	8,518	05	012	12,500	
STATEN ISLAND	T. G. MC GINN	119	4,682	7,749	02	006	13,600	
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	L. W. EICHNA				19	054		
KINGS COUNTY HOSPITAL CENTER		296	9,900	121,937			13,300	
STATE UNIVERSITY		44	1,118	12,000			11,800	
VETERANS ADMIN. (BRONX)	J. WOLF	299	4,469	28,655	14	053	13,876	
VETERANS ADMIN. (BROOKLYN)	A. A. POLACHEK	332	4,358	23,578	18	046	13,878	
WYCKOFF HEIGHTS	V. J. ADAMS	153	3,918	11,209	07	017	10,000	143568
NORTHPORT								
VETERANS ADMIN.	SEE S.U.N.Y. AT STONY BROOK AFFIL. HOSPITALS, STONY BROOK							
ROCHESTER								
GENESEE	A. L. URELES	134	3,432	7,042	08	016	10,000	
HIGHLAND HOSPITAL OF ROCHESTER	W. W. FALOON	78	2,471	1,830	03	009	10,600	
ROCHESTER GENERAL	S. B. TROUP	162	3,617	6,258	08	016	10,000	
ST. MARY'S	G. E. ECKERT	101	2,791	2,169	07	016	9,500	
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	L. YOUNG, W. MORGAN, JR.	145	5,137	20,000	18	032	10,000	
STONY BROOK								
S.U.N.Y. AT STONY BROOK AFFILIATED HOSPITALS								
VETERANS ADMIN. (NORTH PORT)								
SYRACUSE								
S.U.N.Y. UPSTATE MEDICAL CENTER	W. J. WILLIAMS				14	028	10,400	
CROUSE IRVING-MEMORIAL	W. A. SCHIESS	100	2,951					
STATE UNIVERSITY	W. J. WILLIAMS	68	2,604	21,785				
VETERANS ADMIN.	F. KLEMPERER	95	1,987	2,227				
VALHALLA								
GRASSLANDS	F. A. GRAIG	115	3,619	25,626	06	015	11,650	
NORTH CAROLINA								
CHAPEL HILL								
NORTH CAROLINA MEMORIAL	H. J. FALLON	89	2,824	23,394	15	026	9,500	
CHARLOTTE								
CHARLOTTE MEMORIAL	M. M. MC CALL, 3D.	161	6,210	16,785	04	008	9,300	
DURHAM								
DUKE UNIVERSITY AFFILIATED HOSPITALS	J. B. WYNGAARDEN				26	040	9,250	
DUKE UNIVERSITY MEDICAL CENTER	J. B. WYNGAARDEN	245	7,642	92,519				
VETERANS ADMIN.	J. L. LASZLO	142	3,771	24,348				
WINSTON-SALEM								
BOWMAN GRAY SCHOOL OF MEDICINE AFFILIATED HOSPITALS								
NORTH CAROLINA BAPTIST	E. H. YOUNT	126	4,961	8,489	06	016	9,000	
OHIO								
AKRON								
AKRON CITY	A. KERR, JR.	130	3,735	9,366	03	009	9,600	
AKRON GENERAL	H. M. FRIEDMAN	120	2,695	8,075	06	016	9,600	
CINCINNATI								
DANIEL DRAKE MEMORIAL	S. GOODMAN	454	519	7,422	06	012	8,400	
GOOD SAMARITAN	D. C. FISCHER				03	009		
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	R. W. VILTER				16	053		
CINCINNATI GENERAL		113	3,590	44,395			9,700	
VETERANS ADMIN.		108	1,607	4,820			10,590	

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions		Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
OHIO - CONTINUED									
CLEVELAND									
CLEVELAND CLINIC	R. A. VAN OMMEN	129	7,634		94,409	20	079	10,000	
CLEVELAND METROPOLITAN GENERAL	C. H. RAMMELKAMP	144	3,308		43,698	12	024	10,500	
CLEVELAND METROPOLITAN GENERAL HOSPITAL-LUTHERAN MEDICAL CENTER	C. RAMMELKAMP, W. WILDER	264	6,612		43,698	08	027	8,600	
CLEVELAND METROPOLITAN GENERAL		144	3,308		43,698			8,600	
LUTHERAN MEDICAL CENTER		120	3,304		I				
HURON ROAD	E. M. GOYETTE	133	4,206		5,001	03	009	10,800	
MOUNT SINAI HOSPITAL OF CLEVELAND	V. VERTES	174	6,336		16,219	09	014	10,500	
ST. LUKE'S	R. G. WIELAND	118	3,506		14,240	05	012	10,000	
UNIVERSITY HOSPITALS OF CLEVELAND	O. D. RATNOFF	157	6,046		53,315	16	047	10,500	
VETERANS ADMIN.	P. E. WISENBAUGH	207	3,490		4,255	15	040	10,850	
COLUMBUS									
MOUNT CARMEL	A. POLLACK	122	3,552		7,068	08	016	8,150	156568
OHIO STATE UNIVERSITY HOSPITALS	J. V. WARREN	244	8,423		46,107	18	030	8,500	
RIVERSIDE METHODIST	D. J. VINCENT	188	6,871	442	2,522	04	012	8,900	
DAYTON									
GOOD SAMARITAN	B. A. KLEINMAN, R. SERBIN	185	6,266		1,490	02	006	12,600	
MIAMI VALLEY	B. H. BOLTON	196	7,086		1,953	03	007	10,550	
VETERANS ADMIN. CENTER	J. T. TAGUCHI	251	3,195		4,604	08	022	11,452	
KETTERING									
CHARLES F. KETTERING MEMORIAL	A. A. BRUST, JR.	179	5,924		2,028	03	008	10,980	
TOLEDO									
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS	G. D. LUDWIG					15	040	10,200	157968
HOSPITAL OF MEDICAL COLLEGE OF OHIO AT TOLEDO	G. D. LUDWIG	99	2,978		12,159				
ST. VINCENT HOSPITAL AND MEDICAL CENTER	P. STIFF	96	6,083		3,036				
TOLEDO	C. D. COBAU	197	6,820		3,669				
YOUNGSTOWN									
ST. ELIZABETH	E. KESSLER	238	6,626		20,153	04	012	10,600	
YOUNGSTOWN	W. H. BUNN, JR.	339	10,307		7,428	05	015	10,600	
OKLAHOMA									
OKLAHOMA CITY									
ST. ANTHONY	B. E. BURTIS	183	5,259		1,619	02	006	8,700	158768
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER	J. F. HAMMARSTEN					09	028		
UNIVERSITY OF OKLAHOMA HOSPITALS	J. F. HAMMARSTEN								
VETERANS ADMIN.	P. C. HOUK	138	2,931		32,604				
TULSA									
TULSA COMBINED RESIDENCY	R. A. MARSHALL					04	012	9,708	272768
HILLCREST MEDICAL CENTER	C. S. JONES	84	3,215		5,300				
ST. FRANCIS	R. A. MARSHALL	457	13,128		1,312				
ST. JOHN'S	J. ALEXANDER	149	5,243		4,354				
OREGON									
PORTLAND									
GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER	S. F. RABINER	107	4,503		1,614	03	008	9,480	159568
PROVIDENCE	D. N. GILBERT	129	5,516		3,444	03	008		159768
UNIVERSITY OF OREGON AFFILIATED HOSPITALS	J. D. BRISTOW					20	043		
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS		66	3,087		39,907				
VETERANS ADMIN.		220	4,521		7,083			9,371	
PENNSYLVANIA									
ABINGTON									
ABINGTON MEMORIAL	H. J. KENWORTHY	160	4,754		1,496	04	010	9,800	160068
ALLENTOWN									
ALLENTOWN	D. F. DIMICK	125	4,811		3,032	02	006	11,000	
BETHLEHEM									
ST. LUKE'S	W. R. THOMPSON	170	4,302		3,474	02	006	11,000	160568
BRYN MAWR									
BRYN MAWR	J. T. MAGEE	138	3,192		6,705	03	006	9,700	
CHESTER									
CROZER-CHESTER MEDICAL CENTER	SEE HAHNEMANN MEDICAL COLL. AFFIL. HOSPS., PHILADELPHIA								
DANVILLE									
GEISINGER MEDICAL CENTER	J. A. COLLINS, JR.	95	3,656		41,871	06	016	10,000	160868
EASTON									
EASTON	H. Y. SEIDEL	118	3,669		3,308	02	006	10,140	161068
HARRISBURG									
HARRISBURG	K. E. QUICKEL	215	5,188		29,834	06	018	10,380	
HARRISBURG POLYCLINIC	J. S. BRAY	286	5,712		4,748	02	006	11,500	
HERSHEY									
MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY	G. H. JEFFRIES	40	1,273		3,759	08	019	10,224	
JOHNSTOWN									
CONEMAUGH VALLEY MEMORIAL	A. TOIGO	148	4,723		13,679	02	006	10,200	161668
PHILADELPHIA									
ALBERT EINSTEIN MEDICAL CENTER	I. WOLOOW	222	3,875		48,506	10	021	10,100	
EPISCOPAL	W. I. GEFTER	118	3,127		13,206	04	012	9,900	
GERMANTOWN DISPENSARY AND HOSPITAL	W. G. MC CUNE	150	3,288		8,695	02	006	9,495	
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	H. F. ZINSSER	170	3,424		10,586	07	018	11,180	
HAHNEMANN MEDICAL COLLEGE AFFILIATED HOSPITALS	P. SIGMANN					15	032		
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	P. SIGMANN	194	4,712		65,000			10,200	
PHILADELPHIA GENERAL	E. COODLEY	84	1,487		8,946			10,150	
CROZER-CHESTER MEDICAL CENTER (CHESTER)	J. E. CLARK	373	3,436		2,507			10,200	
ST. AGNES									

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
PENNSYLVANIA, PHILADELPHIA - CONTINUED								
LANKENAU	F. D. GRAY, JR.	143	3,465	6,175	05	014	9,500	163268
MEDICAL COLLEGE OF PENNSYLVANIA								
AFFILIATED HOSPITALS	D. KAYE				12	026		
HOSPITAL OF THE MEDICAL COLLEGE OF PENNSYLVANIA	D. KAYE	110	1,943	12,500			10,650	
VETERANS ADMIN.	R. M. MYERSON	233	3,272	18,406				
MERCY CATHOLIC MEDICAL CENTER								
MISERICORDIA DIVISION	N. N. COHEN	142	3,912	5,159	03	010	10,000	163668
PENNSYLVANIA	J. E. WOOD	123	2,714	15,245	06	014	10,500	
PHILADELPHIA GENERAL	T. G. SCHNABEL, JR.	84	1,487	8,946	08	017	10,150	
PRESBYTERIAN-UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER	F. H. GARDNER	129	3,509	14,643	08	015	10,650	
TEMPLE UNIVERSITY	S. SHERRY	173	5,004	24,107	12	024	10,200	
THOMAS JEFFERSON UNIVERSITY	R. I. WISE	163	4,597	18,211	14	028	10,300	
UNIVERSITY OF PENNSYLVANIA								
AFFILIATED HOSPITALS	A. S. RELMAN				22	039		
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	A. S. RELMAN	150	4,789	28,697			10,969	
VETERANS ADMIN.	E. J. STEMMLER	233	3,272	18,406			11,125	
PITTSBURGH								
ALLEGHENY GENERAL	E. B. ROTHERAM, JR.	136	4,119	20,031	06	012	10,500	
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	J. J. LEONARD				16	025	11,000	
MAGEE-WOMENS	T. S. DANOWSKI		998	4,100				
PRESBYTERIAN-UNIVERSITY	J. J. LEONARD	181	6,130	6,507				
VETERANS ADMIN.	A. EICHENHOLZ	132	1,966	8,628				
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH								
MONTEFIORE	P. TROEN	257	6,402	13,572	09	016	11,000	
MERCY	F. J. LUPARELLO	195	4,660	16,273	05	012	11,400	
ST. FRANCIS GENERAL	E. J. HOLZINGER	236	6,064	10,138	04	012	11,500	
WESTERN PENNSYLVANIA	C. R. WILSON, JR.	210	4,706	9,314	02	006	10,600	165968
READING								
READING	E. A. HILDRETH	176	4,839	31,471	02	006	10,680	
SAYRE								
ROBERT PACKER	B. D. BOSELLI	116	5,199	2,000	02	006	8,500	
YORK								
YORK	J. L. ATKINS	187	6,541	7,528	06	018	10,200	
PUERTO RICO								
MAYAGUEZ								
MAYAGUEZ MEDICAL CENTER	J. R. RIVERA	63	1,666	10,210	04	012	9,000	
PONCE								
PONCE DISTRICT GENERAL	H. F. RODRIGUEZ	120	3,117	19,613	05	018	6,600	278868
SAN JUAN								
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA	E. J. MARCHAND	102	2,526	25,281	08	024	7,872	
UNIVERSITY DISTRICT	M. R. GARCIA-PALMIERI	79	2,671	49,173	12	048	7,872	
VETERANS ADMIN. CENTER	E. A. RAMIREZ	195	2,560	41,016	12	036	8,211	
RHODE ISLAND								
PAWTUCKET								
MEMORIAL	SEE BROWN UNIV. AFFILIATED HOSPITALS, PROVIDENCE							
PROVIDENCE								
BROWN UNIVERSITY AFFILIATED HOSPITALS								
MEMORIAL (PAWTUCKET)	M. STEIN	97	2,995	1,565	04	009	10,100	
MIRIAM	R. P. DAVIS	110	3,630	1,931	04	009	10,100	195368
RHODE ISLAND	M. W. HAMOLSKY	207	5,819	19,534	14	028	10,100	
ROGER WILLIAMS GENERAL	P. CALABRESI	97	2,540	5,203	04	010	10,100	
VETERANS ADMIN.	B. C. CLAUNCH	173	1,542	24,692	03	014	10,690	
SOUTH CAROLINA								
CHARLESTON								
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS	J. C. ROSS				15	040		
MEDICAL UNIVERSITY OF SOUTH CAROLINA	J. C. ROSS	95	2,518	21,310			8,400	
CHARLESTON COUNTY	J. C. ROSS	22	813					
VETERANS ADMIN.	A. T. LADD	116	1,948	16,768			8,777	
TENNESSEE								
CHATTANOOGA								
S. E. TENNESSEE MEDICAL EDUCATION CENTER								
BARONESS ERLANGER	C. E. RICHARDSON	164	7,109	7,520	04	010	9,300	
KNOXVILLE								
UNIVERSITY OF TENNESSEE MEMORIAL RESEARCH CENTER AND HOSPITAL	A. D. BEASLEY	90	3,619	5,159	02	006	8,500	
MEMPHIS								
BAPTIST MEMORIAL	J. P. MILNOR, JR.	182	6,840	3,017	06	024	9,600	169468
UNIVERSITY OF TENNESSEE								
AFFILIATED HOSPITALS	G. H. STOLLERMAN				19	039		
CITY OF MEMPHIS HOSPITALS	G. H. STOLLERMAN	110	4,184	21,952			7,752	
VETERANS ADMIN.	B. R. GENDEL	305	6,795	38,874			8,120	
WEST TENNESSEE CHEST DISEASE	T. G. MORRIS	120	533	760				
NASHVILLE								
GEORGE W. HUBBARD HOSPITAL OF THE MEHARRY MEDICAL COLLEGE	T. W. JOHNSON	57	1,294	15,593	03	007	8,760	
ST. THOMAS	J. E. ANDERSON, JR.	84	3,321	2,098	03	008	8,800	
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	G. W. LIDDLE				18	022	8,500	
NASHVILLE METROPOLITAN GENERAL	T. F. PAINE	26	1,050	20,111				
VANDERBILT UNIVERSITY	G. W. LIDDLE	110	4,255	29,184				
VETERANS ADMIN.	R. M. DES PREZ	154	3,051	31,415				

10. INTERNAL MEDICINE—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
TEXAS								
DALLAS								
BAYLOR UNIVERSITY MEDICAL CENTER	R. TOMPSETT	178	7,265	5,963	05	014	8,880	
METHODIST HOSPITAL OF DALLAS	R. P. NORGAARD	179	4,078	3,331	02	006	9,600	
PARKLAND MEMORIAL	D. W. SELDIN	172	5,182	41,807	06	035	7,893	
ST. PAUL	K. L. WALGREN	143	5,813	5,133	02	006	9,000	170968
VETERANS ADMIN.	S. EISENBERG	271	4,437	3,253	04	026	8,546	
EL PASO								
R. E. THOMASON GENERAL		41	964	9,440	02	006	12,500	
GALVESTON								
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	W. P. DEISS, JR.	217	5,110	22,810	12	034	9,000	
HOUSTON								
BAYLOR COLLEGE OF MEDICINE								
AFFILIATED HOSPITALS	C. P. ALFREY, JR.				25	060	9,000	
BEN TAUB GENERAL	H. D. MC INTOSH	88	3,261	64,618				
JEFFERSON DAVIS	H. D. MC INTOSH	83	1,137	36,208				
METHODIST	H. D. MC INTOSH	217	7,156					
ST. LUKE'S EPISCOPAL	R. J. HALL	102	4,973	287				
VETERANS ADMIN.	R. J. LUCHI	271	4,837	46,420				
HERMANN	W. M. KIRKENDALL	120	4,247	16,709	03	009	8,400	
SAN ANTONIO								
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS								
BEXAR COUNTY TEACHING	L. CANDER	82	2,605		09	026	9,000	
TEMPLE								
SCOTT AND WHITE MEMORIAL	K. B. KNUDSEN	397	7,243	89,300	04	016	9,400	172568
UTAH								
SALT LAKE CITY								
LATTER-DAY SAINTS	D. H. NELSON	171	6,919	4,334	05	010	9,200	
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	G. E. CARTWRIGHT				09	020	9,200	
UNIVERSITY	G. E. CARTWRIGHT	56	2,034	20,112				
VETERANS ADMIN.								
VERMONT								
BURLINGTON								
MEDICAL CENTER HOSPITAL OF VERMONT	W. A. TISDALE	119	4,521	5,711	09	018	8,100	
WHITE RIVER JUNCTION								
VETERANS. ADMIN. CENTER	SEE DARTMOUTH MED. SCH. AFFILIATED HOSPITALS, HANOVER, N.H.							
VIRGINIA								
CHARLOTTESVILLE								
UNIVERSITY OF VIRGINIA	E. W. HOOK	106	3,744	31,530	11	041	8,900	
NORFOLK								
NORFOLK GENERAL	D. W. OREW	308	8,743	15,038	03	009	10,500	174168
RICHMOND								
VIRGINIA COMMONWEALTH UNIVERSITY								
M.C.V. AFFILIATED HOSPITALS	W. T. THOMPSON				24	070	8,900	
MEDICAL COLLEGE OF VIRGINIA HOSPITALS	W. T. THOMPSON, JR.	184	6,506	28,121				
VETERANS ADMIN.	J. J. KELLY, 3D.	312	4,530	7,111				
WASHINGTON								
SEATTLE								
UNIVERSITY OF WASHINGTON								
AFFILIATED HOSPITALS	R. G. PETERSDORF				24	055		
HARBORVIEW MEDICAL CENTER	M. TURCK		2,188	16,819				
UNIVERSITY	R. G. PETERSDORF	30	1,600	13,979			8,700	
U. S. PUBLIC HEALTH SERVICE	M. TURCK	52	1,405	8,986			8,800	
VETERANS ADMIN.	R. S. EVANS	99	3,368	3,783				
VIRGINIA MASON	R. M. HEGSTROM	107	5,199	90,315	05	011	8,820	
WEST VIRGINIA								
MORGANTOWN								
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	E. B. FLINK	80	3,351	10,685	06	016	9,000	
WHEELING								
OHIO VALLEY GENERAL	R. B. ARMSTRONG	79	1,905	1,722	02	006	12,420	
WISCONSIN								
LA CROSSE								
LA CROSSE LUTHERAN HOSPITAL AND GUNDERSEN CLINIC	E. L. OVERHOLT	135	4,301	66,712	03	009	7,500	177468
MADISON								
UNIVERSITY OF WISCONSIN								
AFFILIATED HOSPITALS	D. T. GRAHAM				16	032		
MADISON GENERAL								
UNIVERSITY HOSPITALS	D. T. GRAHAM	131	3,978	20,684			9,785	
VETERANS ADMIN.	C. M. KUNIN	187	3,525	15,978				
MILWAUKEE								
MEDICAL COLLEGE OF WISCONSIN								
AFFILIATED HOSPITALS	W. W. ENGSTROM				17	051		
MILWAUKEE COUNTY GENERAL	W. W. ENGSTROM	129	4,979	57,093			10,068	
VETERANS ADMIN. CENTER (WOOD)	G. B. THEIL	219	3,273	33,264			10,413	
MOUNT SINAI MEDICAL CENTER	C. J. SHERKOW	133	4,608	4,538	02	006	10,000	176768

11. NEUROLOGICAL SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Neurological Surgery, through the Residency Review Committee for Neurological Surgery, as offering FOUR years of acceptable training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE								
TEXAS								
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	L. H. DART	66	1,189	2,047	01	004		
UNITED STATES ARMY								
DISTRICT OF COLUMBIA								
WALTER REED GENERAL, WASHINGTON	L. G. KEMPE	163	1,187	1,691	01	005		
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
UNIVERSITY OF ALABAMA MEDICAL CENTER	J. G. GALBRAITH				01	005		
CHILDREN'S	S. E. GRAHAM		8					
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS	J. G. GALBRAITH	50	1,530	908			9,400	
VETERANS ADMIN.	J. G. GALBRAITH	11	236	834			9,400	
ARIZONA								
PHOENIX								
BARROW NEUROLOGICAL INSTITUTE OF ST. JOSEPH'S	J. R. GREEN	60	1,334	300	02	009	10,200	
ARKANSAS								
LITTLE ROCK								
UNIVERSITY OF ARKANSAS MEDICAL CENTER	S. FLANIGAN				01	004		101869
UNIVERSITY		15	500	1,200			7,800	
VETERANS ADMIN. CONSOLIDATED		12	236	778			9,420	
CALIFORNIA								
DAVIS								
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS	J. R. YOUMANS				01	004	11,378	
SACRAMENTO MEDICAL CENTER (SACRAMENTO)		25	778	1,276				
DOWNEY								
RANCHO LOS AMIGOS	SEE WHITE MEMORIAL MEDICAL CENTER, LOS ANGELES							
GLENDALE								
GLENDALE ADVENTIST	SEE WHITE MEMORIAL MEDICAL CENTER LOS ANGELES							
IRVINE								
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS	E. L. FOLTZ				02	009	14,588	
ORANGE COUNTY MEDICAL CENTER (ORANGE)	E. L. FOLTZ	13	694	515			14,588	
VETERANS ADMIN. (LONG BEACH)	E. L. FOLTZ	34	583	1,077			13,878	
CHILDRENS HOSPITAL OF LOS ANGELES (LOS ANGELES)	F. M. ANDERSON	9	240	270			17,591	
LOMA LINDA								
LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS								
LOMA LINDA UNIVERSITY	G. AUSTIN	25	815	2,500	01	005	10,465	
LONG BEACH								
VETERANS ADMIN.	UNIV. OF CALIF. (IRVINE) AFFILIATED HOSPS., IRVINE							
LOS ANGELES								
CHILDRENS HOSPITAL OF LOS ANGELES	SEE UNIV. OF CALIF. (IRVINE) AFFILIATED HOSPS., IRVINE							
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	T. KURZE	46	2,254	2,499	02	010	11,370	
U.C.L.A. AFFILIATED HOSPITALS	W. E. STERN				02	010		
U. C. L. A.	W. E. STERN	18	571	1,086			10,200	
VETERANS ADMIN. CENTER-WADSWORTH	F. A. KILLEFFER	21	448	995			16,010	
LOS ANGELES COUNTY HARBOR GENERAL (TORRANCE)	R. RICH	6	316	943			14,340	
WHITE MEMORIAL MEDICAL CENTER	P. J. VOGEL	19	536	4,604	01	005	10,800	
GLENDALE ADVENTIST (GLENDALE)	P. J. VOGEL	8	255	162			10,200	
RANCHO LOS AMIGOS (DOWNEY)	T. KURZE	105	513	1,215			14,340	
ORANGE								
ORANGE COUNTY MEDICAL CENTER	SEE UNIV. OF CALIF. (IRVINE) AFFILIATED HOSPS., IRVINE							
PALO ALTO								
VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
PASADENA								
HUNTINGTON MEMORIAL	C. H. SHELDEN	27	663	404	01	004	11,600	
SACRAMENTO								
SACRAMENTO MEDICAL CENTER	SEE UNIV. OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS, DAVIS							
SAN FRANCISCO								
UNIVERSITY OF CALIFORNIA PROGRAM	C. B. WILSON				02	010		
FRANKLIN								
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	C. B. WILSON	36	1,177	1,368			9,400	
SAN FRANCISCO GENERAL	J. HOFF	18	651	821			9,924	
VETERANS ADMIN.	E. S. CONNOLLY	22	412	1,008			9,400	

11. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CALIFORNIA - CONTINUED								
STANFORD								
STANFORD UNIVERSITY AFFILIATED HOSPITALS	J. W. HANBERY				01	006	9,700	
STANFORD UNIVERSITY	J. W. HANBERY	44	711	2,342				
VETERANS ADMIN. (PALO ALTO)	G. H. KOENIG	13	176	666				
TORRANCE								
LOS ANGELES COUNTY HARBOR GENERAL	SEE U.C.L.A. AFFILIATED HOSPITALS, LOS ANGELES							
COLORADO								
DENVER								
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	W. M. KIRSCH				01	004		
UNIVERSITY OF COLORADO MEDICAL CENTER	W. M. KIRSCH	21	552	1,132			9,200	
VETERANS ADMIN.	T. E. STARZL	15	195	300			9,620	
CONNECTICUT								
HARTFORD								
HARTFORD	SEE YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN							
NEW HAVEN								
YALE-NEW HAVEN MEDICAL CENTER	W. F. COLLINS, JR.				02	009		
YALE-NEW HAVEN	W. F. COLLINS, JR.	41	1,070	1,884			10,450	
HARTFORD (HARTFORD)	B. B. WHITCOMB	46	1,288	240			10,500	
VETERANS ADMIN. (WEST HAVEN)	W. F. COLLINS, JR.	5	55	240			10,543	
WEST HAVEN								
VETERANS ADMIN.	SEE YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN							
DELAWARE								
WILMINGTON								
WILMINGTON MEDICAL CENTER	SEE THOMAS JEFFERSON UNIVERSITY, PHILADELPHIA, PA.							
DISTRICT OF COLUMBIA								
WASHINGTON								
GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS	A. LUESSENHOP				02	008		
DISTRICT OF COLUMBIA GENERAL	A. LUESSENHOP		465	1,267			11,300	
GEORGETOWN UNIVERSITY	A. LUESSENHOP	32	327	62	02	008	10,550	
VETERANS ADMIN.	A. LUESSENHOPP, J. FOX	14	151				10,022	
GEORGE WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	H. V. RIZZOLI				02	008	10,022	
CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA	T. MILHORAT	7	210	199				
GEORGE WASHINGTON UNIVERSITY	H. V. RIZZOLI	40	1,045	1,350				
VETERANS ADMIN.	H. V. RIZZOLI, J. FOX	14	151					
WASHINGTON HOSPITAL CENTER	H. V. RIZZOLI	51	1,137	354				
FLORIDA								
GAINESVILLE								
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	A. L. RHOTON, JR.				02	009		
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS		13	435	1,483			8,400	
VETERANS ADMIN.		23	344	1,218			8,625	
MIAMI								
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	H. L. ROSOMOFF				02	012	10,450	
JACKSON MEMORIAL		47	878	1,920				
VETERANS ADMIN.		21	279	1,035				
GEORGIA								
ATLANTA								
EMORY UNIVERSITY AFFILIATED HOSPITALS	R. A. SEARS				01	004		
EMORY UNIVERSITY	R. A. SEARS	19	515				8,880	
GRADY MEMORIAL	R. A. SEARS	15	411	1,399			9,360	
HENRIETTA EGLESTON HOSPITAL FOR CHILDREN								
VETERANS ADMIN. (DECATUR)	H. D. RICHARDSON	25	354	520				
AUGUSTA								
MEDICAL COLLEGE OF GEORGIA HOSPITALS	M. B. ALLEN, JR.				01	005		
EUGENE TALMADGE MEMORIAL	M. B. ALLEN, JR.	18	337	1,360			9,500	
UNIVERSITY	M. B. ALLEN, JR.	59	2,283	356				
VETERANS ADMIN.	R. A. GINDIN	10	340	714			8,600	
DECATUR								
VETERANS ADMIN. (DECATUR)	SEE EMORY UNIVERSITY AFFILIATED HOSPITALS, ATLANTA							
ILLINOIS								
CHICAGO								
COOK COUNTY	R. C. SELBY	38	1,598	2,919	01	008	10,900	
NORTHWESTERN UNIVERSITY-MC GAW MEDICAL CENTER	P. C. BUCY				03	015	11,750	
CHICAGO WESLEY MEMORIAL	P. C. BUCY	19	697	90				
CHILDREN'S MEMORIAL	A. J. RAIMONDI	22	667	865				
VETERANS ADMIN. RESEARCH	P. C. BUCY	20	242	2,184				
EVANSTON (EVANSTON)	J. A. TARKINGTON	8	344	127				
PRESBYTERIAN-ST. LUKE'S	W. W. WHISLER	20	281	142	01	004		
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	J. F. MULLAN	24	492	1,959	01	005	10,800	
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS	O. SUGAR				02	008		
UNIVERSITY OF ILLINOIS	O. SUGAR	32	544	8,892				
VETERANS ADMIN. (HINES)	E. OLOBERG, H. C. VORIS	35	495	965			10,700	
EVANSTON								
EVANSTON	SEE NORTHWESTERN UNIVERSITY-MCGAW MEDICAL CENTER, CHICAGO							
HINES								
VETERANS ADMIN.	SEE UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS, CHICAGO							

11. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
INDIANA								
INDIANAPOLIS								
INDIANA UNIVERSITY MEDICAL CENTER	R. CAMPBELL				02	010		
INDIANA UNIVERSITY HOSPITALS	R. CAMPBELL	46	979	1,321			9,500	
MARION COUNTY GENERAL	J. L. GLOVER		259	699			10,000	
METHODIST HOSPITAL OF INDIANA	J. R. RUSSELL	75	2,046	87			11,665	
VETERANS ADMIN.	R. CAMPBELL	15	406	549			10,250	
IOWA								
IOWA CITY								
UNIVERSITY OF IOWA AFFILIATED HOSPITALS	G. E. PERRET				02	006	9,500	
UNIVERSITY OF IOWA HOSPITALS		40	704	1,825				
VETERANS ADMIN.		14	251	333				
KANSAS								
KANSAS CITY								
UNIVERSITY OF KANSAS MEDICAL CENTER	C. E. BRACKETT, JR.	20	632	1,776	01	005	9,000	
VETERANS ADMIN. (KANSAS CITY, MO.)	S. RENGACHARY	24	488	423			9,500	
KENTUCKY								
LEXINGTON								
UNIVERSITY	H. A. NORRELL	25	831	2,691	01	006	7,500	
LOUISVILLE								
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	H. D. GARRETSON				01	004		
CHILDREN'S	L. H. SEGERBERG	8	256	120			8,600	
JOHN N. NORTON MEMORIAL INFIRMARY	H. D. GARRETSON	11	359					
LOUISVILLE GENERAL	H. D. GARRETSON	8	283	460			8,600	
VETERANS ADMIN.	E. G. GRANTHAM	18	211	827			8,370	
LOUISIANA								
NEW ORLEANS								
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS								
CHARITY HOSPITAL OF LOUISIANA	D. G. KLINE	8	258	1,321	01	003	8,400	
TULANE UNIVERSITY AFFILIATED HOSPITALS	R. C. LLEWELLYN				02	007		
CHARITY HOSPITAL OF LOUISIANA	R. C. LLEWELLYN	11	322	958			8,400	
OCHSNER FOUNDATION	H. D. KIRGIS	29	985	4,629			9,000	
VETERANS ADMIN.	R. C. LLEWELLYN	23	294	888			9,437	
MARYLAND								
BALTIMORE								
JOHNS HOPKINS	G. B. UDVARHELYI				02	008	10,500	
BALTIMORE CITY HOSPITALS	J. D. MC QUEEN	9	373	1,045				
UNIVERSITY OF MARYLAND AFFILIATED HOSPITALS	J. G. ARNOLD, JR.				02	010		
UNIVERSITY OF MARYLAND		30	607	520			10,700	
MERCY		15	457	141			11,500	
MASSACHUSETTS								
BOSTON								
CHILDREN'S HOSPITAL MEDICAL CENTER-PETER BENT BRIGHAM	W. K. WELCH				01	004	10,300	
CHILDREN'S HOSPITAL MEDICAL CENTER		22	664	1,021				
PETER BENT BRIGHAM		9	224	329				
MASSACHUSETTS GENERAL	W. H. SWEET	51	1,292	1,123	02	010	10,200	
BETH ISRAEL	W. SILEN, N. ZERVAS	13	344	124				
BOSTON CITY	V. H. MARK	13	270	557			9,600	
NEW ENGLAND MEDICAL CENTER HOSPITALS	B. M. STEIN	15	316	665	01	006	10,165	
VETERANS ADMIN.	W. SCHUCART	23	461	949			10,960	
RHODE ISLAND (PROVIDENCE, R.I.)	J. STOLL, JR.	40	1,180	380			11,600	
MICHIGAN								
ANN ARBOR								
UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS	R. C. SCHNEIDER				02	012		
ST. JOSEPH MERCY	S. M. FARHAT	20	483	1,353			10,800	
UNIVERSITY	R. C. SCHNEIDER	33	863	3,149			10,000	
VETERANS ADMIN.	R. C. SCHNEIDER, J. TAREN	8	121	633			11,000	
WAYNE COUNTY GENERAL (ELOISE)	J. TAREN	9	306	693			10,924	
DETROIT								
HENRY FORD	R. S. KNIGHTON	35	928	4,207	02	008	10,300	
WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS	L. M. THOMAS				01	007		
CHILDREN'S HOSPITAL OF MICHIGAN	P. J. HUBER		157	116			10,500	
DETROIT GENERAL	L. M. THOMAS	28	508				10,800	
GRACE	L. M. THOMAS	19	546	79			11,100	
HARPER	P. HUBER	19	388					
ELOISE								
WAYNE COUNTY GENERAL	SEE UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS, ANN ARBOR							
MINNESOTA								
MINNEAPOLIS								
UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS	L. A. FRENCH				02	010		
UNIVERSITY OF MINNESOTA HOSPITALS	L. A. FRENCH	42	1,398	3,404			8,000	
VETERANS ADMIN.	S. CHAU	36	488	1,735			10,600	
ROCHESTER								
MAYO GRADUATE SCHOOL OF MEDICINE	C. S. MAC CARTY			6,050	06	024	10,500	
ROCHESTER METHODIST ST. MARY'S		53	1,801					

11. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MISSISSIPPI								
JACKSON								
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	D. J. ANDY				02	010		
UNIVERSITY	D. J. ANDY	29	838	856			9,500	
VETERANS ADMIN. CENTER	R. R. SMITH	14	245	1,101			9,920	
MISSOURI								
COLUMBIA								
UNIVERSITY OF MISSOURI MEDICAL CENTER	S. P. W. BLACK	16	364	1,055	01	004	10,000	
ST. LUKE'S (ST. LOUIS)	G. ROULHAC	37	1,078	9			10,800	
KANSAS CITY								
VETERANS ADMIN.	SEE UNIVERSITY OF KANSAS MEDICAL CENTER, KANSAS CITY, KANSAS							
ST. LOUIS								
BARNES HOSPITAL GROUP	H. G. SCHWARTZ	28	596	849	02	006	9,500	
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS	K. SMITH				01	004	9,600	
CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN	K. R. SMITH, JR.	8	260	256				
FIRMIN DESLOGE GENERAL								
ST. MARY'S	K. R. SMITH, JR.	7	210					
ST. LUKE'S	SEE UNIVERSITY OF MISSOURI MEDICAL CENTER, COLUMBIA							
NEW HAMPSHIRE								
HANOVER								
DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS	E. SACHS, JR.				01	004	9,700	
MARY HITCHCOCK MEMORIAL		26	869	201,836				
VETERANS ADMIN. CENTER (WHITE RIVER JUNCTION, VT.)		8	121	582				
NEW YORK								
ALBANY								
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	R. A. LENDE				01	005		
ALBANY MEDICAL CENTER		37	1,159	69			10,600	
VETERANS ADMIN.		7	195	405			12,300	
BUFFALO								
S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS	L. BAKAY				01	004	10,500	
BUFFALO GENERAL		16	448	131				
CHILDREN'S HOSPITAL OF BUFFALO		6	204	139				
EDWARD J. MEYER MEMORIAL		5	161	191				
NEW YORK CITY								
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	K. SHULMAN				02	012		
BRONX MUNICIPAL HOSPITAL CENTER		19	369	534				
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE		16	202	750				
MONTEFIORE HOSPITAL AND MEDICAL CENTER	K. SHULMAN	30	300	241				
CORNELL COOPERATING HOSPITALS	R. H. PATTERSON, JR.				01	004	13,300	
NEW YORK	R. H. PATTERSON, JR.	32	686	3,809				
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	J. GALICICH	5	78	49				
MONTEFIORE HOSPITAL AND MEDICAL CENTER	SEE ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS							
MOUNT SINAI HOSPITAL TRAINING PROGRAM	L. I. MALIS				02	010		
MOUNT SINAI	L. I. MALIS	51	646	261			13,300	
CITY HOSPITAL CENTER AT ELMHURST	S. HOLLIN	17	452	559			13,300	
VETERANS ADMIN. (BRONX)	L. MALIS	32	336	925			13,878	
NEW YORK UNIVERSITY MEDICAL CENTER	J. RANSOHOFF				02	010		
BELLEVUE HOSPITAL CENTER	J. RANSOHOFF	25	150	239				
UNIVERSITY	J. RANSOHOFF	29	488					
VETERANS ADMIN. (MANHATTAN)	A. SADIK	10	45				13,878	
PRESBYTERIAN	J. L. POOL	36	1,112	587	03	010	11,750	
HARLEM HOSPITAL CENTER	J. L. POOL							
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	R. L. ROVIT	16	297	301	01	004	11,800	
LENOX HILL	J. G. MC MURTRY	9	154				16,100	
STATE UNIVERSITY – KINGS COUNTY HOSPITAL CENTER	A. W. COOK				02	009		
KINGS COUNTY HOSPITAL CENTER		39	1,440	2,004			14,000	
LONG ISLAND COLLEGE		30	579	132			13,300	
STATE UNIVERSITY		2	12				12,500	
ROCHESTER								
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	F. P. SMITH	23	820	337	01	004	10,000	
SYRACUSE								
S.U.N.Y. UPSTATE MEDICAL CENTER	R. B. KING				02	010	10,900	
CROUSE IRVING-MEMORIAL	R. B. KING	22	552					
STATE UNIVERSITY	R. B. KING	17	585	500				
VETERANS ADMIN.	L. M. MODESTI	16	305	595				
NORTH CAROLINA								
CHAPEL HILL								
NORTH CAROLINA MEMORIAL	G. S. DUGGER	22	623	1,669	01	005	10,500	
DURHAM								
DUKE UNIVERSITY AFFILIATED HOSPITALS	G. L. ODOM				02	010	9,250	
DUKE UNIVERSITY MEDICAL CENTER	G. L. ODOM	43	1,213	7,900				
VETERANS ADMIN.	W. A. COOK, JR.	29	743	1,133				
WINSTON-SALEM								
BOWMAN GRAY SCHOOL OF MEDICINE AFFILIATED HOSPITALS								
NORTH CAROLINA BAPTIST	E. ALEXANDER, JR.	33	1,033	1,520	01	005	9,500	

11. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
OHIO								
CINCINNATI								
GOOD SAMARITAN	F. H. MAYFIELD				01	003		
CHRIST	F. H. MAYFIELD	40	947	76			10,815	
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	R. L. MC LAURIN				01	004		
CHILDREN'S			302	134				
CINCINNATI GENERAL		13	389	1,066			10,200	
VETERANS ADMIN.		21	362	945			10,590	
CLEVELAND								
CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS	F. E. NULSEN				01	007		
CLEVELAND METROPOLITAN GENERAL	R. J. WHITE	15	328	1,078			11,000	
UNIVERSITY HOSPITALS OF CLEVELAND	F. E. NULSEN	19	590	805			11,000	
VETERANS ADMIN.	J. S. BRODKEY	18	119	420			11,850	
CLEVELAND CLINIC	D. DOHN	27	1,003	4,275	02	008	10,500	
ST. VINCENT CHARITY	E. J. BISHOP	36	441	260				
COLUMBUS								
OHIO STATE UNIVERSITY AFFILIATED HOSPITALS	W. E. HUNT				02	008		
OHIO STATE UNIVERSITY HOSPITALS	W. E. HUNT	32	750	700				
CHILDREN'S	M. P. SAYERS	25	756	643				
RIVERSIDE METHODIST	J. N. MEAGHER	52	1,383				8,900	
OKLAHOMA								
OKLAHOMA CITY								
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER	R. G. FISHER				01	005		
ST. ANTHONY	A. C. LISLE	30	1,382	44			8,700	
UNIVERSITY OF OKLAHOMA HOSPITALS	R. G. FISHER	9	289	570			9,500	
VETERANS ADMIN.	R. G. FISHER	16	221	490				
OREGON								
PORTLAND								
GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER	J. RAAF	39	1,418	840	01	005	9,480	159569
UNIVERSITY OF OREGON AFFILIATED HOSPITALS	H. D. PAXTON				01	005		
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS		29	641	2,184			8,600	
VETERANS ADMIN.		10	176	234			9,371	
PENNSYLVANIA								
PHILADELPHIA								
EPISCOPAL	H. A. SHENKIN	25	847	714	01	004	10,400	
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	J. L. OSTERHOLM	26	507	1,591	01	005	10,200	
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	T. W. LANGFITT	27	525	315	02	010	10,969	
CHILDREN'S HOSPITAL OF PHILADELPHIA	L. SCHUT	15	259	174			10,650	
PHILADELPHIA GENERAL	T. W. LANGFITT	16	136	600			10,550	
TEMPLE UNIVERSITY AFFILIATED HOSPITALS	F. MURTAGH				02	007		
TEMPLE UNIVERSITY	F. MURTAGH	24	753	670			10,200	
ALBERT EINSTEIN MEDICAL CENTER (NORTHERN DIVISION)	M. R. KATZ		227	64			10,000	
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	F. MURTAGH	20	390	450				
THOMAS JEFFERSON UNIVERSITY	P. D. GORDY	19	354	280	02	006	10,900	
WILMINGTON MEDICAL CENTER (WILMINGTON, DEL.)	L. OLMEDO	52	1,143	897			11,250	
PITTSBURGH								
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	P. J. JANNETTA				02	010		
CHILDREN'S HOSPITAL OF PITTSBURGH	G. H. SAMUELSON	23	546	1,048				
MONTEFIORE	P. J. JANNETTA							
PRESBYTERIAN-UNIVERSITY	P. J. JANNETTA	38	992	178				
VETERANS ADMIN.	A. J. KRIEGER	16	425	875				
MERCY	G. H. GRAY	44	1,025	1,521	01	005	11,400	164969
PUERTO RICO								
SAN JUAN								
UNIVERSITY OF PUERTO RICO AFFILIATED HOSPITALS	J. A. ALVARÉZ DE CHOUDENS				01	004		
UNIVERSITY DISTRICT		30	920	3,100			7,875	
I. GONZALEZ MARTINEZ			4	7				
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA		14	290	1,191			7,872	
VETERANS ADMIN. CENTER		11	3,935	2,187			9,447	
RHODE ISLAND								
PROVIDENCE								
RHODE ISLAND	SEE NEW ENGLAND MEDICAL CENTER HOSPITALS, BOSTON, MASS.							
SOUTH CAROLINA								
CHARLESTON								
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS	P. L. PEROT, JR.				01	005		
MEDICAL UNIVERSITY OF SOUTH CAROLINA	P. L. PEROT, JR.	22	480	1,117			8,400	
VETERANS ADMIN.	S. YAMADA	10	166	556			8,777	
TENNESSEE								
MEMPHIS								
METHODIST	C. D. HAWKES	98	2,923	412	01	004	9,492	
VETERANS ADMIN.	E. L. CASHION	16	368	1,214			8,120	

11. NEUROLOGICAL SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
TENNESSEE, MEMPHIS - CONTINUED								
UNIVERSITY OF TENNESSEE								
AFFILIATED HOSPITALS	F. MURPHEY				01	009		
BAPTIST MEMORIAL		144	5,175	591			9,600	
CITY OF MEMPHIS HOSPITALS		17	608	932			9,248	
NASHVILLE								
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	W. F. MEACHAM				02	007		
NASHVILLE METROPOLITAN GENERAL	J. L. SAWYERS	5	203	340				
VANDERBILT UNIVERSITY	W. F. MEACHAM	49	1,366	828			9,000	
VETERANS ADMIN.	W. F. MEACHAM	12	265	937			10,000	
TEXAS								
DALLAS								
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL AFFILIATED HOSPITALS	W. K. CLARK				01	005		
CHILDREN'S MEDICAL CENTER			180	245				
PARKLAND MEMORIAL		15	490	1,714			7,893	
ST. PAUL		34	939	86			9,000	
GALVESTON								
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	G. T. TINDALL	33	805	979	02	010	9,600	
HOUSTON								
BAYLOR COLLEGE OF MEDICINE								
AFFILIATED HOSPITALS	G. J. EHNI				03	012	9,000	
BEN TAUB GENERAL	G. J. EHNI	14	666	1,402				
METHODIST	J. GREENWOOD	77	2,298					
UNIVERSITY OF TEXAS M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE	G. J. EHNI	4	92	1,204				
VETERANS ADMIN.	G. J. EHNI	20	264	960				
UTAH								
SALT LAKE CITY								
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	T. S. ROBERTS				01	004	9,200	
UNIVERSITY	T. S. ROBERTS	10	300	752				
HOLY CROSS HOSPITAL OF SALT LAKE CITY	C. B. POWELL	6	166	200				
VETERANS ADMIN.								
VERMONT								
BURLINGTON								
MEDICAL CENTER HOSPITAL OF VERMONT	R. M. P. DONAGHY	28	847	199	01	004	8,700	
WHITE RIVER JUNCTION								
VETERANS ADMIN. CENTER	SEE DARTMOUTH MED SCHOOL AFFILIATED HOSPITALS, HANOVER, N.H.							
VIRGINIA								
CHARLOTTESVILLE								
UNIVERSITY OF VIRGINIA	J. A. JANE	29	995	1,900	01	006	8,900	
RICHMOND								
VIRGINIA COMMONWEALTH UNIVERSITY								
M.C.V. AFFILIATED HOSPITALS	D. P. BECKER				02	008		
MEDICAL COLLEGE OF VIRGINIA HOSPITALS	D. P. BECKER	32	1,000	1,500			8,900	
VETERANS ADMIN.	J. L. ULMER	12	220	224			9,400	
WASHINGTON								
SEATTLE								
UNIVERSITY OF WASHINGTON								
AFFILIATED HOSPITALS	A. A. WARD, JR.				02	010		
HARBORVIEW MEDICAL CENTER			210	245				
UNIVERSITY		14	364	1,123			8,700	
VETERANS ADMIN.			214	618			8,700	
WEST VIRGINIA								
MORGANTOWN								
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	G. R. NUGENT	29	931	2,784	01	005	9,000	
WISCONSIN								
MADISON								
UNIVERSITY OF WISCONSIN								
AFFILIATED HOSPITALS	M. J. JAVID				01	005	9,785	
UNIVERSITY HOSPITALS		26	607	1,509				
MADISON GENERAL		16	303					
MILWAUKEE								
MEDICAL COLLEGE OF WISCONSIN								
AFFILIATED HOSPITALS	S. J. LARSON				01	005		
MILWAUKEE COUNTY GENERAL		35	612	1,377			10,068	
VETERANS ADMIN. CENTER (WOOD)		28	420	1,961			10,913	

12A. NEUROLOGY

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

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES ARMY								
CALIFORNIA								
LETTERMAN GENERAL, SAN FRANCISCO	D. S. BUCHANAN	24	478	5,156	02	008		100470
COLORADO								
FITZSIMONS GENERAL, DENVER	D. S. MADISON	15	323	6,391	01	001		
DISTRICT OF COLUMBIA								
WALTER REED GENERAL, WASHINGTON	H. H. SCHWAMB	95	711	8,060	03	009		
UNITED STATES NAVY								
MARYLAND								
NAVAL, BETHESDA	W. L. BRANNON	32	336	8,589	02	006		182370
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
UNIVERSITY OF ALABAMA MEDICAL CENTER	J. H. HALSEY, JR.				03	009	9,400	
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS		17	553	1,489				
VETERANS ADMIN.		15	307	1,220				
ARIZONA								
PHOENIX								
BARROW NEUROLOGICAL INSTITUTE OF ST. JOSEPH'S	J. W. WHITE	28	1,049	2,158	02	006	10,200	
TUCSON								
UNIVERSITY OF ARIZONA AFFILIATED HOSPITALS	W. A. SIBLEY				03	007	9,850	
UNIVERSITY	W. A. SIBLEY	8		1,329				
TUCSON MEDICAL CENTER DIVISION	H. W. BUCHSBAUM	18	693	490				
VETERANS ADMIN.	J. J. THOMAS	20	132	238				
ARKANSAS								
LITTLE ROCK								
UNIVERSITY OF ARKANSAS MEDICAL CENTER	D. D. LUCY, JR.				02	004		101870
UNIVERSITY		7	294	2,242			7,800	
VETERANS ADMIN. CONSOLIDATED		14	234	565			9,420	
CALIFORNIA								
DAVIS								
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS	P. M. DREYFUS				02	006	10,636	
SACRAMENTO MEDICAL CENTER (SACRAMENTO)		10	958	2,430				
IRVINE								
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS	S. VAN DEN NOORT	8	172	256	02	004		
ORANGE COUNTY MEDICAL CENTER (ORANGE)	S. VAN DEN NOORT	8	172	256			14,588	
VETERANS ADMIN. (LONG BEACH)	S. VAN DEN NOORT, A. ALEKOUMBIDES	56	677	1,245			13,878	
LONG BEACH								
VETERANS ADMIN.	SEE UNIV. OF CALIFORNIA (IRVINE) AFF. HOSPS., IRVINE							
LOS ANGELES								
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	J. P. VAN DER MEULEN	37	1,286	12,132	06	013	14,340	
U. C. L. A.	A. S. ROSE	17	674	5,060	05	015	10,200	
VETERANS ADMIN. CENTER-WADSWORTH	W. W. TOURTELLOTTE	29	692	2,649	04	013	13,878	
MARTINEZ								
VETERANS ADMIN.	SEE PACIFIC MED. CTR.-AFFILIATED HOSPITALS, SAN FRANCISCO							
ORANGE								
ORANGE COUNTY MEDICAL CENTER	SEE UNIV. OF CALIFORNIA (IRVINE) AFF. HOSPS., IRVINE							
PALO ALTO								
VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
SACRAMENTO								
SACRAMENTO MEDICAL CENTER	SEE UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSP., DAVIS							
SAN DIEGO								
UNIVERSITY OF CALIFORNIA (SAN DIEGO) AFFILIATED HOSPITALS	J. S. O' BRIEN				02	006		
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY		10	426	1,652			10,200	
VETERANS ADMIN.								

12A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CALIFORNIA - CONTINUED								
SAN FRANCISCO								
PACIFIC MEDICAL CENTER AND AFFILIATED HOSPITALS	P. R. CALANCHINI	10	253	441	01	003	9,800	
PACIFIC MEDICAL CENTER - PRESBYTERIAN		10	253	441				
VETERANS ADMIN. (MARTINEZ)	C. M. MAYO	37	374	1,835	01	003	10,332	
UNIVERSITY OF CALIFORNIA PROGRAM	R. A. FISHMAN				07	019		
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	R. A. FISHMAN	17	723	4,381			9,400	
SAN FRANCISCO GENERAL	F. YATSU	11	362	1,528			9,924	
VETERANS ADMIN.	A. K. ASBURY	16	310	1,024			9,400	
STANFORD								
STANFORD UNIVERSITY AFFILIATED HOSPITALS	D. A. PRINCE				04	012	9,700	
STANFORD UNIVERSITY	D. A. PRINCE	7	238	1,184				
VETERANS ADMIN. (PALO ALTO)	R. W. ANGEL	21	251	524				
TORRANCE								
LOS ANGELES COUNTY HARBOR GENERAL	M. A. GOLDBERG	15	300	1,189	02	006	14,340	
COLORADO								
DENVER								
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	J. H. AUSTIN				06	012		
UNIVERSITY OF COLORADO MEDICAL CENTER	J. H. AUSTIN	10	360	3,855			9,800	
DENVER GENERAL	P. P. YARNELL	8		1,920				
VETERANS ADMIN.	J. H. AUSTIN	33	362	570			9,620	
CONNECTICUT								
NEW HAVEN								
YALE-NEW HAVEN MEDICAL CENTER	G. H. GLASER				03	009		
YALE-NEW HAVEN	G. H. GLASER	14	402	2,370			10,450	
VETERANS ADMIN. (WEST HAVEN)	L. L. LEVY	37	418	960			10,543	
WEST HAVEN								
VETERANS ADMIN.	SEE YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN							
DELAWARE								
WILMINGTON								
WILMINGTON GENERAL	SEE THOMAS JEFFERSON UNIV. HOSP. PHILADELPHIA, PA.							
VETERANS ADMIN.	SEE THOMAS JEFFERSON UNIV. HOSP., PHILADELPHIA, PA.							
DISTRICT OF COLUMBIA								
WASHINGTON								
FREEDMEN'S	D. H. WOOD	12		1,400	02	006	11,342	
GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS	D. S. O' DOHERTY				06	014		
GEORGETOWN UNIVERSITY	D. S. O' DOHERTY	10	310	1,212			10,550	
VETERANS ADMIN.	J. F. KURTZKE	54	891	1,126			10,022	
GEORGE WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	S. O' REILLY				01	003	10,022	
GEORGE WASHINGTON UNIVERSITY	S. O' REILLY	10	249	366				
CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA	M. J. MALONE	7	386	1,736				
FLORIDA								
GAINESVILLE								
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	M. GREER				04	012		182470
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS		14	545	3,168			9,000	
VETERANS ADMIN.		37	640	1,131			9,000	
UNIVERSITY HOSPITAL OF JACKSONVILLE (JACKSONVILLE)				241				
JACKSONVILLE								
UNIVERSITY HOSPITAL OF JACKSONVILLE	SEE UNIVERSITY OF FLORIDA AFF. HOSPS. GAINESVILLE							
MIAMI								
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	P. SCHEINBERG				06	017		
JACKSON MEMORIAL		42	1,086	3,468			9,950	
VETERANS ADMIN.		21	452	1,580			10,050	
GEORGIA								
ATLANTA								
EMORY UNIVERSITY AFFILIATED HOSPITALS	H. R. KARP				02	006		
EMORY UNIVERSITY	H. R. KARP	7	297					
GRADY MEMORIAL	H. R. KARP	19	641	2,462			8,880	
HENRIETTA EGLESTON HOSPITAL FOR CHILDREN								
VETERANS ADMIN. (DECATUR)	J. C. AMMONS	10	240	2,023				
AUGUSTA								
MEDICAL COLLEGE OF GEORGIA HOSPITALS	J. B. GREEN				02	006		
EUGENE TALMADGE MEMORIAL		10	209	1,277			9,500	
VETERANS ADMIN.	J. B. GREEN			91				
DECATUR								
VETERANS ADMIN.	SEE EMORY UNIVERSITY AFF. HOSPS., ATLANTA							
ILLINOIS								
CHICAGO								
CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS	M. E. BRUETMAN				07	023		114470
COOK COUNTY	H. L. MEYERS, JR.	22	293	6,452			10,900	
MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO	M. E. BRUETMAN	23	687	795			9,700	
VETERANS ADMIN. (HINES)	F. A. RUBINO	73	940	1,405			10,100	

12A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
ILLINOIS, CHICAGO - CONTINUED								
NORTHWESTERN UNIVERSITY-MC GAW MEDICAL CENTER	B. BOSHES				04	014	11,250	
CHICAGO WESLEY MEMORIAL	B. BOSHES	50	818	4,032				
VETERANS ADMIN. RESEARCH	H. KOENIG	29	275	107				
PRESBYTERIAN-ST. LUKE'S	M. M. COHEN	14	300	633	03	009	9,946	
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	S. SCHULMAN	14	353	3,704	02	006	10,800	
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS	J. S. GARVIN				02	004	10,560	
UNIVERSITY OF ILLINOIS		32	544	6,892				
VETERANS ADMIN. (WEST SIDE)		20	108	3,568				
HINES								
VETERANS ADMIN.	SEE CHICAGO MED. SCH. AFF. HOSPS., CHICAGO SEE AND, LOYOLA UNIVERSITY AFF. HOSPS., MAYWOOD							
MAYWOOD								
LOYOLA UNIVERSITY AFFILIATED HOSPITALS	J. BRUMLIK				02	007		117070
LOYOLA UNIVERSITY	J. BRUMLIK	20	435	779			10,600	
VETERANS ADMIN. (HINES)	F. A. RUBINO	73	940	1,405			10,100	
INDIANA								
INDIANAPOLIS								
INDIANA UNIVERSITY MEDICAL CENTER	M. L. DYKEN				05	013		118770
INDIANA UNIVERSITY HOSPITALS		8	455	3,231			9,500	
MARION COUNTY GENERAL			464	2,338			10,000	
VETERANS ADMIN.		27	412	61			10,250	
IOWA								
IOWA CITY								
UNIVERSITY OF IOWA AFFILIATED HOSPITALS	A. L. SAHS				04	012	9,500	
UNIVERSITY OF IOWA HOSPITALS	A. L. SAHS	44	1,673	7,582				
VETERANS ADMIN.	E. SYBIL	19	268	260				
KANSAS								
KANSAS CITY								
UNIVERSITY OF KANSAS MEDICAL CENTER	D. K. ZIEGLER	10	403	2,227	02	006	9,500	
VETERANS ADMIN. (KANSAS CITY, MO.)	V. B. MATOVICH	24	462	876			9,500	
KENTUCKY								
LEXINGTON								
UNIVERSITY OF KENTUCKY MEDICAL CENTER								
UNIVERSITY	D. B. CLARK	18	636	2,767	02	006	8,000	
LOUISVILLE								
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	E. ROSEMAN				02	006		
LOUISVILLE GENERAL	E. ROSEMAN	26	820	2,210			8,600	
VETERANS ADMIN.	I. O. DEIN	31	276	904			8,370	
LOUISIANA								
NEW ORLEANS								
CHARITY HOSPITAL OF LOUISIANA-LOUISIANA STATE UNIVERSITY DIVISION	R. M. PADDISON	9	303	4,817	02	007	7,800	
TULANE UNIVERSITY AFFILIATED HOSPITALS	R. G. HEATH				03	006		
CHARITY HOSPITAL OF LOUISIANA	R. D. PATERSON	9	265	3,489			7,800	
OCHSNER FOUNDATION								
VETERANS ADMIN.	J. F. PIERCE	17	350	2,350			9,437	
MARYLAND								
BALTIMORE								
JOHNS HOPKINS HOSPITAL-BALTIMORE CITY HOSPITALS	G. M. MC KHANN				06	018	10,500	
BALTIMORE CITY HOSPITALS	R. TEASDALL			929				
JOHNS HOPKINS	G. M. MC KHANN	40	800	5,042				
UNIVERSITY OF MARYLAND	E. NELSON	21	463	3,352	04	012	10,700	125270
MASSACHUSETTS								
BOSTON								
BOSTON CITY	N. GESCHWIND	20	321	2,191	03	009	9,600	125770
BOSTON UNIVERSITY AFFILIATED HOSPITALS	R. G. FELDMAN				08	021		
UNIVERSITY		20		480			10,090	
VETERANS ADMIN.		110	1,358	1,539			10,690	
CHILDREN'S HOSPITAL MEDICAL CENTER-PETER BENT BRIGHAM-BETH ISRAEL	C. F. BARLOW				04	012		
BETH ISRAEL	C. I. MAYMAN	8	217	742			10,200	
CHILDREN'S HOSPITAL MEDICAL CENTER	C. F. BARLOW	11	680	4,685			9,700	
PETER BENT BRIGHAM	H. R. TYLER	17	454	1,461			10,200	
MASSACHUSETTS GENERAL	R. D. ADAMS, G. F. WINKLER	53	1,527	3,884	06	018	10,200	
NEW ENGLAND MEDICAL CENTER HOSPITALS	J. F. SULLIVAN	11	445	1,893	03	007	10,165	
ST. ELIZABETH'S HOSPITAL OF BOSTON								
MICHIGAN								
ANN ARBOR								
UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS	R. N. DE JONG				04	012	10,000	
UNIVERSITY	R. N. DE JONG	23	628	7,184				
VETERANS ADMIN.	R. N. DE JONG, E. FERINGA	15	226	720				
ALLEN PARK								
VETERANS ADMIN.	SEE WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS, DETROIT							

12A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MICHIGAN - CONTINUED								
DETROIT								
HENRY FORD	F. K. REDDING	14	327	4,265	02	006	10,300	
WAYNE STATE UNIVERSITY								
AFFILIATED HOSPITALS	J. GILROY				05	017		
VETERANS ADMIN. (ALLEN PARK)	J. GILROY	41	384	715			10,980	
DETROIT GENERAL	J. GILROY	21	362	3,460			10,800	
HARPER	J. GILROY	20	434	2,146			10,800	
LAFAYETTE CLINIC	E. A. RODIN	16	154	1,736			13,700	
MINNESOTA								
MINNEAPOLIS								
UNIVERSITY OF MINNESOTA								
AFFILIATED HOSPITALS	A. B. BAKER				12	036		133470
HENNEPIN COUNTY GENERAL	M. G. ETTINGER	19	569	2,974			9,250	
UNIVERSITY OF MINNESOTA HOSPITALS	A. B. BAKER	40	1,011	4,690			8,000	
VETERANS ADMIN.	M. ALTER	71	1,040	1,569			9,050	
ST. PAUL-RAMSEY, (ST. PAUL)	R. J. GUMNIT	16	617	3,231			8,750	
VETERANS ADMIN.	M. ALTER	71	1,040	1,569	04	009	9,050	
ROCHESTER								
MAYO GRADUATE SCHOOL OF MEDICINE	J. P. WHISNANT			21,300	07	021	10,500	
ROCHESTER METHODIST		16	1,575					
ST. MARY'S		65	3,425					
ST. PAUL								
ST. PAUL-RAMSEY	SEE UNIVERSITY OF MINNESOTA AFFILIATED HOSPS, MINNEAPOLIS							
MISSISSIPPI								
JACKSON								
UNIVERSITY OF MISSISSIPPI								
MEDICAL CENTER	R. D. CURRIER				02	006		
UNIVERSITY		12	388	2,226			9,500	
VETERANS ADMIN. CENTER		18	385	335			10,420	
MISSOURI								
KANSAS CITY								
VETERANS ADMIN.	SEE UNIVERSITY OF KANSAS MEDICAL CENTER, KANSAS CITY, KANSAS							
ST.LOUIS								
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS	S. HORENSTEIN				06	014	9,600	
CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN	S. HORENSTEIN	8	242	970,000				
DAVID P. WOHL MEMORIAL MENTAL HEALTH INSTITUTE								
FIRMIN DESLOGE GENERAL								
VETERANS ADMIN.	R. M. WOOLSEY	14	264	1,680				
WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	W. M. LANDAU				08	025	9,500	135370
BARNES HOSPITAL GROUP	W. M. LANDAU	54	1,325	3,624				
ST. LOUIS CHILDREN'S	P. R. DODGE	25	800	3,900				
ST. LOUIS CITY	R. L. CHESANOW	33	1,169	3,108				
NEBRASKA								
OMAHA								
UNIVERSITY OF NEBRASKA								
AFFILIATED HOSPITALS	W. J. FRIEDLANDER				03	009		
UNIVERSITY OF NEBRASKA	W. J. FRIEDLANDER	10	398	1,498			9,000	
VETERANS ADMIN.	A. S. LORENZO	15	265	42			10,344	
NEW HAMPSHIRE								
HANOVER								
DARTMOUTH MEDICAL SCHOOL								
AFFILIATED HOSPITALS	A. G. REEVES				02	006	9,100	
MARY HITCHCOCK MEMORIAL		13	520	2,028				
VETERANS ADMIN. CENTER (WHITE RIVER JUNCTION, VT.)		12	180	100				
NEW JERSEY								
NEWARK								
CMDNJ-NEW JERSEY MEDICAL SCHOOL								
AFFILIATED HOSPITALS								
VETERANS ADMIN. (EAST ORANGE)	S. D. COOK	71	484	624	04	012	11,300	
NEW MEXICO								
ALBUQUERQUE								
UNIVERSITY OF NEW MEXICO								
AFFILIATED HOSPITALS	A. H. GREENHOUSE				03	009	8,400	196270
BERNALILLO COUNTY MEDICAL CENTER	A. H. GREENHOUSE	6	197	2,708				
VETERANS ADMIN.	J. M. BICKNELL	28	398	8,430				
NEW YORK								
ALBANY								
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	K. BARRON				04	008		141470
ALBANY MEDICAL CENTER		24	964	467			10,600	
VETERANS ADMIN.		32	368	670			11,600	
BUFFALO								
EDWARD J. MEYER MEMORIAL	B. H. SMITH	33	598	2,518	03	008		
EAST MEADOW								
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV.	S. LOUIS	20	120	2,000	03	007	10,112	
NEW YORK CITY								
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	R. KATZMAN				10	029		
BRONX MUNICIPAL HOSPITAL CENTER	R. KATZMAN	64	809	4,300				
MONTEFIORE HOSPITAL AND MEDICAL CENTER	E. WEITZMAN	50	917	13,964				
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE	L. SCHEINBERG	14	450	4,409				

12A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK, NEW YORK CITY - CONTINUED								
CORNELL COOPERATING HOSPITALS	F. PLUM				07	016		
NEW YORK	F. PLUM	44	905	6,790			13,300	
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	J. POSNER	12	250	2,128			11,500	
MONTEFIORE HOSPITAL AND MEDICAL CENTER	SEE ALBERT EINSTEIN COLL.OF ME. AFFILIATED HOSPITALS							
MOUNT SINAI HOSPITAL TRAINING PROGRAM	M. B. BENDER				08	024	13,300	
MOUNT SINAI	M. B. BENDER	115	1,585					
CITY HOSPITAL CENTER AT ELMHURST	N. CHRISTOFF	27	596	2,138				
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	R. J. STROBOS				05	014	13,300	
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS		4	90	1,202				
UNIT 2 - METROPOLITAN HOSPITAL CENTER		40	452	2,491				
UNIT 3 - BIRD S. COLER MEMORIAL HOSPITAL AND HOME		32	14					
NEW YORK UNIVERSITY MEDICAL CENTER	C. T. RANDT				05	020		
UNIVERSITY	C. T. RANDT							
BELLEVUE HOSPITAL CENTER	C. T. RANDT	40	413	4,254				
VETERANS ADMIN. (MANHATTAN)	B. M. DERBY	81	583	1,456			13,878	
PRESBYTERIAN	R. L. MASLAND	130	2,652	15,091	07	021	13,000	
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	J. G. CHUSID	32	423	2,222	03	009	11,800	
STATE UNIVERSITY-KINGS COUNTY HOSPITAL CENTER	E. F. VASTOLA				02	009		
STATE UNIVERSITY		4	150	1,061			11,800	
KINGS COUNTY HOSPITAL CENTER		19	264	5,442			14,000	
VETERANS ADMIN. (BRONX)	S. DIAMOND, M. BENDER	48	279	1,220	03	008	13,878	
VETERANS ADMIN. (BROOKLYN)-KINGSBROOK JEWISH MEDICAL CENTER	I. F. NORSTRAND				05	011	13,878	
VETERANS ADMIN. (BROOKLYN)	I. F. NORSTRAND	140	909	1,922				
KINGSBROOK JEWISH MEDICAL CENTER	L. SCHNECK	30	378	1,172				
ROCHESTER								
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	R. J. JOYNT	22	618	1,459	03	009	10,000	
SYRACUSE								
S. U. N. Y. UPSTATE MEDICAL CENTER	G. S. ROSS				02	006	10,400	151670
CROUSE IRVING-MEMORIAL	G. S. ROSS	8	231					
STATE UNIVERSITY	G. S. ROSS	8	243	1,071				
VETERANS ADMIN.	M. CHIPMAN	16	254	1,104				
NORTH CAROLINA								
CHAPEL HILL								
NORTH CAROLINA MEMORIAL	T. W. FARMER	13	412	2,775	02	006	9,500	
DURHAM								
DUKE UNIVERSITY AFFILIATED HOSPITALS	S. H. APPEL				04	012	9,250	
DUKE UNIVERSITY MEDICAL CENTER	S. H. APPEL	23	677	4,347				
VETERANS ADMIN.	J. L. LASZLO	17	350	6,397				
WINSTON-SALEM								
BOWMAN GRAY SCHOOL OF MEDICINE AFFILIATED HOSPITALS								
NORTH CAROLINA BAPTIST	J. F. TOOLE	19	863	928	03	008	10,000	153770
OHIO								
CINCINNATI								
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	C. D. ARING				03	009		154870
CINCINNATI GENERAL	C. D. ARING	24	510	3,224			9,700	
CHILDREN'S	S. A. SHELBURNE							
VETERANS ADMIN.	C. O. ARING	17	290	920			10,590	
CLEVELAND								
CLEVELAND CLINIC	A. H. GREENHOUSE	34	338	8,380	02	006	10,000	
CLEVELAND METROPOLITAN GENERAL	M. VICTOR	24	877	5,496	04	010	10,500	
UNIVERSITY HOSPITALS OF CLEVELAND	J. M. FOLEY	18	468	1,619	06	018	10,500	
HIGHLAND VIEW	M. COLE	35	192	28				
VETERANS ADMIN.	J. M. FOLEY	35	370	780			10,850	
COLUMBUS								
OHIO STATE UNIVERSITY HOSPITALS	J. N. ALLEN	20	662	1,279	02	006	8,800	
OKLAHOMA								
OKLAHOMA CITY								
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER	D. C. POSKANZER				02	006	9,000	
UNIVERSITY OF OKLAHOMA HOSPITALS	D. C. POSKANZER	16	212	729				
VETERANS ADMIN.	R. E. CARPENTER	16	350	2,336				
OREGON								
PORTLAND								
UNIVERSITY OF OREGON AFFILIATED HOSPITALS	R. L. SWANK				04	012		159970
GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER	R. S. DOW	47	1,549	573			9,480	
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	R. L. SWANK	13	197	2,423			8,600	
VETERANS ADMIN.	R. L. SWANK	27	437	508			9,371	
PENNSYLVANIA								
COATESVILLE								
VETERANS ADMIN.	R. A. FARMER	50	195	192	02	006	10,300	

12A. NEUROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
PENNSYLVANIA – CONTINUED								
PHILADELPHIA								
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	E. L. MANCALL	32	325	2,250	03	009	10,200	
MEDICAL COLLEGE OF PENNSYLVANIA AFFILIATED HOSPITALS	R. A. BURNS				02	006		
HOSPITAL OF THE MEDICAL COLLEGE OF PENNSYLVANIA	R. A. BURNS	7	160	650			10,650	
VETERANS ADMIN.	D. G. DORENCAMP						11,125	
PENNSYLVANIA	F. A. ELLIOTT	18	292	1,265	02	006	10,500	
TEMPLE UNIVERSITY AFFILIATED HOSPITALS	G. R. HAASE				03	010		
ALBERT EINSTEIN MEDICAL CENTER	A. A. BANK		217	339			10,200	
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	W. D. GROVER	20	400	700			9,600	
TEMPLE UNIVERSITY	G. R. HAASE	10	251	1,713			10,200	
THOMAS JEFFERSON UNIVERSITY	R. A. CHAMBERS	22	561	2,377	03	006	10,300	
WILMINGTON MEDICAL CENTER (WILMINGTON, DEL.)								
VETERANS ADMIN. (WILMINGTON, DEL.)								
UNIVERSITY OF PENNSYLVANIA AFFILIATED HOSPITALS	L. P. ROWLAND				05	015		
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	L. P. ROWLAND	33	823	3,862			10,969	
CHILDREN'S HOSPITAL OF PHILADELPHIA	P. H. BERMAN	6	214	1,247			10,200	
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA								
PHILADELPHIA GENERAL	L. PROCKOP	56	226	2,022			6,150	
PITTSBURGH								
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	H. B. HIGMAN				03	009	10,000	
PRESBYTERIAN-UNIVERSITY	H. B. HIGMAN	14	351	1,595				
CHILDREN'S HOSPITAL OF PITTSBURGH	F. J. SAMAHA	9	446	1,052				
PUERTO RICO								
SAN JUAN								
UNIVERSITY OF PUERTO RICO AFFILIATED HOSPITALS	L. P. SANCHEZ LONGO				03	010	7,675	
UNIVERSITY DISTRICT		8	192	2,596				
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA								
SOUTH CAROLINA								
CHARLESTON								
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS								
MEDICAL UNIVERSITY OF SOUTH CAROLINA	W. D. HIERS	12	532	2,683	03	009	7,900	168070
TENNESSEE								
MEMPHIS								
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS	R. A. UTTERBACK				03	009		
CITY OF MEMPHIS HOSPITALS		15	458	2,341			7,752	
VETERANS ADMIN.		9	106	130			8,120	
NASHVILLE								
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	G. F. FENICHEL				02	006	8,500	
VANDERBILT UNIVERSITY	G. M. FENICHEL	6	319	2,604				
NASHVILLE METROPOLITAN GENERAL	T. F. PAINE							
VETERANS ADMIN.	L. W. MC LAIN	12	265	1,250				
TEXAS								
DALLAS								
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL AFFILIATED HOSPITALS	D. D. DALY				02	006		
PARKLAND MEMORIAL	D. D. DALY	5	181	3,214			7,893	
CHILDREN'S MEDICAL CENTER	D. D. DALY	9	279	303			8,100	
VETERANS ADMIN.	L. M. PENCE	16	242	935			8,546	
GALVESTON								
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	J. R. CALVERLEY	20	491	4,231	02	006	9,000	
HOUSTON								
BAYLOR COLLEGE OF MEDICINE AFFILIATED HOSPITALS	J. S. MEYER				04	014	9,000	
BEN TAUB GENERAL		11	404	4,040				
METHODIST		32	1,059	3,007				
VETERANS ADMIN.		35	439	1,820				
UTAH								
SALT LAKE CITY								
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	L. W. JARCHO				04	010	9,200	
UNIVERSITY		10	522	2,098				
VETERANS ADMIN.								
VERMONT								
BURLINGTON								
MEDICAL CENTER HOSPITAL OF VERMONT	C. M. POSER	18	771	690	02	006	8,100	
WHITE RIVER JUNCTION								
VETERANS ADMIN. CENTER	SEE DARTMOUTH MEDICAL SCHOOL AFF. HOSPS., HANOVER, N. H.							
VIRGINIA								
CHARLOTTESVILLE								
UNIVERSITY OF VIRGINIA	T. R. JOHNS	23	795	4,802	04	014	8,900	

12A. NEUROLOGY-Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
VIRGINIA - CONTINUED								
RICHMOND								
VIRGINIA COMMONWEALTH UNIVERSITY								
M.C.V. AFFILIATED HOSPITALS	C. SUTER				04	013	8,900	
MEDICAL COLLEGE OF VIRGINIA HOSPITALS	C. SUTER	35	941	5,835				
VETERANS ADMIN.	H. R. HOWELL	46	148	339				
WASHINGTON								
SEATTLE								
UNIVERSITY OF WASHINGTON								
AFFILIATED HOSPITALS	P. D. SWANSON				04	012		
CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER	C. B. CARLSON	5	292	869				
HARBORVIEW MEDICAL CENTER	M. SUMI		545	1,298				
UNIVERSITY	P. D. SWANSON	7	380	2,955			8,700	
VETERANS ADMIN.	H. LEFFMAN	14	281	632			8,700	
WEST VIRGINIA								
MORGANTOWN								
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	L. GUTMANN	18	575	3,467	02	006	9,000	183770
WISCONSIN								
MADISON								
UNIVERSITY OF WISCONSIN								
AFFILIATED HOSPITALS	F. M. FORSTER				05	017		
UNIVERSITY HOSPITALS	F. M. FORSTER	30	759	2,561			9,785	
VETERANS ADMIN.	B. MESSERT	26	351	564				
MILWAUKEE								
MEDICAL COLLEGE OF WISCONSIN								
AFFILIATED HOSPITALS	P. R. DYKEN				03	009		
MILWAUKEE COUNTY GENERAL	P. R. DYKEN	9	259	1,743			10,068	
MILWAUKEE CHILDREN'S	P. R. DYKEN	3	129	1,600			10,000	
VETERANS ADMIN. CENTER (WOOD)	E. JIMENEZ	53	392	994			10,413	

12B. NEUROLOGY

Residency programs in the following hospitals have been approved for ONE year of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology 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 levels.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES PUBLIC HEALTH SERVICE								
MARYLAND								
NATIONAL INSTITUTES OF HEALTH-CLINICAL CENTER, BETHESDA					01	001		
NONFEDERAL AND VETERANS ADMINISTRATION								
ILLINOIS								
CHICAGO								
CHILDREN'S MEMORIAL	M. LARSEN	6	276	1,496	02	002		

13. NEUROPATHOLOGY

Residency programs in Neuropathology are approved by the Council on Medical Education and the American Board of Pathology, and are listed following programs in Pathology, as List C.

14. OBSTETRICS-GYNECOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Obstetrics and Gynecology and the American College of Obstetricians and Gynecologists through the Residency Review Committee for Obstetrics-Gynecology, as offering full training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	Positions Offered 1973-1974 All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE									
CALIFORNIA									
DAVID GRANT U.S.A.F. MEDICAL CENTER, FAIRFIELD	J. E. WESP	36	2,540	50,044	4	03	012		
MISSISSIPPI									
U.S.A.F. MEDICAL CENTER, BILOXI	A. MORALES-PEREIRA	27	2,198	34,713	4	02	008		
TEXAS									
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	J. J. HALKI	59	3,691	56,783	4	05	012		
UNITED STATES ARMY									
CALIFORNIA									
LETTERMAN GENERAL, SAN FRANCISCO	D. L. VAUGHN	24	1,840	29,652	3	02	007		
COLORADO									
FITZSIMONS GENERAL, DENVER	K. F. DEUBLER	37	2,461	35,486	3	05	009		
DISTRICT OF COLUMBIA									
WALTER REED GENERAL, WASHINGTON	W. E. PATOW	44	2,013	35,057	3	03	009		
HAWAII									
TRIPLER GENERAL, HONOLULU	D. L. VAUGHN	60	5,377	56,245	3	04	012		
TEXAS									
WILLIAM BEAUMONT GENERAL, EL PASO	J. W. PEARSON	44	3,457	59,510	3	04	012		
BROOKE GENERAL, SAN ANTONIO	G. D. PLUNKETT	45	2,848	48,130	3	03	009		
WASHINGTON									
MADIGAN GENERAL, TACOMA	R. E. ROGERS	40	4,098	59,521	3	04	012		
UNITED STATES NAVY									
CALIFORNIA									
NAVAL, OAKLAND	J. F. WURZEL	31	2,726	29,082	3	02	006		181371
NAVAL, SAN DIEGO	W. E. LUCAS	70	6,226	61,360	3	04	012		181471
ILLINOIS									
NAVAL, GREAT LAKES	J. D. MILLERICK	24	2,128	46,232	3	02	006		182171
MARYLAND									
NAVAL, BETHESDA	E. B. MC MAHON	44	2,773	56,558	3	03	009		182371
MASSACHUSETTS									
NAVAL, CHELSEA	S. BARCHET	19	1,267	14,450	3	03	009		182571
PENNSYLVANIA									
NAVAL, PHILADELPHIA	R. F. KIRK	27	1,789	18,096	3	02	006		183171
VIRGINIA									
NAVAL, PORTSMOUTH	R. L. BAKER	100	6,789	57,594	3	06	016		183271
UNITED STATES PUBLIC HEALTH SERVICE									
LOUISIANA									
U. S. PUBLIC HEALTH SERVICE, NEW ORLEANS	A. L. LANDRY	18	1,304	13,491	3	01	003		
WASHINGTON									
U. S. PUBLIC HEALTH SERVICE, SEATTLE	SEE UNIV. OF WASHINGTON AFFIL. HOSPITALS, SEATTLE, WASH.								
OTHER FEDERAL									
CANAL ZONE									
GORGAS, BALBOA HEIGHTS	J. K. NEWTON	30	3,314	19,992	3	02	003	11,386	
NONFEDERAL AND VETERANS ADMINISTRATION									
ALABAMA									
BIRMINGHAM									
CARRAWAY METHODIST MEDICAL CENTER	C. M. TYNDAL	43	2,394	31,031	3	02	006	10,200	

14. OBSTETRICS—GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
ALABAMA, BIRMINGHAM - CONTINUED									
UNIVERSITY OF ALABAMA MEDICAL CENTER									
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS	C. E. FLOWERS, JR.	55	5,671	13,199	3	06	018	9,400	
FAIRFIELD									
LLOYD NOLAND	J. P. HARDY	18	1,286	15,572	3	01	003	11,400	100871
MOBILE									
MOBILE GENERAL	D. M. OTTS, JR.	36	3,086	6,249	3	02	006	9,840	185271
ARIZONA									
PHOENIX									
GOOD SAMARITAN	W. B. CHERNY	71	6,132	3,920	3	03	009	10,200	
MARICOPA COUNTY GENERAL	W. E. CRISP, L. ASADOURIAN	45	4,668	5,157	3	03	008	10,795	
ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER	R. J. BENNETT	58	5,511	7,065	3	02	006	10,200	
TUCSON									
UNIVERSITY OF ARIZONA AFFILIATED HOSPITALS									
UNIVERSITY	C. D. CHRISTIAN	10	70	445	3	03	006		
ARKANSAS									
LITTLE ROCK									
UNIVERSITY	D. L. BARCLAY	52	4,496	19,561	3	04	012	7,800	
CALIFORNIA									
BAKERSFIELD									
KERN COUNTY GENERAL	L. E. SMALE	23	2,300	12,819	3	02	006	12,600	
DAVIS									
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS	K. R. NISWANDER				3	03	007	10,837	
SACRAMENTO MEDICAL CENTER (SACRAMENTO)		18	2,583	13,490					
FONTANA									
KAISER FOUNDATION	SEE LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS, LOMA LINDA								
FRESNO									
VALLEY MEDICAL CENTER OF FRESNO	H. L. TIECHE	34	3,614	16,571	3	02	006	13,416	
GLENDALE									
GLENDALE ADVENTIST	Y. I. HAHN	27	2,394	12,427	3	02	006	10,200	
IRVINE									
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS									
ORANGE COUNTY MEDICAL CENTER (ORANGE)	J. H. MC CLURE	35	3,496	17,127	3	03	009	13,546	
LOMA LINDA									
LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS	H. F. ZIPRICK				3	04	012		
LOMA LINDA UNIVERSITY	R. M. NELSON	26	1,752	25,113				10,465	
KAISER FOUNDATION (FONTANA)									
RIVERSIDE GENERAL (RIVERSIDE)	W. W. BROWN, JR.	25	2,420	11,601					
LOS ANGELES									
CALIFORNIA HOSPITAL MEDICAL CENTER	R. J. FUTORAN	46	3,867	8,449	3	02	006	12,000	102971
CEDARS-SINAI MEDICAL CENTER									
CEDARS OF LEBANON HOSPITAL DIVISION	M. E. WADE	18	6,937	9,188	4	03	012	12,600	
KAISER FOUNDATION	A. SALTZ	189	7,115	96,455	3	04	012	12,000	
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	E. J. QUILLIGAN	351	21,808	58,994	4	12	039	14,340	
MARTIN LUTHER KING, JR. GENERAL	E. C. DAVIDSON, JR.				4	06	024		
U. C. L. A.	J. G. MOORE	42	3,628	17,766	4	04	018	10,200	
WHITE MEMORIAL MEDICAL CENTER	M. NAKAMOTO	36	4,370	13,278	3	03	009	10,800	
OAKLAND									
HIGHLAND GENERAL	M. S. WEISS	10	916	10,003	3	02	006		
KAISER FOUNDATION	L. ROTH	31	3,623	64,107	3	04	012	9,864	104271
ORANGE									
ORANGE COUNTY MEDICAL CENTER	UNIV. OF CALIF. (IRVINE) AFFILIATED HOSPS., IRVINE								
RIVERSIDE									
RIVERSIDE GENERAL	SEE LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS, LOMA LINDA								
SACRAMENTO									
KAISER FOUNDATION	B. R. MARSHALL	36	3,789	58,613	3	02	006		209771
SACRAMENTO MEDICAL CENTER	SEE UNIV. OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS, DAVIS								
SAN BERNARDINO									
SAN BERNARDINO COUNTY GENERAL	W. J. SPANOS	22	1,856	9,649	3	01	003	10,600	
SAN DIEGO									
MERCY HOSPITAL AND MEDICAL CENTER	J. F. WANLESS	49	4,910	22,073	3	02	006	9,765	
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	K. J. RYAN	21	2,548	8,792	3	03	008	10,200	
SAN FRANCISCO									
KAISER FOUNDATION	G. C. CALDERWOOD	43	4,735	52,091	3	03	009	9,500	
MOUNT ZION HOSPITAL AND MEDICAL CENTER	J. A. KERNER	28	2,816	5,818	3	01	003	9,780	
UNIVERSITY OF CALIFORNIA PROGRAM	E. W. PAGE				4	07	022		
CHILDREN'S HOSPITAL AND ADULT MEDICAL CENTER	G. A. WEBB	49	5,268	5,975				9,700	
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	E. W. PAGE	35	2,690	24,499				9,400	
SAN FRANCISCO GENERAL	R. W. SMITH	27	2,358	17,574				9,924	
SAN JOSE									
SANTA CLARA VALLEY MEDICAL CENTER	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD								
SANTA CLARA									
KAISER FOUNDATION	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD								
STANFORD									
STANFORD UNIVERSITY AFFILIATED HOSPITALS	C. E. MC LENNAN				3	06	018		
STANFORD UNIVERSITY	C. E. MC LENNAN	43	4,043	11,808				9,700	
SANTA CLARA VALLEY MEDICAL CENTER (SAN JOSE)	E. W. LOWE	22	2,180	15,222				11,045	
KAISER FOUNDATION (SANTA CLARA)	J. PORTNUFF	51	51,556	75,000				9,480	

14. OBSTETRICS—GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CALIFORNIA - CONTINUED									
STOCKTON									
SAN JOAQUIN GENERAL	D. C. HARRINGTON	11	1,660	17,114	3	03	007	7,836	102171
TORRANCE									
LOS ANGELES COUNTY HARBOR GENERAL	J. MARSHALL	59	5,127	18,910	4	04	018	14,340	
COLORADO									
DENVER									
ST. JOSEPH	C. H. ALEXANDER, JR.	66	5,463	4,443	3	02	006	9,200	
UNIVERSITY OF COLORADO									
AFFILIATED HOSPITALS	E. S. TAYLOR				3	06	018	9,800	
UNIVERSITY OF COLORADO MEDICAL CENTER	E. S. TAYLOR	40	3,832	16,167					
DENVER GENERAL	H. E. THOMPSON	37	3,584	11,600					
UNIVERSITY OF COLORADO COMMUNITY PROGRAM	E. S. TAYLOR				3	03	007	9,800	
DENVER GENERAL	H. E. THOMPSON	37	3,584	11,600					
GENERAL ROSE MEMORIAL	S. GOODMAN	53	4,942	4,439					
ST. LUKE'S	E. S. TAYLOR	52	3,961	994				9,700	
UNIVERSITY OF COLORADO MEDICAL CENTER	E. S. TAYLOR	40	3,832	18,167				9,600	
CONNECTICUT									
BRIDGEPORT									
BRIDGEPORT	J. R. LYDDY	48	4,738	3,906	3	02	006	10,350	
ST. VINCENT'S	H. S. ECKELS	26	2,826	1,646	3	01	003	10,500	
HARTFORD									
HARTFORD	R. C. BURCHELL	91	8,129	10,069	3	03	009	10,500	108371
MOUNT SINAI	M. BAGGISH	25	3,000	2,800	3	02	004	10,800	185471
ST. FRANCIS	J. M. GIBBONS	79	7,160	8,178	3	03	009	7,800	
UNIVERSITY OF CONNECTICUT									
HOSPITAL-MC COOK DIVISION	J. N. BLECHNER	1	61	529	3	02	006		
NEW BRITAIN GENERAL (NEW BRITAIN)	J. N. BLECHNER	48	4,494	2,607				11,750	
NEW BRITAIN									
NEW BRITAIN GENERAL	SEE UNIVERSITY OF CONN. HOSPITAL-MC COOK DIVISION, HARTFORD								
NEW HAVEN									
YALE-NEW HAVEN MEDICAL CENTER									
YALE-NEW HAVEN	N. KASE	89	8,259	21,787	4	05	020	10,450	
STAMFORD									
STAMFORD	A. BELLWIN	31	2,211	4,392	3	01	003	10,600	109571
DELAWARE									
WILMINGTON									
WILMINGTON MEDICAL CENTER	W. G. SLATE	111	11,278	9,400	3	04	012	10,250	109971
DISTRICT OF COLUMBIA									
WASHINGTON									
FREEDMEN'S	J. F. J. CLARK	55	4,382	7,977	4	06	024	11,342	
DISTRICT OF COLUMBIA GENERAL (HOWARD UNIVERSITY SERVICE)	A. M. BRADFORD	98	7,698	14,695				11,300	
GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS	P. D. BRUNS				3	05	015		
GEORGETOWN UNIVERSITY	P. D. BRUNS	56	4,201	6,413				10,550	
DISTRICT OF COLUMBIA GENERAL	F. J. BEPKO, JR.	98	7,698	14,695				11,300	
GEORGE WASHINGTON UNIVERSITY									
AFFILIATED HOSPITALS	J. G. SITES				3	09	027		180271
GEORGE WASHINGTON UNIVERSITY	J. G. SITES	260	25,004	17,672				10,022	
COLUMBIA HOSPITAL FOR WOMEN	J. L. MARLOW	116	12,325	10,650				10,000	
FAIRFAX (FALLS CHURCH, VA.)	N. J. PRICE								
PROVIDENCE	J. S. HARRINGTON	45	7,240	4,893	3	02	006		180371
WASHINGTON HOSPITAL CENTER	W. F. PETERSON	107	10,342	13,030	3	04	012	10,022	180071
FLORIDA									
GAINESVILLE									
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS	H. PRYSTOWSKY	48	3,080	23,265	4	04	016	8,400	
JACKSONVILLE									
JACKSONVILLE HOSPITALS									
EDUCATIONAL PROGRAM	R. J. THOMPSON				3	06	018	8,600	110171
BAPTIST MEMORIAL	A. G. JONAS	45	3,823	3,164					
ST. VINCENT'S									
UNIVERSITY HOSPITAL OF JACKSONVILLE	R. J. THOMPSON	41	4,334	31,264					
MIAMI									
JACKSON MEMORIAL	W. A. LITTLE	127	8,628	18,373	3	08	024	9,950	
MIAMI BEACH									
MOUNT SINAI HOSPITAL OF GREATER MIAMI	H. KRAFF	35	2,936	8,255	3	02	006	9,900	
ORLANDO									
ORANGE MEMORIAL	R. M. BLEAKNEY	87	7,247	5,293	3	03	009	9,000	
PENSACOLA									
PENSACOLA EDUCATIONAL PROGRAM	E. F. GEIGER, G. T. COUCH				3	02	006	10,200	182671
BAPTIST		45	3,305	703					
SACRED HEART		35	2,228	575					
UNIVERSITY		19	1,678	6,032					
ST. PETERSBURG									
BAYFRONT MEDICAL CENTER	W. S. MC KEITHEN	53	4,609	9,521	3	01	003	10,080	
TAMPA									
TAMPA GENERAL	J. M. INGRAM	48	5,467	5,214	3	02	006	8,925	
GEORGIA									
ATLANTA									
CRAWFORD W. LONG MEMORIAL	J. R. MC CAIN	44	4,592	4,236	3	02	006	8,400	
GEORGIA BAPTIST	R. M. SEALEY	72	6,151	2,191	3	02	006		
GRADY MEMORIAL	J. D. THOMPSON	130	8,926	45,882	3	10	026	8,880	

14. OBSTETRICS—GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
GEORGIA - CONTINUED									
AUGUSTA									
MEDICAL COLLEGE OF GEORGIA HOSPITALS	W. A. SCOGGIN				4	04	016	9,500	
EUGENE TALMADGE MEMORIAL		22	2,160	12,998					
UNIVERSITY		47	3,666	5,859					
MACON									
MEDICAL CENTER OF CENTRAL GEORGIA	G. W. JACKSON	69	5,516	9,354	3	03	009	10,200	
SAVANNAH									
MEMORIAL MEDICAL CENTER	L. BOOZINER	27	2,080	4,728	3	01	003	8,229	
HAWAII									
HONOLULU									
UNIVERSITY OF HAWAII AFFILIATED HOSPITALS	J. A. KRIEGER				3	03	009	11,040	
KAPIOLANI MATERNITY AND GYNECOLOGICAL	J. A. KRIEGER	96	11,099	4,436					
QUEEN'S MEDICAL CENTER	G. GOTO	22	2,665	4,287					
ILLINOIS									
BERWYN									
MAC NEAL MEMORIAL	D. M. FARLEY	45	3,503	3,639	3	02	006	10,020	112171
CHICAGO									
CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS									
MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO	R. STEPTO	36	3,370	9,752	4	03	008	9,700	114471
COLUMBUS-CUNEO MEDICAL CENTER	H. A. GOLLIN				3	01	003	10,600	
COLUMBUS		35	3,505	416					
FRANK CUNEO		3	285	3,993					
COOK COUNTY	A. F. LASH	195	16,496	43,453	3	08	028	10,900	
ILLINOIS MASONIC MEDICAL CENTER	J. J. BARTON	23	3,880	4,410	3	02	006	11,200	
MERCY HOSPITAL AND MEDICAL CENTER	C. J. SMITH	54	4,011	5,876	3	02	006	10,200	
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	A. SCOMMEGNA	82	6,876	22,770	4	05	018	11,100	114271
NORTHWESTERN UNIVERSITY-MC GAW MEDICAL CENTER									
CHICAGO WESLEY MEMORIAL	M. A. BAYLY	50	3,597	2,403	4	02	010	10,750	
CHICAGO MATERNITY CENTER	B. E. TUCKER			21,357					
PASSAVANT MEMORIAL	J. I. BREWER	42	2,694	4,432	3	02	006	11,250	
EVANSTON (EVANSTON)	T. W. MC ELIN	38	3,122	4,062	4	02	006	11,250	
PRESBYTERIAN-ST. LUKE'S	G. D. WILBANKS, JR.	76	5,161	15,196	3	04	016	9,159	114771
ST. JOSEPH	O. FAHRENBACH	27	2,538	5,951	3	02	006	10,600	
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	F. P. ZUSPAN	73	5,423	30,397	3	05	015	10,600	
UNIVERSITY OF ILLINOIS	R. M. WYNN	53	3,566	29,442	3	04	010	10,560	115071
EVANSTON									
EVANSTON	SEE NORTHWESTERN UNIVERSITY-MC GAW MEDICAL, CHICAGO								
ST. FRANCIS	J. H. ISAACS	38	2,444	4,148	3	01	003	11,100	
MAYWOOD									
LOYOLA UNIVERSITY	J. A. O' LEARY	30	1,769	7,767	4	02	008	10,600	
OAK LAWN									
CHRIST COMMUNITY	G. VLASIS	71	5,328	1,271	3	02	006	8,500	113171
PEORIA									
ST. FRANCIS	P. R. BLOUGH	42	4,814	4,678	3	02	006	10,750	
INDIANA									
EVANSVILLE									
ST. MARY'S	C. C. YOUNG, JR.	44	3,620	1,623	3	01	003	10,800	
INDIANAPOLIS									
INDIANA UNIVERSITY MEDICAL CENTER	C. A. HUNTER				3	06	014		116771
INDIANA UNIVERSITY HOSPITALS		46	3,229	8,621				9,500	
MARION COUNTY GENERAL		57	4,552	27,063				10,000	
METHODIST HOSPITAL OF INDIANA	J. T. BENSON	87	6,072	5,078	3	03	010	10,605	
ST. VINCENT'S	W. E. GRAHAM, JR.	54	3,106	4,917	3	02	006	11,760	
IOWA									
IOWA CITY									
UNIVERSITY OF IOWA HOSPITALS	W. C. KEETTEL	121	5,682	24,695	3	06	018	9,000	120371
KANSAS									
KANSAS CITY									
UNIVERSITY OF KANSAS MEDICAL CENTER	K. E. KRANTZ	51	5,310	31,665	3	04	012	10,500	
WICHITA									
WESLEY MEDICAL CENTER	D. K. ROBERTS		7,874	3,592	3	02	006		
KENTUCKY									
LEXINGTON									
UNIVERSITY	J. W. GREENE, JR.	41	3,048	16,445	3	04	012	8,000	184871
LOUISVILLE									
ST. JOSEPH INFIRMARY	J. CHILDERS	61	4,215	6,499	3	01	003	9,500	
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS									
LOUISVILLE GENERAL	J. T. QUEENAN	38	3,613	16,586	3	04	012	8,600	121771
LOUISIANA									
NEW ORLEANS									
CHARITY HOSPITAL OF LOUISIANA									
LOUISIANA STATE UNIVERSITY DIVISION	A. MICKAL	79	5,761	17,742	3	09	027	7,800	122471
TULANE UNIVERSITY DIVISION	J. H. COLLINS	74	5,398	13,000	3	06	018	7,800	232071
OCHSNER FOUNDATION	J. C. WEED	13	593	24,392	3	02	006	8,500	
SOUTHERN BAPTIST	H. D. WEBSTER, JR.	60	6,009	2,524	3	02	006		122871
SHREVEPORT									
CONFEDERATE MEMORIAL MEDICAL CENTER	A. T. FORT	61	5,445	15,412	3	05	015	7,800	123271

14. OBSTETRICS—GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MARYLAND									
BALTIMORE									
BALTIMORE CITY HOSPITALS	D. F. KALTREIDER	49	4,552	18,298	3	00	006		
BON SECOURS	J. A. ENGERS, JR.	31	2,369	5,995	3	02	006	9,600	123871
CHURCH HOME AND HOSPITAL	N. J. KOHLERMAN	49	3,489	7,829	3	02	006	10,000	
FRANKLIN SQUARE	G. A. GLOWACKI	39	2,300	4,646	3	02	006	9,300	124071
GREATER BALTIMORE MEDICAL CENTER	E. S. DIGGS	91	7,658	8,679	4	03	011	10,500	
JOHNS HOPKINS	T. M. KING	99	6,685	29,581	4	06	022	10,000	
LUTHERAN HOSPITAL OF MARYLAND	N. LEVIN		3,573	5,547	3	02	006	9,500	124371
MARYLAND GENERAL	G. WELLS, JR.	36	2,716	4,578	3	02	006	10,750	
ST. AGNES	J. CASTELLANO	59	5,132	5,175	3	02	006	10,500	
ST. JOSEPH	C. E. RYBCZYNSKI	56	4,726	3,629	3	02	006	9,500	124871
SINAI HOSPITAL OF BALTIMORE	J. S. HARRIS	60	7,190	13,707	3	04	012	11,250	
UNION MEMORIAL	J. M. HAWS	37	2,794	8,883	4	02	008	10,500	125171
UNIVERSITY OF MARYLAND									
AFFILIATED HOSPITALS									
UNIVERSITY OF MARYLAND	A. L. HASKINS	44	3,815	24,749	3	06	018	10,700	125271
MERCY	J. P. DURKAN	40	2,936	6,305	3	02	006		
CHEVERLY									
PRINCE GEORGE'S GENERAL	P. D. PROTOS	57	5,810	7,505	3	02	006	10,000	190571
MASSACHUSETTS									
BOSTON									
BETH ISRAEL	E. A. FRIEDMAN	62	5,534	11,603	4	04	016	10,200	
BOSTON CITY	D. CHARLES	62	4,166	25,274	3	07	016	9,600	
BOSTON HOSPITAL FOR WOMEN	C. L. EASTERDAY	182	14,603	41,591	3	06	018	10,700	
ST. ELIZABETH'S HOSPITAL OF BOSTON	J. WHELTON	35	2,743	3,660	3	02	006	10,200	
TUFTS UNIVERSITY AFFILIATED HOSPITALS	G. W. MITCHELL, JR.				3	04	012	10,165	239471
CARNEY	E. L. CAREY	11	779	1,142					
NEW ENGLAND MEDICAL CENTER HOSPITALS	G. W. MITCHELL, JR.	20	650	8,000	3	04	012	10,165	
ST. MARGARET'S	E. L. CAREY	89	7,338	7,210					
PITTSFIELD									
BERKSHIRE MEDICAL CENTER	J. A. REDER	54	1,641	1,852	4	01	004	10,600	128171
SPRINGFIELD									
WESSON WOMEN'S	S. J. ZWIREK	109	9,044	5,526	3	03	009	11,100	241371
MICHIGAN									
ANN ARBOR									
ST. JOSEPH MERCY	F. W. JEFFRIES	53	4,387	4,430	3	02	006	10,600	
UNIVERSITY OF MICHIGAN									
AFFILIATED HOSPITALS	J. R. WILLSON				3	06	018		
UNIVERSITY	J. R. WILLSON	57	3,555	18,925				10,000	
WAYNE COUNTY GENERAL (ELOISE)	J. R. G. GOSLING	35	3,115	11,595				10,924	
DEARBORN									
OAKWOOD	W. J. YETZER	86	6,916	5,219	3	02	008	10,800	
DETROIT									
CRITTENTON	W. K. TREGENZA	33	3,092	11,786	4	02	008	9,400	
DETROIT-MACOMB HOSPITALS	A. HODARI				4	03	012	10,200	
DETROIT MEMORIAL		22	2,015	12,700					
SOUTH MACOMB (WARREN)		34	3,143						
GRACE	L. B. STEVENSON, P. PEVEN	84	5,607	1,319	4	03	012	10,800	
HENRY FORD	C. P. HODGKINSON	55	3,162	35,196	4	03	012	10,300	130071
MOUNT CARMEL MERCY	J. J. WOODS	61	3,536	3,456	4	02	008	10,800	130271
ST. JOHN	P. C. DI LORETO	88	6,753	3,353	4	02	008	11,450	191571
ST. JOSEPH MERCY	R. G. WALKOWIAK	44	2,776	7,541	4	01	004	10,600	130471
SINAI HOSPITAL OF DETROIT	A. I. SHERMAN	93	6,533	4,756	3	03	009	10,100	
WAYNE STATE UNIVERSITY									
AFFILIATED HOSPITALS	T. N. EVANS				4	09	036		
DETROIT GENERAL		16	1,070	4,265					
HARPER	T. N. EVANS	26	1,235	984				10,800	
HUTZEL	T. N. EVANS	166	11,212	10,373				10,800	
BRONSON METHODIST (KALAMAZOO)	I. BERRY	54	4,023	3,762				9,300	
ELOISE									
WAYNE COUNTY GENERAL	SEE UNIV. OF MICHIGAN AFFILIATED HOSPITALS, ANN ARBOR								
FLINT									
HURLEY	D. E. WILSON	64	4,264	1,795	3	02	006	8,900	
GRAND RAPIDS									
BUTTERWORTH	K. VANDER KOLK	75	5,726	2,585	3	02	006	9,492	
ST. MARY'S HOSPITAL-BLODGETT MEMORIAL	H. C. VISSCHER				3	03	009	9,492	131171
ST. MARY'S	M. J. MURPHY	31	2,308	1,917					
BLODGETT MEMORIAL	R. D. VISSCHER	50	4,115	2,846					
HIGHLAND PARK									
HIGHLAND PARK GENERAL	W. CHAVIS	54	2,790	954	3	01	003	10,800	131271
PONTIAC									
KALAMAZOO									
BRONSON METHODIST	SEE WAYNE STATE UNIVERSITY AFFIL. HOSPS., DETROIT								
PONTIAC GENERAL	R. L. SEGULA	74	6,484	2,515	3	03	009	10,600	
ST. JOSEPH MERCY	M. KRANE	41	3,249	1,363	3	02	006	10,800	
ROYAL OAK									
WILLIAM BEAUMONT	R. R. MARGULIS	107	8,978	3,551	3	04	012	11,000	197671
SAGINAW									
SAGINAW COOPERATIVE HOSPITALS									
SAGINAW GENERAL	H. C. MATTHEWS	66	4,448	740	3	02	006	11,141	
SOUTHFIELD									
PROVIDENCE	E. F. CASHMAN	57	4,149	4,292	3	02	006	11,700	130371
WARREN									
SOUTH MACOMB	SEE DETROIT-MACOMB HOSPITALS, DETROIT								

14. OBSTETRICS—GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MINNESOTA									
MINNEAPOLIS									
UNIVERSITY OF MINNESOTA									
AFFILIATED HOSPITALS	J. J. SCIARRA				4	08	032		133471
HENNEPIN COUNTY GENERAL	D. W. FREEMAN	32	2,553	17,083				9,250	
UNIVERSITY OF MINNESOTA HOSPITALS	J. J. SCIARRA	38	1,632	9,583				8,755	
ST. MARY'S	L. L. ADCOCK	46	4,412	515				10,000	
ST. JOSEPH'S (ST. PAUL)									
ROCHESTER									
MAYO GRADUATE SCHOOL OF MEDICINE	D. G. DECKER			41,902	4	04	016	10,500	132871
ROCHESTER METHODIST		25	1,382						
ST. MARY'S		36	2,840						
ST.PAUL									
ST. JOSEPH'S	SEE UNIVERSITY OF MINNESOTA AFFILIATED HOSPS., MINNEAPOLIS								
ST. PAUL-RAMSEY	E. HAKANSON	23	1,654	13,556	4	03	010	8,750	
MISSISSIPPI									
JACKSON									
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER									
UNIVERSITY	H. A. THIEDE	55	4,478	10,782	3	05	012	9,500	
MISSOURI									
COLUMBIA									
UNIVERSITY OF MISSOURI MEDICAL CENTER	D. G. HALL, 30.	55	2,343	13,137	4	02	008	9,500	
KANSAS CITY									
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER	G. L. MILLER	33	2,936	17,292	3	04	012	9,285	
MENORAH MEDICAL CENTER	H. J. WINER	36	2,411	1,709	3	02	006	11,600	
ST. LUKE'S	R. L. NEWMAN	70	4,209	8,409	3	03	009	8,820	
ST.LOUIS									
BARNES HOSPITAL GROUP	J. C. WARREN	92	5,508	15,305	4	06	018	9,500	135371
DEACONESS	W. D. HAWKER				3	01	003		
HOMER G. PHILLIPS	S. MONAT	58	3,745	6,110	3	03	009	9,594	
JEWISH HOSPITAL OF ST. LOUIS	D. ROTHMAN	61	4,191	6,030	3	02	008	10,700	135871
ST. JOHN'S MERCY MEDICAL CENTER	R. I. C. MUCKERMAN	100	7,373	5,472	3	03	009	8,400	
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS	F. OSTAPOWICZ				3	06	018		136571
FIRMIN DESLOGE GENERAL								9,600	
ST. LOUIS CITY	F. OSTAPOWICZ	52	3,811	13,767				9,594	
ST. MARY'S	F. OSTAPOWICZ, H. OTT, JR.	65	4,612	2,226				9,600	
NEBRASKA									
OMAHA									
CREIGHTON UNIVERSITY AFFILIATED HOSPITALS									
CREIGHTON MEMORIAL ST. JOSEPH'S	R. J. LUBY	46	2,059	9,400	3	03	009	9,600	137271
UNIVERSITY OF NEBRASKA	R. H. MESSER	25	2,198	15,044	3	03	009	9,000	
NEW JERSEY									
CAMDEN									
COOPER	B. F. LOVETT, F. L. ROSE	70	5,080	4,101	3	02	006	10,000	138071
JERSEY CITY									
MARGARET HAGUE MATERNITY	H. P. WAGER	118	10,416	32,704	3 3	03	014	9,500	
LIVINGSTON									
ST. BARNABAS MEDICAL CENTER	J. L. BREEN	93	6,186	28,549	3	03	009	10,700	
LONG BRANCH									
MONMOUTH MEDICAL CENTER	A. J. HALPERN	32	2,543	6,148	3	01	003	11,000	139271
MOUNT HOLLY									
BURLINGTON COUNTY MEMORIAL	E. FOORD	22	1,913	3,838	3	01	003	6,600	
NEPTUNE									
JERSEY SHORE MEDICAL CENTER - FITKIN	H. HUTCHINSON, J. R. AYERS	26	2,286	3,927	3	01	003	8,545	
NEWARK									
MARTLAND	H. A. KAMINETZKY	88	4,771	43,538	3	05	015		
NEWARK BETH ISRAEL MEDICAL CENTER	H. SCHWARTZ	60	5,270	3,255	3	02	006	11,300	
ST. MICHAEL'S MEDICAL CENTER	E. SLOWINSKI	43	2,950	6,883	3	02	006	11,300	139971
PATERSON									
ST. JOSEPH'S	J. A. DOLAN	35	3,318	5,698	3	02	006	10,887	
TRENTON									
ST. FRANCIS	F. U. SEILER	40	3,254	1,987	3	02	006	9,000	141171
NEW MEXICO									
ALBUQUERQUE									
UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS									
BERNALILLO COUNTY MEDICAL CENTER	R. A. MUNSICK	130	2,614	21,852	3	04	011	8,400	
NEW YORK									
ALBANY									
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	R. L. FRIEDLANDER				3	04	012		141471
ALBANY MEDICAL CENTER	R. L. FRIEDLANDER	75	6,163	4,545				10,600	
ST. PETER'S	J. J. CASSIDY, JR.	67	5,254	1,879				11,000	
BUFFALO									
S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS									
DEACONESS HOSPITAL OF BUFFALO	N. G. COUREY	68	4,950	10,072	4	02	008	10,000	143771
MILLARD FILLMORE	R. V. MOESCH	91	6,038	3,696	4	03	009	10,000	144071
SISTERS OF CHARITY	D. H. NICHOLS	82	6,021	4,895	4	02	006	9,910	
UNIVERSITY RESIDENCY	D. R. GOPLERUD				3	01	015		
BUFFALO GENERAL	P. K. BIRTCH	30	4,450	6,373				10,500	
CHILDREN'S HOSPITAL OF BUFFALO	R. J. PATTERSON	48	5,552	319					
EDWARD J. MEYER MEMORIAL	D. R. GOPLERUD	28	1,783	10,913				10,000	
ROSWELL PARK MEMORIAL INSTITUTE	J. BARLOW	31	567	4,569				8,330	

14. OBSTETRICS—GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK - CONTINUED									
COOPERSTOWN									
MARY IMOGENE BASSETT	D. H. BARNS	8	622	7,421	3	01	001	11,720	
EAST MEADOW									
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV.	W. S. C. DOLAN	43	2,970	9,909	4	03	012	10,112	
MERCY (ROCKVILLE CENTRE)	E. N. CARTNICK	59	4,214	1,687					
JOHNSON CITY									
CHARLES S. WILSON MEMORIAL	T. W. NOWICKI	37	2,891	3,124	3	01	003	9,700	145271
MANHASSET									
NORTH SHORE	A. N. FENTON	60	5,274	4,479	4	02	008	12,200	146771
MINEOLA									
NASSAU	J. MALFETANO	47	3,931	1,664	3	02	006	12,660	
MOUNT VERNON									
MOUNT VERNON	N. M. WEINROD	32	2,279	3,577	3	01	003	11,000	
NEW HYDE PARK									
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER PROGRAM	F. BENJAMIN				3	05	014	13,300	
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER	F. BENJAMIN	55	4,631	2,476					
QUEENS HOSPITAL CENTER (NEW YORK CITY)	J. RIENZU	57	5,447	24,584					
NEW YORK CITY									
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS									
BRONX MUNICIPAL HOSP. CTR.-HDSP. OF ALBERT EINSTEIN COLL. OF MEDICINE	S. L. ROMNEY				4	06	024		193171
BRONX MUNICIPAL HOSPITAL CENTERS	S. L. ROMNEY	64	3,108	7,800					
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE	G. KLEINER	47	4,565						
LINCOLN	I. H. KAISER		4,301	25,069	3	03	009		
BETH ISRAEL MEDICAL CENTER	G. BLINICK	82	6,199	33,368	4	04	016	12,300	147071
BRONX-LEBANON HOSPITAL CENTER	R. S. NEUWIRTH	83	6,359	22,537	3	04	012	13,750	
BROOKDALE HOSPITAL CENTER	M. L. TANCER	70	6,062	14,376	4	04	016	13,300	141971
BROOKLYN - CUMBERLAND MEDICAL CENTER	V. TRICOMI	136	8,535	22,271	4	09	024	13,300	
BROOKLYN WOMENS	E. H. WRIGHT	39	4,978	13,074	3	02	006	8,500	
CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS	L. H. TISDALL				3	04	012		145071
MARY IMMACULATE DIVISION		19	1,488	4,999					
ST. JOHN'S QUEENS DIVISION									
ST. MARY'S DIVISION		46	2,836	13,756					
FLUSHING HOSPITAL AND MEDICAL CENTER	G. J. LAWRENCE, JR.	34	2,728	2,295	4	01	004	11,800	144571
FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER									
FRENCH DIVISION	L. J. CARUSO	21	1,494	4,795	4	01	004	13,750	147571
POLYCLINIC DIVISION	L. J. CARUSO	29	2,104	4,120	4	01	004	13,750	
HARLEM HOSPITAL CENTER	D. P. SWARTZ	127	7,569	57,736	4	06	024	13,300	
JAMAICA	M. M. ABITBOL	51	3,504	6,465	3	02	006	13,050	
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	M. A. SCHIFFER	96	7,100	9,421	4	05	020	13,300	
GREENPOINT	M. A. SCHIFFER	37	3,196	20,433				13,300	
JEWISH MEMORIAL	R. LANDESMAN	38	3,093	4,593	3	01	003	10,250	148071
LENOX HILL	H. R. K. BARBER	55	3,288	9,484	4	02	008	13,300	148371
LONG ISLAND COLLEGE	H. FREEDMAN	56	4,597	7,633	4	02	008	13,300	
LUTHERAN MEDICAL CENTER	G. S. ZAROU	46	2,908	9,190	3	03	007	12,600	143071
MAIMONIDES MEDICAL CENTER TRAINING PROGRAM	W. POMERANCE				4	04	016	13,300	142871
MAIMONIDES MEDICAL CENTER	W. POMERANCE	85	6,148	7,625					
CONEY ISLAND	A. VASICKA								
METHODIST HOSPITAL OF BROOKLYN	C. A. B. CLEMETSON	65	4,637	12,836	4	03	012	13,000	142971
MISERICORDIA - FORDHAM TRAINING PROGRAM	S. G. BURGESS				3	05	015	13,300	
MISERICORDIA		67	3,693	4,539					
FORDHAM									
MONTEFIORE HOSPITAL TRAINING PROGRAM	N. HERZIG				4	03	012	13,300	
MONTEFIORE HOSPITAL AND MEDICAL CENTER		6	325	1,809					
MORRISANIA CITY		41	3,440	28,981					
MOUNT SINAI HOSPITAL TRAINING PROGRAM	S. B. GUSBERG				4	06	024	13,300	149071
MOUNT SINAI	S. B. GUSBERG	99	6,755						
CITY HOSPITAL CENTER AT ELMHURST	J. ROVINSKY	56	5,419	29,426					
NEW YORK	F. FUCHS	116	10,025	31,577	4	05	021	13,300	
NEW YORK INFIRMARY	A. BROCKUNIER	25	4,314	5,905	3	02	006	12,800	
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	M. L. STONE				4	06	024	13,300	
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS		71	4,182	13,296					
UNIT 2 - METROPOLITAN HOSPITAL CENTER		73	4,502	31,629					
NEW YORK UNIVERSITY MEDICAL CENTER	G. W. DOUGLAS				4	06	024		146471
BELLEVUE HOSPITAL CENTER	G. W. DOUGLAS	60	5,474	3,000					
BOOTH MEMORIAL	L. SHENKER	36		6,116					
UNIVERSITY	G. W. DOUGLAS	53	3,661	750					
PRESBYTERIAN	R. L. VANDE WIELE	128	7,551	51,019	3	06	022	11,250	
QUEENS HOSPITAL CENTER	SEE L.I. JEWISH-HILLSIDE MED. CENTER PROGRAM NEW HYDE PARK								
ROOSEVELT	T. F. DILLON	9	4,262	17,056	4	03	010	11,800	149671
ST. CLARE'S HOSPITAL AND HEALTH CENTER	M. J. JORDAN	30	1,316	3,907	4	02	008	11,800	
ST. JOHN'S EPISCOPAL	W. A. LAPP	67	4,276	12,530	4	02	008	13,600	143271
ST. LUKE'S HOSPITAL CENTER	H. M. M. TOVELL	125	8,410	33,398	4	04	018	13,000	
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	B. J. PISANI	47	2,898	8,578	4	03	009	11,800	
ST. VINCENT'S MEDICAL CENTER OF RICHMOND	W. M. LEEN	36	2,867	3,729	3	02	006	13,500	

14. OBSTETRICS—GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK, NEW YORK CITY - CONTINUED									
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	J. H. NELSON, JR.				4	08	036		142671
KINGS COUNTY HOSPITAL CENTER		122	10,836	47,815				13,300	
STATE UNIVERSITY		38	2,742	18,289				11,800	
STATEN ISLAND	M. S. RAPP	32	3,293	4,298	4	01	001	13,800	
SYDENHAM	M. R. CEHELSKY	4	1,683	6,677	3	01	003	13,300	150171
UNITY	F. L. STEVENS	32	2,759	7,994	3	02	006	11,800	
WYCKOFF HEIGHTS	M. FRIEDMAN	29	3,191	4,960	3	02	006	10,000	143571
ROCHESTER									
GENESEE	C. H. LAUTERBACH	42	5,347	4,807	3	02	006	10,000	
HIGHLAND HOSPITAL OF ROCHESTER	G. TROMBETTA, M. AMSTEY	45	5,171	3,351	3	02	006	10,600	
ROCHESTER GENERAL	W. A. LANGE	54	5,345	6,347	3	02	006	10,000	
ST. MARY'S	E. MC DONOUGH	33	3,170	4,160	3	01	003	9,500	
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	C. J. LUND	56	5,257	11,762	3	04	012	10,000	
ROCKVILLE CENTRE									
MERCY	SEE NASSAU COUNTY MED. CTR.-MEADOWBROOK DIV., EAST MEADOW								
SCHENECTADY									
SCHENECTADY AFFILIATED PROGRAM	W. H. BROWN				4	01	005	10,600	151371
ELLIS		30	2,364	497					
ST. CLARE'S									
SYRACUSE									
S. U. N. Y. UPSTATE MEDICAL CENTER	R. E. L. NESBITT, JR.				3	04	013	10,400	151671
STATE UNIVERSITY	R. E. L. NESBITT, JR.	16	994	8,476					
CROUSE IRVING-MEMORIAL	R. E. L. NESBITT, JR.	73	6,743						
ST. JOSEPH'S HOSPITAL HEALTH CENTER	S. B. DOOLITTLE	22	1,614	3,702					
NORTH CAROLINA									
CHAPEL HILL									
NORTH CAROLINA MEMORIAL	C. H. HENDRICKS	40	2,940	21,760	4	06	016	9,500	190071
MEMORIAL HOSPITAL OF WAKE COUNTY (RALEIGH)	F. G. WIEGAND	31	2,936	7,392					
CHARLOTTE									
CHARLOTTE MEMORIAL	R. P. RANKIN, JR.	86	6,659	16,844	3	03	009		
DURHAM									
DUKE UNIVERSITY MEDICAL CENTER	R. T. PARKER	57	4,124	32,313	4	04	016	9,250	
RALEIGH									
MEMORIAL HOSPITAL OF WAKE COUNTY	SEE NORTH CAROLINA MEMORIAL, CHAPEL HILL								
WILMINGTON									
NEW HANOVER MEMORIAL	A. B. BROWN	54	4,202	2,992	3	02	006	9,500	
WINSTON-SALEM									
BOWMAN GRAY SCHOOL OF MEDICINE AFFILIATED HOSPITALS									
NORTH CAROLINA BAPTIST	F. C. GREISS, JR.	39	2,081	5,600	4	03	012	9,000	153771
OHIO									
AKRON									
AKRON CITY	L. M. WALKER	76	5,127	4,247	3	03	009	9,600	154171
AKRON GENERAL	W. A. COOK	57	3,679	2,500	3	03	009	10,300	
ST. THOMAS	M. V. MAC INNIS	57	4,418	2,262	3	02	006	10,429	
CANTON									
AULTMAN	K. W. KENNEDY	74	4,935	4,436	3	01	003	10,200	154471
CINCINNATI									
BETHESDA	W. R. GRAF	107	7,486	6,884	3	02	006	9,350	268971
GOOD SAMARITAN	R. T. F. SCHMIDT				3	02	007		155071
UNIVERSITY OF CINCINNATI HOSPITAL GROUP									
CINCINNATI GENERAL	A. R. SHADE	70	4,944	17,904	3	05	015	9,200	154871
CLEVELAND									
CLEVELAND METROPOLITAN GENERAL	B. LITTLE	66	4,847	41,114	4	04	016	10,500	
FAIRVIEW GENERAL	G. P. LEICHT	91	6,219	4,203	3	03	009	11,400	
HURON ROAD	S. BURKHART	32	2,026	1,778	3	02	006	10,800	
MOUNT SINAI HOSPITAL OF CLEVELAND	M. LINDEN	64	5,148	9,188	3	03	009	10,500	
ST. ANN	P. O. FUNK	52	4,045	5,548	3	02	006	11,000	270371
ST. LUKE'S	R. P. GLOVE	60	4,221	7,628	3	02	006	10,000	
UNIVERSITY HOSPITALS OF CLEVELAND	A. B. LITTLE	90	6,012	27,562	4	04	016	10,500	156271
COLUMBUS									
MOUNT CARMEL	J. G. BOUTSELIS	57	4,952	9,399	4	02	008	8,150	156571
OHIO STATE UNIVERSITY HOSPITALS	W. E. COPELAND	64	5,287	21,102	4	04	016		156671
RIVERSIDE METHODIST HOSPITAL-ST. ANN'S HOSPITAL FOR WOMEN	B. E. JACOBY				4	03	012	8,900	
RIVERSIDE METHODIST	K. DE VOE, JR.	76	6,392	3,430					
ST. ANN'S HOSPITAL FOR WOMEN	B. E. JACOBY	82	6,845	3,825					
DAYTON									
GOOD SAMARITAN	B. A. KLEINMAN, Z. A. KATZ	34	3,252	1,843	3	01	003	12,600	
MIAMI VALLEY	N. J. THOMPSON	78	6,053	7,595	3	04	012	10,550	156971
TOLEDO									
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS	M. A. AYERS				3	04	012	10,200	157971
HOSPITAL OF MEDICAL COLLEGE OF OHIO AT TOLEDO	M. A. AYERS	14	862	4,098					
MERCY	H. F. SCHROEDER	49	3,327	2,149					
ST. VINCENT HOSPITAL AND MEDICAL CENTER	F. C. BOWDLE	65	4,540	4,044					
TOLEDO	R. W. MUENZER	60	5,326	4,178					
YOUNGSTOWN									
ST. ELIZABETH	J. DENTSCHEFF	73	4,983	3,496	3	03	009	10,600	
OKLAHOMA									
OKLAHOMA CITY									
ST. ANTHONY	P. J. MAGUIRE	53	4,011	1,979	3	02	006	8,700	158771
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER									
UNIVERSITY OF OKLAHOMA HOSPITALS	J. A. MERRILL	41	3,178	18,998	3	03	012	9,000	

14. OBSTETRICS—GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
OKLAHOMA - CONTINUED									
TULSA									
HILLCREST MEDICAL CENTER-ST. JOHN'S	J. B. NETTLES				3	03	003	9,708	
HILLCREST MEDICAL CENTER	J. B. NETTLES	45	3,921	6,150					
ST. JOHN'S	C. BARTON	61	4,419	9,448					
OREGON									
PORTLAND									
UNIVERSITY OF OREGON AFFILIATED HOSPITALS	R. C. BENSON				3	06	018		
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	R. C. BENSON	19	3,597	20,196				8,600	
EMANUEL	I. I. LANGLEY	71	7,153	3,221				9,480	
PENNSYLVANIA									
ABINGTON									
ABINGTON MEMORIAL	A. L. BRENNER	37	5,706	1,645	3	02	006	9,800	
ALLENTOWN									
ALLENTOWN	J. A. MILLER	95	4,736	3,871	3	02	006	11,000	
BETHLEHEM									
ST. LUKE'S	F. S. FLOR	37	2,739	2,212	3	01	003	11,000	160571
CHESTER									
CROZER-CHESTER MEDICAL CENTER	SEE HAHNEMANN MED. COLL. AFFILIATED HOSPITALS, PHILADELPHIA								
DANVILLE									
GEISINGER MEDICAL CENTER	C. T. BEECHAM	28	1,903	19,250	3	01	004	10,000	160871
DARBY									
FITZGERALD MERCY DIVISION	SEE MERCY CATHOLIC MEDICAL CENTER, PHILADELPHIA								
ERIE									
HAMOT HOSPITAL-ST. VINCENT					4	01	004		161171
HAMOT	D. B. MC NEILL	32	2,305	3,272				10,000	
ST. VINCENT	C. M. PETERSON	46	3,526	1,625				8,800	
HARRISBURG									
HARRISBURG	C. K. FETTERHOFF	61	4,361	8,681	3	02	006	10,380	
HERSHEY									
MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY	V. G. STENGER	10	549	4,454	3	02	006	9,648	161771
PHILADELPHIA									
ALBERT EINSTEIN MEDICAL CENTER	P. M. WAPNER	74	7,779	6,574	3	04	010	10,100	163171
EPISCOPAL	R. W. HYATT	34	2,778	8,180	3	02	006	9,900	
GERMANTOWN DISPENSARY AND HOSPITAL	J. G. LOGUE	24	1,680	4,238	3	01	003	9,495	
HAHNEMANN MEDICAL COLLEGE AFFILIATED HOSPITALS	J. H. LEE, JR.				3	06	017		
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	J. H. LEE, JR.	122	6,720	18,726				10,200	
CROZER-CHESTER MEDICAL CENTER (CHESTER)	M. KLAVAN	45	3,151	7,174					
HOSPITAL OF THE MEDICAL COLLEGE OF PENNSYLVANIA	E. R. CARRINGTON	53	3,456	16,160	3	03	009	10,650	
LANKENAU	J. D. CORBIT, JR.	50	3,568	4,212	3	02	006	10,300	
MERCY CATHOLIC MEDICAL CENTER	J. E. LYNCH				3	03	009	10,000	
MISERICORDIA DIVISION		25	1,432	4,594					
FITZGERALD MERCY DIVISION (DARBY)		50	3,867	4,004					
METHODIST	W. W. BARE	46	3,341	3,553					
PENNSYLVANIA	E. E. WALLACH	79	5,730	22,308	3	04	012	10,500	
PRESBYTERIAN-UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER	W. D. CHAMBLIN	26	1,651	7,407	3	01	003	10,650	
TEMPLE UNIVERSITY	M. J. DALY	63	4,235	20,431	3	05	015	10,200	
THOMAS JEFFERSON UNIVERSITY	R. G. HOLLY	94	5,688	17,326	3	04	012	10,300	
UNIVERSITY OF PENNSYLVANIA AFFILIATED HOSPITALS	L. MASTROIANNI, JR.				4	07	026		
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA		100	6,895	30,083				10,969	
PHILADELPHIA GENERAL		51	3,215	24,253				10,150	
PITTSBURGH									
ALLEGHENY GENERAL	J. GILMORE	66	3,578	8,256	3	01	003	10,500	
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH MAGEE-WOMENS	D. L. HUTCHINSON	214	14,825	36,965	3	08	024		165271
MERCY	J. RIVKIND	42	2,420	3,952	3	02	006	11,400	164971
PITTSBURGH	R. G. RECIO	26	1,469	1,331	3	01	003	9,000	165171
COLUMBIA (WILKINSBURG)	R. G. RECIO	23	2,853	434				9,000	
ST. FRANCIS GENERAL	M. A. GUTHRIE	47	2,631	4,127	3	02	006	11,500	
SHADYSIDE	L. FRYMIRE	24							
WESTERN PENNSYLVANIA	L. E. LAUFE	57	3,641	7,001	3	03	009	10,600	165971
READING									
READING	J. G. MEHARG	61	3,847	3,062	3	02	006	10,680	166171
WILKINSBURG									
COLUMBIA	SEE PITTSBURGH HOSPITAL, PITTSBURGH								
YORK									
YORK	S. W. DEISHER	55	4,866	5,243	3	02	006	10,200	167471
PUERTO RICO									
MAYAGUEZ									
MAYAGUEZ MEDICAL CENTER	V. LUZON CEBALLOS	60	4,454	4,600	3	03	009	6,600	
PONCE									
PONCE DISTRICT GENERAL	A. TAMM	75	7,200	8,460	3	04	012	6,600	278871
SAN JUAN									
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA	R. W. AXTMAYER	119	9,942	12,341	3	06	018	7,872	
UNIVERSITY DISTRICT	I. PELEGRINA	87	6,144	30,084	3	06	024	7,875	
RHODE ISLAND									
PROVIDENCE									
PROVIDENCE LYING-IN HOSPITAL-RHODE ISLAND	R. DOUGLAS, H. MC DUFF				3	03	009	10,100	279371
PROVIDENCE LYING-IN	R. DOUGLAS, B. BUXTON	134	10,753	16,109					
RHODE ISLAND	H. MC DUFF	11	555	1,916					

14. OBSTETRICS—GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
SOUTH CAROLINA									
CHARLESTON									
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS									
MEDICAL UNIVERSITY OF SOUTH CAROLINA	L. L. HESTER, JR.	45	4,178	31,369	4	04	016	8,400	
COLUMBIA									
RICHLAND MEMORIAL	M. E. HUTCHINSON, JR.	29	2,342	2,944	3	02	004	8,400	
GREENVILLE									
GREENVILLE GENERAL	H. HUDSON	75	5,453	10,991	3	03	009	9,000	168371
SOUTH DAKOTA									
YANKTON									
SACRED HEART	B. RANNEY	16	1,050	9,576	3	01	003	8,700	280571
TENNESSEE									
CHATTANOOGA									
S. E. TENNESSEE MEDICAL EDUCATION CENTER									
BARONESS ERLANGER	P. HOWARD	78	5,513	12,411	3	03	009	9,300	168971
KNOXVILLE									
UNIVERSITY OF TENNESSEE MEMORIAL RESEARCH CENTER AND HOSPITAL	A. W. DIDDLE	35	2,883	7,535	3	02	006	8,500	183971
MEMPHIS									
BAPTIST MEMORIAL	P. C. SCHREIER	111	9,410	1,969	3	02	006	9,600	
METHODIST	H. P. JAMES	66	6,214	1,901	3	01	003	9,180	
ST. JOSEPH	W. F. MACKEY	21	2,088	1,524	3	01	003	8,400	
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS									
CITY OF MEMPHIS HOSPITALS	S. A. FISH	104	9,556	20,000	3	07	021	7,752	
NASHVILLE									
BAPTIST	J. M. BRAKEFIELD	65	5,494	1,974	3	02	006	10,200	
GEORGE W. HUBBARD HOSPITAL OF THE MEHARRY MEDICAL COLLEGE	W. F. B. JAMES	23	1,689	3,976	3	02	006	8,760	
ST. THOMAS	E. M. CLAYTON, JR.	47	3,386	3,906	3	02	006	8,800	
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	D. A. GOSS				3	05	015	8,500	170271
NASHVILLE METROPOLITAN GENERAL	J. S. ZELENIK	20	1,836	10,950					
VANDERBILT UNIVERSITY	D. A. GOSS	46	2,393	12,468					
TEXAS									
CORPUS CHRISTI									
MEMORIAL MEDICAL CENTER	L. S. ARCHER	38	3,365	2,644	3	01	003		
DALLAS									
BAYLOR UNIVERSITY MEDICAL CENTER	R. H. ADAMS	106	9,765	4,666	3	04	012	8,880	
METHODIST HOSPITAL OF DALLAS	O. T. HOTCHKISS	68	5,029	4,252	3	02	006	9,600	
PARKLAND MEMORIAL	P. C. MAC DONALD	13	10,115	42,844	3	07	019	7,693	
ST. PAUL	L. LEIB	54	5,471	9,321	3	02	006	9,000	170971
EL PASO									
R. E. THOMASON GENERAL	H. M. JESURUN	30	2,467	6,829	3	02	006	12,500	
FORT WORTH									
FORT WORTH AFFILIATED HOSPITALS	P. P. STAPLES				3	02	006		
HARRIS HOSPITAL-FORT WORTH MEDICAL CENTER	R. W. DOWLING	117	8,500					10,680	
JOHN PETER SMITH	P. P. STAPLES	41	4,121	25,401				10,320	
GALVESTON									
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	W. MC GANITY, A. LE BLANC	61	3,421	15,171	3	04	012	10,200	
HOUSTON									
BAYLOR COLLEGE OF MEDICINE AFFILIATED HOSPITALS	R. H. KAUFMAN				3	08	024	9,000	171671
BEN TAUB GENERAL	R. H. KAUFMAN	31	1,744	14,739					
JEFFERSON DAVIS	R. H. KAUFMAN	103	10,379	32,029					
METHODIST	H. P. ARNOLD	85	6,198	273					
ST. LUKE'S EPISCOPAL	H. L. GARDNER	43	5,297	518					
HERMANN	J. T. ARMSTRONG	65	5,240	9,146	3	03	009	8,400	
UNIVERSITY OF TEXAS AFFILIATED SYSTEMS	J. LUCCI, JR., W. MC GANITY				3	03	009		
ST. JOSEPH	J. LUCCI, JR.	79	6,291	9,134				8,400	
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS (GALVESTON)	W. MC GANITY, J. LUCCI, JR.	61	3,421	15,171				10,200	
SAN ANTONIO									
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS									
BEXAR COUNTY TEACHING	J. N. SEITCHIK	77	6,800	20,344	3	04	012	9,000	
TEMPLE									
SCOTT AND WHITE MEMORIAL	D. P. BAKER	20	1,767	15,171	3	01	003	9,400	172571
UTAH									
SALT LAKE CITY									
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	M. A. STENCHEVER				3	04	012	9,200	
UNIVERSITY	M. A. STENCHEVER	21	1,725	11,652					
LATTER-DAY SAINTS	R. M. HEBERTSON	75	6,819	1,192					
VERMONT									
BURLINGTON									
MEDICAL CENTER HOSPITAL OF VERMONT	J. V. S. MAECK	40	3,548	4,716	4	02	008	8,100	173471
VIRGINIA									
CHARLOTTESVILLE									
UNIVERSITY OF VIRGINIA	W. N. THORNTON, JR.	36	2,711	12,633	4	03	012	8,900	173771
FALLS CHURCH									
FAIRFAX	SEE GED. WASHINGTON UNIV. AFFIL. HOSPS., WASHINGTON, D. C.								
NEWPORT NEWS									
RIVERSIDE	T. A. WASH	31	2,700	4,841	3	02	006	10,800	173971
NORFOLK									
NORFOLK GENERAL	W. LE HEW, W. ANDREWS	76	6,122	18,366	3	03	009	10,500	174171

14. OBSTETRICS—GYNECOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
VIRGINIA - CONTINUED									
RICHMOND									
VIRGINIA COMMONWEALTH UNIVERSITY									
M.C.V. AFFILIATED HOSPITALS									
MEDICAL COLLEGE OF VIRGINIA HOSPITALS	L. J. DUNN	125	8,092	71,974	3	08	024	8,900	174371
WASHINGTON									
SEATTLE									
SWEDISH HOSPITAL MEDICAL CENTER	C. G. STIPP	38	4,210	2,779	3	01	003	8,580	175571
UNIVERSITY OF WASHINGTON									
AFFILIATED HOSPITALS	L. R. SPADONI				4	04	016		191871
HARBORVIEW MEDICAL CENTER	J. C. BUTLER		308	7,311					
U. S. PUBLIC HEALTH SERVICE	L. R. SPADONI	8	329	4,338				8,700	
UNIVERSITY	L. R. SPADONI	23	2,397	17,504				8,700	
VIRGINIA MASON	M. R. SMITH								
SPOKANE									
SACRED HEART	W. H. FRAZIER	32	2,733	1,000	3	01	003	9,000	
WEST VIRGINIA									
CHARLESTON									
CHARLESTON AREA MEDICAL CENTER MEMORIAL DIVISION	D. A. MAIRS	46	4,583	7,199	3	02	006	7,860	
MORGANTOWN									
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	W. A. BONNEY	27	1,665	12,629	3	02	006	9,000	183771
WHEELING									
OHIO VALLEY GENERAL	F. G. GIUSTINI	34	2,536	2,076	3	01	003	12,420	
WISCONSIN									
MADISON									
UNIVERSITY OF WISCONSIN									
AFFILIATED HOSPITALS	B. M. PECKHAM				3	05	015	9,270	177971
MADISON GENERAL	B. M. PECKHAM	43	3,424						
ST. MARYS HOSPITAL MEDICAL CENTER	R. OLSON	47	3,413						
UNIVERSITY HOSPITALS	B. M. PECKHAM	38	1,767	15,721					
MILWAUKEE									
MEDICAL COLLEGE OF WISCONSIN									
AFFILIATED HOSPITALS									
MILWAUKEE COUNTY GENERAL	R. F. MATTINGLY	43	3,214	20,755	4	03	012	10,068	
MOUNT SINAI MEDICAL CENTER	C. J. LEVINSON	52	3,128	5,482	3	01	003	10,000	176771
ST. JOSEPH'S	W. J. BUGGY	100	7,046	2,249	3	02	006	10,500	178871
ST. MARY'S	W. C. FETHERSTON	43	3,080	2,025	3	01	003	10,500	179071

15. OCCUPATIONAL MEDICINE

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

16. OPHTHALMIC FELLOWSHIPS

Ophthalmic Fellowships are approved by the Council on Medical Education and the American Board of Ophthalmology, through the Residency Review Committee for Ophthalmology.

17. OPHTHALMOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Ophthalmology through the Residency Review Committee for Ophthalmology, for THREE OR MORE YEARS of acceptable training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE								
TEXAS								
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	V. J. SHEPHERD	20	564	26,349	02	006		
UNITED STATES ARMY								
CALIFORNIA								
LETTERMAN GENERAL, SAN FRANCISCO	F. L. WERGELAND, JR.	11	328	47,629	02	007		
COLORADO								
FITZSIMONS GENERAL, DENVER	W. W. MEARS	29	370	24,942	01	003		

17. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE - CONTINUED								
DISTRICT OF COLUMBIA								
WALTER REED GENERAL, WASHINGTON	B. APPLETON	100	900	60,000	04	012		
TEXAS								
BROOKE GENERAL, SAN ANTONIO	J. R. SIMMONS	21	452	46,429	03	009		
UNITED STATES ARMY, NAVY, AND AIR FORCE								
DISTRICT OF COLUMBIA								
ARMED FORCES INSTITUTE OF PATHOLOGY, WASHINGTON	SEE GEORGE WASHINGTON UNIV. AFFIL. HOSPS., WASHINGTON, D. C.							
UNITED STATES NAVY								
CALIFORNIA								
NAVAL, OAKLAND	F. J. SCHMETZ	8	218	18,885	02	006		
NAVAL, SAN DIEGO	D. G. BOYDEN	28	714	28,950	03	009		
MARYLAND								
NAVAL, BETHESDA	L. M. KING, JR.	17	472	44,944	03	009		
PENNSYLVANIA								
NAVAL, PHILADELPHIA	W. R. WILSON, JR.	9	193	17,000	01	003		
UNITED STATES PUBLIC HEALTH SERVICE								
CALIFORNIA								
U. S. PUBLIC HEALTH SERVICE, SAN FRANCISCO	W. W. RICHARDS	6	175	7,069	01	003		
LOUISIANA								
U. S. PUBLIC HEALTH SERVICE, NEW ORLEANS	C. D. SANDERS	5	197	10,376	01	003		
MARYLAND								
U. S. PUBLIC HEALTH SERVICE, BALTIMORE	H. G. RANDALL	10	247	10,486	02	006		
NEW YORK								
U.S. PUBLIC HEALTH SERVICE (STATEN ISLAND), NEW YORK CITY	H. L. TRATTLER	11	259	6,290	02	006		
WASHINGTON								
U. S. PUBLIC HEALTH SERVICE, SEATTLE	SEE UNIV. OF WASHINGTON AFFILIATED HOSPITALS, SEATTLE, WASH.							
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE								
WASHINGTON								
ST. ELIZABETHS, WASHINGTON	SEE GEORGE WASHINGTON UNIV. AFFIL. HOSPS., WASHINGTON, D. C.							
OTHER FEDERAL								
CANAL ZONE								
GORGAS, BALBOA HEIGHTS	R. H. RUPP	3	170	11,485	01	003	11,386	
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
EYE FOUNDATION	J. D. DAVIDSON	33	2,204	5,282	02	008	10,000	
UNIVERSITY OF ALABAMA MEDICAL CENTER	S. J. KELLY				03	009	9,400	
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS		11	557	6,186				
CHILDREN'S								
VETERANS ADMIN.		5	206	2,100				
TUSKEGEE								
VETERANS ADMIN.	S. H. SETTLER, JR.	6	152	6,814	01	004	9,400	
ARKANSAS								
LITTLE ROCK								
UNIVERSITY OF ARKANSAS MEDICAL CENTER	F. T. FRAUNFELDER				03	012		101672
ARKANSAS BAPTIST MEDICAL CENTER		11	766				8,700	
UNIVERSITY		12	697	11,601			7,800	
VETERANS ADMIN. CONSOLIDATED		15	322	5,667			9,420	
CALIFORNIA								
BAKERSFIELD								
KERN COUNTY GENERAL	D. H. WETTERHOLM		57	2,278	01	002	12,600	
DAVIS								
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS	G. L. PORTNEY				01	004	10,837	
SACRAMENTO MEDICAL CENTER (SACRAMENTO)		5	149	8,000				
FRESNO								
VALLEY MEDICAL CENTER OF FRESNO	F. D. BERRY	3	159	4,882	01	003	13,416	
IRVINE								
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS DRANGE COUNTY MEDICAL CENTER (ORANGE)	J. G. TIRICO	2	314	3,341	01	003	13,546	
LOMA LINDA								
LOMA LINDA UNIVERSITY	R. V. SHEARER	7	519	11,540	02	006	10,465	
LONG BEACH								
VETERANS ADMIN.	T. L. BALDING	14	441	6,910	02	004	13,878	

17. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CALIFORNIA - CONTINUED								
LOS ANGELES								
CEDARS-SINAI MEDICAL CENTER					01	003		
CEDARS OF LEBANON HOSPITAL DIVISION								
MOUNT SINAI HOSPITAL DIVISION								
HOLLYWOOD PRESBYTERIAN	S. ROME	17	1,217	9,010	02	006	11,400	
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	A. E. OBERMAN	15	674	26,930	04	016	11,496	
U. C. L. A.	B. R. STRAATSMA	25	1,703	18,987	05	015	10,200	
VETERANS ADMIN. CENTER-WADSWORTH	R. E. BARTLETT	14	574	8,826	02	005	13,878	
WHITE MEMORIAL MEDICAL CENTER	G. K. KAMBARA	5	351	17,016	03	009	10,600	
OAKLAND								
HIGHLAND GENERAL	E. H. BRUGGE	3	119	5,233	01	002	9,600	
ORANGE								
ORANGE COUNTY MEDICAL CENTER	SEE UNIV. OF CALIFORNIA (IRVINE) AFF. HOSPS., IRVINE							
PALO ALTO								
VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
SACRAMENTO								
SACRAMENTO MEDICAL CENTER	SEE UNIVERSITY OF CALIFORNIA (DAVIS) AFFIL. HOSPS., DAVIS							
SAN FRANCISCO								
PACIFIC MEDICAL CENTER - PRESBYTERIAN	B. E. SPIVEY	7	950	4,104	02	006	9,800	
UNIVERSITY OF CALIFORNIA PROGRAM	M. J. HOGAN				05	025	9,400	
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	M. J. HOGAN	9	540	15,660				
VETERANS ADMIN.	D. O. JESBERG	9	232	5,967				
SAN JOSE								
SANTA CLARA VALLEY MEDICAL CENTER	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
SAN MATEO								
HAROLD D. CHOPE COMMUNITY	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
STANFORD								
STANFORD UNIVERSITY AFFILIATED HOSPITALS	A. A. DELLAPORTA				03	009		
STANFORD UNIVERSITY	A. A. DELLAPORTA	4	212	6,232			9,700	
VETERANS ADMIN. (PALO ALTO)	A. A. DELLAPORTA	6	300	4,897			9,700	
SANTA CLARA VALLEY MEDICAL CENTER (SAN JOSE)	F. O. BERRY	2	136	4,249			11,045	
HAROLD D. CHOPE COMMUNITY (SAN MATEO)	R. O. SHERWOOD	10	4,926	42,605			11,529	
SAN JOAQUIN GENERAL (STOCKTON)	M. SERGIS		101	2,715			7,836	
STOCKTON								
SAN JOAQUIN GENERAL	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
TORRANCE								
LOS ANGELES COUNTY HARBOR GENERAL	A. E. KREIGER	5	369	1,304	02	005	14,340	
COLORADO								
DENVER								
DENVER GENERAL	J. R. CERASOLI	33	168	7,489	02	006	9,000	
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	P. P. ELLIS				04	010		
UNIVERSITY OF COLORADO MEDICAL CENTER	P. P. ELLIS	4	285	14,267			9,800	
VETERANS ADMIN.	C. WHISTLER	4	145	1,240			9,620	
CONNECTICUT								
HARTFORD								
UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS	J. O' ROURKE				01	002		
UNIVERSITY OF CONNECTICUT HOSPITAL-MC COOK DIVISION		4	157	1,668			11,600	
HARTFORD	W. B. BREWSTER	18	913	1,200			11,100	
NEW HAVEN								
YALE-NEW HAVEN MEDICAL CENTER								
YALE-NEW HAVEN	M. L. SEARS	13	837	12,136	03	012	10,450	
DELAWARE								
WILMINGTON								
VETERANS ADMIN.	SEE JEFFERSON MED. COLLEGE AFFIL. HOSPS., PHILADELPHIA, PA.							
WILMINGTON MEDICAL CENTER	SEE JEFFERSON MED. COLLEGE AFFIL. HOSPS., PHILADELPHIA, PA.							
DISTRICT OF COLUMBIA								
WASHINGTON								
FREEDMEN'S	C. L. COWAN	4	160	5,728	02	006	11,342	
GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS	P. Y. EVANS				05	015		
GEORGETOWN UNIVERSITY	M. A. LEMP	3	141	4,464			10,550	
DISTRICT OF COLUMBIA GENERAL	G. E. MARAK, JR.	10	216	10,365			11,300	
SIBLEY MEMORIAL	A. M. REYNOLDS, JR.	20	652	3,156				
VETERANS ADMIN.	A. R. PILKERTON	8	174				10,022	
GEORGE WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	M. F. ARMALY				03	012		
GEORGE WASHINGTON UNIVERSITY	M. F. ARMALY	10	525	8,752			10,022	
ARMED FORCES INSTITUTE OF PATHOLOGY	L. E. ZIMMERMAN							
CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA	D. FRIENDLY, M. PARKS	5	1,260	4,956				
ST. ELIZABETHS	H. S. WICKER	5	98	4,500			11,500	
WASHINGTON HOSPITAL CENTER	R. DAY	32	1,815	25,000	04	012	10,022	
FLORIDA								
GAINESVILLE								
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	H. E. KAUFMAN				04	016		
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS	H. E. KAUFMAN	28	1,466	26,297			8,750	
UNIVERSITY HOSPITAL OF JACKSONVILLE (JACKSONVILLE)	H. E. KAUFMAN, C. A. WIND	5	340	9,169				
VETERANS ADMIN.	D. M. WORTHEN	13	494	4,160			8,975	

17. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
FLORIDA - CONTINUED								
JACKSONVILLE								
UNIVERSITY HOSPITAL OF JACKSONVILLE	SEE UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS, GAINESVILLE							
MIAMI								
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	E. W. NORTON, G. O' GRADY				06	018		
JACKSON MEMORIAL		55	2,356	32,437			9,950	
VETERANS ADMIN.		6	316	6,050			10,050	
GEORGIA								
ATLANTA								
EMORY UNIVERSITY AFFILIATED HOSPITALS	F. P. CALHOUN, JR.				04	012	8,880	
EMORY UNIVERSITY		7	221					
GRADY MEMORIAL		9	497	25,419				
VETERANS ADMIN. (DECATUR)		7	314	2,270				
AUGUSTA								
MEDICAL COLLEGE OF GEORGIA HOSPITALS	R. P. THOMAS				02	006		
EUGENE TALMADGE MEMORIAL		11	414	5,216			9,500	
UNIVERSITY		4	452	188				
VETERANS ADMIN.		2	85	621			8,600	
ILLINOIS								
CHICAGO								
COOK COUNTY	M. FRENKEL	21	522	18,122	03	009	10,900	
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	M. L. STILLERMAN	15	620	7,692	03	009	11,100	
NORTHWESTERN UNIVERSITY-MC GAW MEDICAL CENTER	D. E. SHOCH			5,383	03	012	11,250	
CHICAGO WESLEY MEMORIAL	E. H. MERZ	13	635	5,383				
CHILDREN'S MEMORIAL	P. E. ROMANO	3	275	5,420				
PASSAVANT MEMORIAL	D. E. SHOCH	15	649	5,383				
VETERANS ADMIN. RESEARCH	D. E. SHOCH	7	210	3,276				
PRESBYTERIAN-ST. LUKE'S	W. F. HUGHES	15	600	5,000	01	005	9,946	
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	F. W. NEWELL	11	625	9,540	02	006	10,800	
UNIVERSITY OF ILLINOIS	M. F. GOLDBERG	34	853	51,277	09	026	10,560	
EVANSTON								
EVANSTON	C. V. BARRETT	12	501	1,374	01	003	11,250	225772
HINES								
VETERANS ADMIN.	SEE LOYOLA UNIVERSITY AFFILIATED HOSPITALS, MAYWOOD							
MAYWOOD								
LOYOLA UNIVERSITY AFFILIATED HOSPITALS	J. E. MC DONALD				03	008		
LOYOLA UNIVERSITY	J. E. MC DONALD							
VETERANS ADMIN. (HINES)	J. R. FITZGERALD	17	381	5,210			10,100	
INDIANA								
INDIANAPOLIS								
INDIANA UNIVERSITY MEDICAL CENTER	F. M. WILSON				07	021		
INDIANA UNIVERSITY HOSPITALS		12	789	12,437			9,500	
MARION COUNTY GENERAL			222	8,565			10,000	
VETERANS ADMIN.		4	153	2,094			10,250	
IOWA								
IOWA CITY								
UNIVERSITY OF IOWA AFFILIATED HOSPITALS	F. C. BLODI				08	028	9,000	120372
UNIVERSITY OF IOWA HOSPITALS	F. C. BLODI	32	2,125	28,386				
VETERANS ADMIN.	T. BURTON	12	232	3,820				
KANSAS								
KANSAS CITY								
UNIVERSITY OF KANSAS MEDICAL CENTER	A. N. LEMOINE	12	835	9,021	02	007	9,000	
ST. LUKE'S (KANSAS CITY, MO.)								
VETERANS ADMIN. (KANSAS CITY, MO.)	L. L. HYDE	7	294	1,117			9,500	
KENTUCKY								
LEXINGTON								
UNIVERSITY OF KENTUCKY MEDICAL CENTER	J. D. WIRTSCHAFTER				03	009		
UNIVERSITY		6	400	7,000			8,000	
VETERANS ADMIN.		3	123	1,855			8,300	
LOUISVILLE								
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	R. MACDONALD, JR.				02	010		
LOUISVILLE GENERAL	R. MACDONALD, JR.	8	158	6,182			8,600	
CHILDREN'S	W. C. EDWARDS	4	831	3,664			8,600	
VETERANS ADMIN.	R. MACDONALD, JR.	5	149	1,838			8,370	
LOUISIANA								
NEW ORLEANS								
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS								
CHARITY HOSPITAL OF LOUISIANA	G. M. HAIK	15	463	16,996	03	008	7,800	
OCHSNER FOUNDATION	R. A. SCHIMEK	8	457	15,434	03	009	8,500	
TULANE UNIVERSITY AFFILIATED HOSPITALS	M. G. HOLLAND				02	008		
CHARITY HOSPITAL OF LOUISIANA	M. G. HOLLAND	21	650	16,377			7,800	
EYE, EAR, NOSE AND THROAT	M. G. HOLLAND	66	1,827	15,513			7,800	
TOURO INFIRMARY	W. DIAZ	5	248	907			9,000	
VETERANS ADMIN.	M. G. HOLLAND	9	314	5,148			9,437	
SHREVEPORT								
CONFEDERATE MEMORIAL MEDICAL CENTER	L. A. BREFFEILH	11	455	7,440	02	006	7,800	

17. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MARYLAND								
BALTIMORE								
GREATER BALTIMORE MEDICAL CENTER	R. E. HOOVER	26	1,594	20,351	03	009	10,500	
JOHNS HOPKINS	A. E. MAUMENEE	68	2,088	22,086	06	017	10,000	
MARYLAND GENERAL	H. B. WILSON	20	1,006	14,210	02	005	10,750	
SINAI HOSPITAL OF BALTIMORE	H. K. GOLDBERG	7	341	2,751	01	002	10,700	
UNIVERSITY OF MARYLAND	R. D. RICHARDS	12	617	7,978	03	009	10,700	
MASSACHUSETTS								
BOSTON								
BOSTON UNIVERSITY AFFILIATED HOSPITALS	H. LEIBOWITZ, S. LESSELL				04	016	9,600	125772
BOSTON CITY	S. LESSELL	7	269	11,569				
UNIVERSITY	H. LEIBOWITZ	5	350	4,590				
MASSACHUSETTS EYE AND EAR INFIRMARY	H. F. ALLEN	102	6,114	62,723	06	022	9,975	
TUFTS UNIVERSITY AFFILIATED HOSPITALS	B. SCHWARTZ				03	012		
NEW ENGLAND MEDICAL CENTER HOSPITALS	B. SCHWARTZ	2	145	7,997			10,165	
VETERANS ADMIN.				2,588			10,690	
MICHIGAN								
ALLEN PARK								
VETERANS ADMIN.	SEE WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS, DETROIT							
ANN ARBOR								
UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS	J. W. HENDERSON				07	020		
UNIVERSITY	J. W. HENDERSON	29	1,613	16,697			10,000	
VETERANS ADMIN.	J. W. HENDERSON, J. WOLTER	5	137	1,454			10,000	
WAYNE COUNTY GENERAL (ELOISE)	J. W. HENDERSON	4	198	3,615			10,924	
DETROIT								
GRACE	M. CROLL	14	711	4,916	02	006	10,800	
HARPER	W. DAVIES	29	1,120	5,396	02	006	10,800	
HENRY FORD	J. S. GUYTON	29	999	24,836	04	016	10,300	
SINAI HOSPITAL OF DETROIT	H. S. SUGAR	11	799	412	02	005	10,100	
WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS	R. S. JAMPEL				04	012		129572
VETERANS ADMIN. (ALLEN PARK)		8	84	3,010				
DETROIT GENERAL		13		17,459			10,800	
ELOISE								
WAYNE COUNTY GENERAL	SEE UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS, ANN ARBOR							
MINNESOTA								
MINNEAPOLIS								
UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS	J. E. HARRIS				05	019		133472
HENNEPIN COUNTY GENERAL	H. A. SHAW	3	180	8,630			9,250	
UNIVERSITY OF MINNESOTA HOSPITALS	J. E. HARRIS	19	1,049	21,330			6,500	
VETERANS ADMIN.	J. E. HARRIS	13	328	5,140			9,800	
ST. PAUL-RAMSEY (ST. PAUL)	R. H. MONAHAN	3	126	7,759			6,750	
ROCHESTER								
MAYO GRADUATE SCHOOL OF MEDICINE	J. W. HENDERSON			70,219	08	024	10,500	
ROCHESTER METHODIST		13	897					
ST. MARY'S								
ST. PAUL								
ST. PAUL-RAMSEY	SEE UNIV. OF MINNESOTA AFFILIATED HOSPITALS, MINNEAPOLIS							
MISSISSIPPI								
JACKSON								
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	S. B. JOHNSON				02	006		
UNIVERSITY		18	764	8,992			9,500	
VETERANS ADMIN. CENTER		5	157	3,159			8,913	
MISSOURI								
COLUMBIA								
UNIVERSITY OF MISSOURI MEDICAL CENTER	W. M. HART	6	352	6,796	02	007	9,000	
KANSAS CITY								
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER	F. N. SABATES	3	126	4,637	02	006	9,285	
ST. LUKE'S	SEE UNIVERSITY OF KANSAS MEDICAL CENTER, KANSAS CITY, KANSAS							
VETERANS ADMIN.	SEE UNIVERSITY OF KANSAS MEDICAL CENTER, KANSAS CITY, KAN.							
ST. LOUIS								
HOMER G. PHILLIPS	H. P. VENABLE	7	217	7,535	04	012	9,594	
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS	R. D. MATTIS				04	016	9,600	
CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN	H. R. BRADY	3	311	3,322				
FIRMIN DESLOGE GENERAL								
WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	B. BECKER				06	026		
BARNES HOSPITAL GROUP	B. BECKER	55	3,196	19,144			9,500	
JEWISH HOSPITAL OF ST. LOUIS	E. BERG	8	433	3,323			10,700	
ST. LOUIS CITY	A. E. KOLKER	5	167	5,372			9,594	
VETERANS ADMIN.	B. BECKER	7	300	4,240				
NEBRASKA								
OMAHA								
UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS	R. E. RECORDS				03	009		
DOUGLAS COUNTY	H. J. GIFFORD							
UNIVERSITY OF NEBRASKA	R. E. RECORDS	2	82	4,687			9,000	
VETERANS ADMIN.	R. E. RECORDS	6	180	2,775			10,344	
NEW JERSEY								
EAST ORANGE								
VETERANS ADMIN.	SEE CMDNJ-NEW JERSEY MEDICAL SCHOOL AFF. HOSPS., NEWARK							

17. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW JERSEY - CONTINUED								
JERSEY CITY								
JERSEY CITY MEDICAL CENTER	SEE CMDNJ-NEW JERSEY MEDICAL SCHOOL AFF. HOSPS., NEWARK							
NEWARK								
CMDNJ-NEW JERSEY MEDICAL SCHOOL AFFILIATED HOSPITALS	A. A. CINOTTI				05	017		139872
JERSEY CITY MEDICAL CENTER (JERSEY CITY)	A. A. CINOTTI							
MARTLAND	A. A. CINOTTI	4	203	4,896			11,800	
UNITED HOSPITALS MEDICAL CENTER - NEWARK EYE AND EAR INFIRMARY	J. D. BURKE	21	1,264	6,389			11,300	
VETERANS ADMIN. (EAST ORANGE)	J. L. HARRIS	10	200	3,000			11,300	
NEW YORK								
ALBANY								
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	R. D. REINECKE				04	012		
ALBANY MEDICAL CENTER		11	680	5,580			10,600	
CHILD'S		15	836					
VETERANS ADMIN.		6	190	530			11,600	
BUFFALO								
BUFFALO GENERAL	C. H. ADDINGTON	20	1,008	6,483	02	006	10,500	
DEACONESS HOSPITAL OF BUFFALO	E. P. OLMSTED	13	817	16,618	02	006	10,000	
EDWARD J. MEYER MEMORIAL	W. Y. JONES	5	166	13,537	02	006		
EAST MEADOW								
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV.	E. K. RAHN	8	317	10,050	03	009	10,112	
MANHASSET								
NORTH SHORE	I. H. KAUFMAN		320	1,833	01	003	12,200	146772
NEW HYDE PARK								
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER PROGRAM	P. H. BALLEN				03	009	13,300	
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER		1	313	1,193				
QUEENS HOSPITAL CENTER (NEW YORK CITY)		6	229	11,808				
NEW YORK CITY								
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	P. HENKIND				06	018		
BRONX MUNICIPAL HOSPITAL CENTER		10	600	18,342				
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE			70	1,692				
MONTEFIORE HOSPITAL AND MEDICAL CENTER		17	940	12,051			13,300	
BETH ISRAEL MEDICAL CENTER	A. BARNERT	12	476	13,551	02	006	13,300	
BRONX-LEBANON HOSPITAL CENTER	S. S. EPSTEIN				03	009		147182
BRONX EYE INFIRMARY	S. S. EPSTEIN	25	1,571	23,116			12,300	
BROOKLYN EYE AND EAR	M. A. LASKY	80	2,970	37,900	04	012	14,000	
CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS HOSPITAL OF THE HOLY FAMILY	D. S. MARTIN	3	179	475	02	002	13,300	145072
FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER POLYCLINIC DIVISION	S. SCHUTZ	6	362	4,753	01	003	13,750	147572
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	M. LASKY	9	284	4,175	01	004		
LENOX HILL	J. SAUER	13	398	5,491	01	003	13,300	
MANHATTAN EYE, EAR AND THROAT	F. H. CONSTANTINE	85	5,129	49,234	05	017	13,300	
MONTEFIORE HOSPITAL AND MEDICAL CENTER	SEE ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS							
MOUNT SINAI HOSPITAL TRAINING PROGRAM	I. H. LEOPOLD				05	015	13,750	
MOUNT SINAI	I. H. LEOPOLD	25	500	10,000				
CITY HOSPITAL CENTER AT ELMHURST	A. SAFIK	11	229	12,629				
NEW YORK EYE AND EAR INFIRMARY	J. G. COLE	62	5,464	63,911	07	021	12,500	
NEW YORK	D. M. SHAFER	21	1,158	13,632	02	006	13,300	
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	M. A. GALIN				05	020	13,300	147372
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS	L. HARRIS	36	1,436	7,144				
UNIT 2 - METROPOLITAN HOSPITAL CENTER	R. CAVERO	7	433	17,613				
UNIT 3 - BIRD S. COLER MEMORIAL HOSPITAL AND HOME	M. BEST	2	33	4,162				
NEW YORK UNIVERSITY MEDICAL CENTER	G. M. BREININ				05	020		
BELLEVUE HOSPITAL CENTER	G. M. BREININ	23	327	13,253				
UNIVERSITY	G. M. BREININ	15	783					
VETERANS ADMIN. (MANHATTAN)	H. B. TATERKA	17	351				13,878	
PRESBYTERIAN (INSTITUTE OF OPHTHALMOLOGY)	A. G. DE VOE	73	4,309	26,927	03	009	13,000	
VETERANS ADMIN. (BRONX)	I. H. LEOPOLD	11	409	2,815			13,878	
QUEENS HOSPITAL CENTER	SEE LONG ISLAND JEWISH HOSP. TRAINING PROGRAM, NEW HYDE PARK							
ST. CLARE'S HOSPITAL AND HEALTH CENTER	W. J. MAHER	14	632	5,477	01	004	11,800	
ST. LUKE'S HOSPITAL CENTER	J. C. NEWTON	10	346	10,979	01	003	13,500	
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	R. D' AMICO	12	343	5,790	02	004	11,800	
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	D. WILLARD							
BROOKLYN-CUMBERLAND MEDICAL CENTER	G. GOMBOS	6	311	5,367			14,000	
KINGS COUNTY HOSPITAL CENTER	R. C. TROUTMAN	11	460	14,354			13,300	
LONG ISLAND COLLEGE	A. I. FINK	6	352	3,163			12,000	
MAIMONIDES MEDICAL CENTER	J. GOLDSTEIN		389	2,380				
STATE UNIVERSITY	D. WILLARD	2	124	5,954			11,800	
VETERANS ADMIN. (BROOKLYN)	A. M. LEVINE	9	278	2,250			13,878	
ROCHESTER								
ST. MARY'S	C. E. DE SANTIS	8	718	2,510	01	003	9,500	

17. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK, ROCHESTER - CONTINUED								
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	A. C. SNELL	5	297	4,985	02	006	10,000	
SYRACUSE								
S. U. N. Y. UPSTATE MEDICAL CENTER	J. L. MC GRAW				02	006	10,400	
CROUSE IRVING-MEMORIAL		11	750					
STATE UNIVERSITY				4,706				
VETERANS ADMIN.		3	121	2,582				
VALHALLA								
GRASSLANDS	J. A. DUNCAN	4	90	4,724	01	003	11,850	
NORTH CAROLINA								
CHAPEL HILL								
NORTH CAROLINA MEMORIAL HOSPITAL - MC PHERSON	S. D. MC PHERSON, JR.				02	004		
NORTH CAROLINA MEMORIAL		5	300	8,000			9,500	
MC PHERSON (DURHAM)		14	847	31,491			8,500	
DURHAM								
DUKE UNIVERSITY AFFILIATED HOSPITALS	J. WADSWORTH				04	012	9,250	
DUKE UNIVERSITY MEDICAL CENTER	J. WADSWORTH	15	657	15,536				
VETERANS ADMIN.	A. C. CHANDLER, JR.	10	484	3,627				
MC PHERSON HOSPITAL - NORTH CAROLINA MEMORIAL	S. D. MC PHERSON, JR.				02	004		
MC PHERSON		14	847	31,491			8,500	
NORTH CAROLINA MEMORIAL (CHAPEL HILL)		5	300				9,500	
WINSTON-SALEM								
BOWMAN GRAY SCHOOL OF MEDICINE AFFILIATED HOSPITALS								
NORTH CAROLINA BAPTIST	W. ROBERTS	9	557	6,801	01	006	9,000	
OHIO								
AKRON								
AKRON CITY	D. W. MATHIAS	10	473	1,171	01	003	9,600	154172
CINCINNATI								
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	T. ASBURY				03	009		
CINCINNATI GENERAL		5	271	10,091			9,700	
VETERANS ADMIN.								
CLEVELAND								
CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS	C. I. THOMAS				05	015		
CLEVELAND METROPOLITAN GENERAL		6	296	9,571			10,500	
UNIVERSITY HOSPITALS OF CLEVELAND		19	872	10,736			10,500	
VETERANS ADMIN.		11	185	2,000			10,650	
CLEVELAND CLINIC	F. A. GUTMAN	5	261	12,353	03	010	9,500	
ST. VINCENT CHARITY	H. S. SIEGEL	10	535	450,300				
MOUNT SINAI HOSPITAL OF CLEVELAND	J. A. GANS	11	767	5,376	02	004	10,500	
ST. LUKE'S	R. J. NICHOLL				01	003		
COLUMBUS								
OHIO STATE UNIVERSITY HOSPITALS	T. A. MAKLEY, JR.	25	10	16,000	05	015	8,000	
OKLAHOMA								
OKLAHOMA CITY								
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER	T. E. ACERS				03	009		
UNIVERSITY OF OKLAHOMA HOSPITALS	T. E. ACERS	6	301	5,683			9,000	
VETERANS ADMIN.	R. G. SMALL	10	354	5,021				
ST. ANTHONY	T. E. ACERS	21	1,338	343			8,700	
OREGON								
PORTLAND								
GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER	J. GOLDMAN	25	1,612	6,095	01	003	9,480	159572
UNIVERSITY OF OREGON AFFILIATED HOSPITALS	K. C. SWAN				03	009		
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS		11	573	10,566			8,600	
VETERANS ADMIN.		12	384	1,546			9,371	
PENNSYLVANIA								
DANVILLE								
GEISINGER MEDICAL CENTER	J. L. CURTIS	10	779	21,486	02	006	10,000	
PHILADELPHIA								
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	H. G. SCHEIE	37	1,485	8,301	06	027	10,969	
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	R. H. TRUEMAN	5	125	2,379			11,180	
CHILDREN'S HOSPITAL OF PHILADELPHIA	H. G. SCHEIE, D. SCHAFFER	2	213	5,462			10,200	
PHILADELPHIA GENERAL	H. G. SCHEIE	4	1,391	5,077			10,150	
PRESBYTERIAN-UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER	R. D. MULBERGER	7	358	1,752			10,650	
VETERANS ADMIN.	H. G. SCHEIE A. H. KEENEY	9	187	5,200			11,125	
THOMAS JEFFERSON UNIVERSITY AFFILIATED HOSPITALS	T. D. DUANE				04	012		
THOMAS JEFFERSON UNIVERSITY	T. D. DUANE	6	375	4,804			10,300	
LANKENAU	P. R. MC DONALD	9	516	244				
VETERANS ADMIN. (WILMINGTON, DEL.)	T. D. DUANE	6	38	1,238				
WILMINGTON MEDICAL CENTER (WILMINGTON, DEL.)	S. FRANKLIN	10	583	4,415			11,250	

17. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
PENNSYLVANIA, PHILADELPHIA - CONTINUED								
WILLS EYE HOSPITAL-TEMPLE UNIVERSITY	A. H. KEENEY	118	4,936	16,000	12	035	9,500	
WILLS EYE HOSPITAL AND RESEARCH INSTITUTE	A. H. KEENEY							
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	A. H. KEENEY, R. HARLEY	2	288	56				
PITTSBURGH								
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	K. T. RICHARDSON				05	015	10,000	
ALLEGHENY GENERAL	P. F. HOLL	3	148	1,667				
CHILDREN'S HOSPITAL OF PITTSBURGH	D. A. HILES	1	152	216				
EYE AND EAR HOSPITAL OF PITTSBURGH	K. T. RICHARDSON	68	4,103	14,361				
MERCY								
VETERANS ADMIN.	R. N. LEHMAN	22	406	1,860				
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH MONTEFIORE	S. GOLDBERG	20	925	4,463	01	004	11,000	
ST. FRANCIS GENERAL-WESTERN PENNSYLVANIA HOSPITALS	C. W. WEISSER				01	004		
ST. FRANCIS GENERAL	C. W. WEISSER	44	570	1,807			11,500	
WESTERN PENNSYLVANIA								
SAYRE								
ROBERT PACKER	E. KULCZYCKI	15	543	15,182	01	003	8,500	
PUERTO RICO								
SAN JUAN								
UNIVERSITY OF PUERTO RICO AFFILIATED HOSPITALS	G. PICO				05	015		
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA		19	621	13,801			7,872	
UNIVERSITY DISTRICT		8	271	20,336			7,875	
VETERANS ADMIN. CENTER		12	328	6,975			8,211	
RHODE ISLAND								
PROVIDENCE								
RHODE ISLAND	H. F. STEPHENS	11	1,210	4,256	01	003	10,100	
SOUTH CAROLINA								
CHARLESTON								
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS	W. W. VALLOTTON				03	009		
MEDICAL UNIVERSITY OF SOUTH CAROLINA		11	613	13,437			8,400	
CHARLESTON COUNTY		1	38					
VETERANS ADMIN.		5	168	1,945			8,777	
TENNESSEE								
CHATTANOOGA								
S. E. TENNESSEE MEDICAL EDUCATION CENTER	I. L. ARNOLD				02	005	9,300	
BARONESS ERLANGER	I. L. ARNOLD	17	1,109	3,820				
T. C. THOMPSON CHILDREN'S								
MEMPHIS								
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS	R. L. HIATT				04	012		
CITY OF MEMPHIS HOSPITALS	R. L. HIATT	7	449	11,718			7,752	
METHODIST	J. M. FREEMAN, JR.	31	1,883	5,014			9,180	
VETERANS ADMIN.	G. R. WOODBURY	8	432	10,288			8,120	
NASHVILLE								
GEORGE W. HUBBARD HOSPITAL OF THE MEHARRY MEDICAL COLLEGE	A. C. HANSEN	2	73	3,897	01	003	8,760	
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	J. H. ELLIOTT				03	009		
VANDERBILT UNIVERSITY	J. H. ELLIOTT	25	907	7,644			8,500	
NASHVILLE METROPOLITAN GENERAL	J. L. SAWYERS	2	87	1,996				
VETERANS ADMIN.	J. H. ELLIOTT	12	266	4,047			9,000	
TEXAS								
DALLAS								
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL AFFILIATED HOSPITALS								
PARKLAND MEMORIAL	J. R. LYNN	7	357	12,177	05	011	7,893	
VETERANS ADMIN.	S. B. GOSTIN	15	319	6,166			8,546	
GALVESTON								
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	E. C. FERGUSON, 3D.	13	566	10,663	03	009	9,000	
HOUSTON								
BAYLOR COLLEGE OF MEDICINE AFFILIATED HOSPITALS	D. PATON				06	019	9,000	
BEN TAUB GENERAL		8	413	14,889				
METHODIST		28	1,569	319				
VETERANS ADMIN.		20	468	7,170				
HERMANN	R. S. RUIZ	25	1,763	5,406	04	012	8,400	
SAN ANTONIO								
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS								
BEXAR COUNTY TEACHING	G. W. WEINSTEIN		201		02	006	9,000	
TEMPLE								
SCOTT AND WHITE MEMORIAL	R. D. CUNNINGHAM	17	862	19,658	02	006	9,400	
UTAH								
SALT LAKE CITY								
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	H. J. L. VAN DYK				02	006	9,200	
UNIVERSITY		4	199	2,446				
VETERANS ADMIN.								

17. OPHTHALMOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
VIRGINIA								
CHARLOTTESVILLE								
UNIVERSITY OF VIRGINIA	M. K. HUMPHRIES, JR.	10	548	5,771	02	006	8,900	
RICHMOND								
VETERANS ADMIN.	E. W. PERKINS	7	319	2,448	01	003	8,900	
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS MEDICAL COLLEGE OF VIRGINIA HOSPITALS	D. GUERRY, 3D.	11	335	13,357	03	009	8,900	
WASHINGTON								
SEATTLE								
UNIVERSITY OF WASHINGTON								
AFFILIATED HOSPITALS	R. E. KALINA				03	009		
UNIVERSITY	R. E. KALINA	2	165	4,888			8,700	
HARBORVIEW MEDICAL CENTER	D. F. MILAM		84	3,902				
CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER	R. H. JOHNSON	2	237	2,717				
U. S. PUBLIC HEALTH SERVICE	P. O. KRAMAR	3	106	6,625			7,700	
VETERANS ADMIN.	R. E. KALINA		129	288			8,700	
WEST VIRGINIA								
MORGANTOWN								
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	R. R. TROTTER	4	231	9,343	02	006	9,000	
WISCONSIN								
MADISON								
UNIVERSITY OF WISCONSIN								
AFFILIATED HOSPITALS	M. D. DAVIS, J. C. ALLEN				05	018		
UNIVERSITY HOSPITALS	M. D. DAVIS, J. C. ALLEN	23	1,244	9,829			9,785	
VETERANS ADMIN.	J. C. ALLEN	7	144	1,965				
MILWAUKEE								
MEDICAL COLLEGE OF WISCONSIN								
AFFILIATED HOSPITALS	R. O. SCHULTZ				06	016		
MILWAUKEE COUNTY GENERAL	R. O. SCHULTZ	12	373	11,457			10,068	
LUTHERAN HOSPITAL OF MILWAUKEE	A. C. KISSLING	9	425	173			9,963	
MILWAUKEE CHILDREN'S	H. GILLER	2	350	3,951			10,000	
VETERANS ADMIN. CENTER (WOOD)	R. H. LEHMAN	13	475	6,428			10,413	

18. ORTHOPEDIC SURGERY

Type of training acceptable to Board: A--Adult Orthopedics; C--Children's Orthopedics; F--Fractures. Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Orthopaedic Surgery, and the American College of 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. 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 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE										
TEXAS										
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	J. L. EARLE	137	2,684	37,557	ACF	120	04	016		
UNITED STATES ARMY										
CALIFORNIA										
LETTERMAN GENERAL, SAN FRANCISCO	S. B. MUTZ	120	1,226	26,953	ACF	040	03	009		
COLORADO										
FITZSIMONS GENERAL, DENVER	W. E. BURKHALTER	175	1,594	25,602	AF	091	03	009		
DISTRICT OF COLUMBIA										
WALTER REED GENERAL, WASHINGTON	G. I. BAKER	283	1,744	26,093	ACF	075	03	011		
HAWAII										
TRIPLER GENERAL, HONOLULU	Q. H. BECKER	157	1,893	51,408	ACF	068 086	03	009		
TEXAS										
WILLIAM BEAUMONT GENERAL, EL PASO	C. A. LUEKENS, JR.	160	1,640	22,030	AF	096	03	012		
BROOKE GENERAL, SAN ANTONIO	W. C. BOUZARD	349	1,535	86,054	ACF	117	03	012		

18. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES NAVY										
CALIFORNIA										
NAVAL, OAKLAND	I. J. WOODSTEIN	146	1,547	20,186	AF	020	03	012		
NAVAL, SAN DIEGO	G. W. CADY	368	3,128	35,706	ACF	079	04	016		
MARYLAND										
NAVAL, BETHESDA	D. Q. WILSON	151	1,626	16,273	ACF	020	02	006		
MASSACHUSETTS										
NAVAL, CHELSEA	J. G. DE WAAL	121	836	12,046	AF	020	02	006		
PENNSYLVANIA										
NAVAL, PHILADELPHIA	F. J. CREMONA	171	1,255	13,939	AF	020	02	008		
SOUTH CAROLINA										
NAVAL, CHARLESTON	MEDICAL UNIV. OF S. C. TEACHING HOSPITALS, CHARLESTON									
VIRGINIA										
NAVAL, PORTSMOUTH	C. S. LAMBDIN	331	2,564	58,400	ACF	130	03	012		
UNITED STATES PUBLIC HEALTH SERVICE										
ALASKA										
U. S. PUBLIC HEALTH SERVICE ALASKA NATIVE MEDICAL CENTER, ANCHORAGE					C	110				
ARIZONA										
U. S. PUBLIC HEALTH SERVICE INDIAN HOSPITAL, PHOENIX	SEE PHOENIX ORTHOPEDIC RESIDENCY TRAINING PGM. PHOENIX									
CALIFORNIA										
U. S. PUBLIC HEALTH SERVICE, SAN FRANCISCO	J. PHIPP	27	684	9,765	AF	110	02	008		
LOUISIANA										
U. S. PUBLIC HEALTH SERVICE, NEW ORLEANS	SEE TULANE UNIVERSITY AFFILIATED HOSPS., NEW ORLEANS									
NEW YORK										
U.S. PUBLIC HEALTH SERVICE (STATEN ISLAND), NEW YORK CITY	V. L. PURLIA	70	778	15,951	AF	127	02	008		
WASHINGTON										
U. S. PUBLIC HEALTH SERVICE, SEATTLE	SEE UNIV. OF WASHINGTON AFFILIATED HOSPITALS, SEATTLE, WASH.									
OTHER FEDERAL										
CANAL ZONE										
GORGAS, BALBOA HEIGHTS	R. F. CAPE	37	958	18,122	ACF	131	02	005	12,127	
NONFEDERAL AND VETERANS ADMINISTRATION										
ALABAMA										
BIRMINGHAM										
UNIVERSITY OF ALABAMA MEDICAL CENTER	C. L. YELTON					044	04	016		
CHILDREN'S	D. G. VESELY	25	908	4,439	C	044				
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS	C. L. YELTON	40	982	4,026	ACF	044			9,400	
VETERANS ADMIN.	C. L. YELTON	37	634	4,080	AF	044			9,400	
FAIRFIELD										
LLOYD NOLAND	W. F. OWENS, JR.	20	698	10,598	AF	044			11,400	100873
MOBILE										
MOBILE GENERAL	K. M. HANNON	27	762	3,953	ACF	132	01	005	9,840	185273
ARIZONA										
PHOENIX										
PHOENIX ORTHOPEDIC RESIDENCY TRAINING PROGRAM	W. A. COLTON, JR.					073	03	009	11,500	
ARIZONA CRIPPLED CHILDREN'S	W. A. COLTON, JR.	34	675	8,010	C	040 054 073 066 091 096			11,500	
MARICOPA COUNTY GENERAL	H. J. LOUIS	32	567	5,348	AF	073				
U.S. PUBLIC HEALTH SERVICE INDIAN					AF	073				
TUCSON										
UNIVERSITY	L. F. PELTIER	10	202	4,160	AF	054	01	004	9,850	
ARKANSAS										
LITTLE ROCK										
UNIVERSITY OF ARKANSAS MEDICAL CENTER	D. B. KETTELKAMP					094	03	012		101873
ARKANSAS CHILDREN'S	D. B. KETTELKAMP	21	758	3,020	C	094				
UNIVERSITY		22	700	4,032	AF	094			7,800	
VETERANS ADMIN. CONSOLIDATED		37	1,186	500,063	AF	094			9,420	
CALIFORNIA										
DALY CITY										
MARY'S HELP	SEE SAN FRAN. ORTHOPEDIC RESIDENCY TRNG. PROG., SAN FRAN.									
DAVIS										
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS	P. R. LIPSCOMB					133	03	012	10,837	
SACRAMENTO MEDICAL CENTER (SACRAMENTO)		41	1,286	7,186	ACF	133				

18. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1973-1974 1st Yr.	Positions Offered 1973-1974 All Yrs.	Annual Salary (Min.)	NIRMP Number
CALIFORNIA – CONTINUED										
DOWNEY										
RANCHO LOS AMIGOS	SEE LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS, LOMA LINDA									
FONTANA										
KAISER FOUNDATION	SEE LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS, LOMA LINDA									
IRVINE										
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS	T. R. WAUGH					064	04	016		
CHILDRENS HOSPITAL OF ORANGE COUNTY (ORANGE)	T. R. WAUGH	8	436	322	C	064				
ORANGE COUNTY MEDICAL CENTER (ORANGE)	T. R. WAUGH	29	1,155	9,437	ACF	064			13,546	
VETERANS ADMIN. (LONG BEACH)	T. R. WAUGH	74	932	10,185	A	064			13,876	
LIVERMORE										
VETERANS ADMIN.	SEE SAN. FRAN. ORTHOPEDIC RESIDENCY TRAIN. PROG., SAN FRAN.									
LOMA LINDA										
LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS	V. L. NICKEL					063	03	012		
LOMA LINDA UNIVERSITY	P. H. REISWIG	25	839	7,194	AF	063	03	012	10,465	
RANCHO LOS AMIGOS (DOWNEY)	V. L. NICKEL	317	1,521	10,340	AC	010 063 064 071 111			14,340	
KAISER FOUNDATION (FONTANA)					AF	063				
RIVERSIDE GENERAL (RIVERSIDE)	C. A. OWEN	26	663	4,150	AF	063			9,970	
SAN BERNARDINO COUNTY GENERAL (SAN BERNARDINO)	G. J. WIESSEMAN	29	724	4,510	AF	063			9,970	
LONG BEACH										
LONG BEACH COMMUNITY	J. ROWE	204	10,601	38,226	ACF	090	02	002	9,200	
VETERANS ADMINISTRATION	SEE UNIV. OF CALIFORNIA (IRVINE) AFFIL. HOSPITALS, IRVINE									
LOS ANGELES										
CHILDRENS HOSPITAL OF LOS ANGELES	J. C. WILSON, JR.	20	764	6,513	C	071			14,784	
LOS ANGELES COUNTY–U.S.C. MEDICAL CENTER	J. P. HARVEY, JR.	146	4,998	39,282	ACF	071 111	08	032	14,340	
ORTHOPAEDIC	C. F. SMITH		5,482	59,027	ACF	020 119	03	012	9,000	206173
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	G. W. WESTIN	50	293	2,078	C	003 040 078 090	03	003		
U. C. L. A.	H. C. AMSTUTZ	31	1,025	9,468	ACF	078	03	009	10,200	
VETERANS ADMIN. CENTER-WADSWORTH	R. E. RICHTER	74	1,515	6,685	AF	119	04	015	13,676	
WHITE MEMORIAL MEDICAL CENTER	A. J. NEUFELD	17	676	6,278	ACF	111	02	008	10,800	
OAKLAND										
CHILDREN'S HOSPITAL MEDICAL CENTER OF NORTHERN CALIFORNIA	SEE UNIVERSITY OF CALIFORNIA PROGRAM, SAN FRANCISCO									
HIGHLAND GENERAL	T. K. SMITH	34	10,484	7,904	AF	002 003				
KAISER FOUNDATION	SEE UNIVERSITY OF CALIFORNIA PROGRAM, SAN FRANCISCO									
SAMUEL MERRITT	SEE UNIVERSITY OF CALIFORNIA PROGRAM, SAN FRANCISCO									
ORANGE										
CHILDREN'S HOSPITAL OF ORANGE COUNTY	SEE UNIV. OF CALIFORNIA (IRVINE) AFFIL. HOSPITALS, IRVINE									
ORANGE COUNTY MEDICAL CENTER	SEE UNIV. OF CALIFORNIA (IRVINE) AFFIL. HOSPITALS, IRVINE									
PALO ALTO										
VETERANS ADMINISTRATION	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD									
RIVERSIDE										
RIVERSIDE GENERAL	SEE LOMA LINDA UNIV. AFFIL. HOSPITALS, LOMA LINDA									
SACRAMENTO										
SACRAMENTO MEDICAL CENTER	SEE UNIV. OF CALIFORNIA (DAVIS) AFFILIATED HOSPS., DAVIS									
SAN BERNARDINO										
SAN BERNARDINO COUNTY GENERAL	SEE LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS, LOMA LINDA									
SAN DIEGO										
UNIVERSITY OF CALIFORNIA (SAN DIEGO) AFFILIATED HOSPITALS	W. H. AKESON					109	04	016		
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	W. H. AKESON	32	905	6,291	AF	109			10,200	
CHILDRENS	W. H. AKESON				C	109				
DONALD N. SHARP MEMORIAL COMMUNITY		20	954		AF	109				
MERCY HOSPITAL AND MEDICAL CENTER	H. E. WIGGINS	50	2,338	2,001	AF	109			9,765	
VETERANS ADMIN.					AF	109				
SAN FRANCISCO										
SAN FRANCISCO ORTHOPEDIC RESIDENCY TRAINING PROGRAM	L. W. TAYLOR					108	05	015	10,080	
MARY'S HELP (DALY CITY)	M. C. MENSOR	43	1,556	2,326	ACF	108				
KAISER FOUNDATION	J. J. BRENNAN	39	1,330	36,796	ACF	108			10,100	
ST. JOSEPH'S		31	997	2,483	AF	108				
ST. MARY'S HOSPITAL AND MEDICAL CENTER	L. W. TAYLOR	52	1,477	8,691	AF	108				
VETERANS ADMIN. (LIVERMORE)	C. RAISBECK, JR.	29	624	3,468	AF	108			7,275	
UNIVERSITY OF CALIFORNIA PROGRAM	D. B. LUCAS					002	10	040		
H. C. MOFFITT–UNIVERSITY OF CALIFORNIA HOSPITALS	D. B. LUCAS	51	1,276	3,424	ACF	002			9,400	
CHILDREN'S HOSPITAL AND ADULT MEDICAL CENTER	L. J. LARSEN	37	1,259	1,222	C	002			9,700	
FRANKLIN					A	002				
MOUNT ZION HOSPITAL AND MEDICAL CENTER					A	002				
PACIFIC MEDICAL CENTER – PRESBYTERIAN	D. E. KING	16	690	1,169	AF	002			9,600	
SAN FRANCISCO GENERAL	E. G. BOVILL	66	1,533	11,229	AF	002			9,924	
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	L. J. LARSEN	44	351	2,797	C	002 040				
VETERANS ADMIN.	R. C. MAURER	31	422	2,584	A	002			9,400	

18. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1973-1974 1st Yr.	Positions Offered 1973-1974 All Yrs.	Annual Salary (Min.)	NIRMP Number
CALIFORNIA, SAN FRANCISCO - CONTINUED										
CHILDREN'S HOSPITAL MEDICAL CENTER OF NORTHERN CALIFORNIA (OAKLAND)	C. ROWE	5	398	2,092	C	002			10,825	
HIGHLAND GENERAL (OAKLAND)	T. K. SMITH	34	10,484	7,904	AF	002 003				
KAISER FOUNDATION (OAKLAND)	J. D. JOHNSTON	28	1,181	34,137	A	002				
SAMUEL MERRITT (OAKLAND)		66	2,874	4,617	AF	002			8,900	
SAN JOSE										
SANTA CLARA VALLEY MEDICAL CENTER	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD									
SANTA CLARA										
KAISER FOUNDATION	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD									
STANFORD										
STANFORD UNIVERSITY AFFILIATED HOSPITALS	D. A. NAGEL				ACF	098	03	012		
STANFORD UNIVERSITY	D. A. NAGEL	38	1,438	3,946		098			9,700	
VETERANS ADMIN. (PALO ALTO)	D. S. BURTON	14	294	1,770		098			9,700	
SANTA CLARA VALLEY MEDICAL CENTER (SAN JOSE)	R. M. JAMESON	32	645	4,890		098			11,045	
KAISER FOUNDATION (SANTA CLARA)	B. G. HOROWITZ	27	860	13,501		098			9,480	
TORRANCE										
LOS ANGELES COUNTY HARBOR GENERAL	D. M. STREET	39	973	24,436	AF	119	03	012	14,340	
COLORADO										
DENVER										
ST. JOSEPH	SEE ST. FRANCIS AFFILIATED HOSPS., WICHITA									
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	J. S. MILES					004	04	016		
UNIVERSITY OF COLORADO MEDICAL CENTER	J. S. MILES	23	1,229	9,103	ACF	004			9,200	
VETERANS ADMIN.	M. GIBBENS	24	558	1,880	AF	004			9,620	
CHILDREN'S	J. C. DRENNAN	14	655	3,409	C	004			10,600	
DENVER GENERAL	L. G. HAWKINS	21	769	16,925	AF	004 091				
CONNECTICUT										
HARTFORD										
HARTFORD	SEE YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN									
UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS	V. J. TURCO					172	04	012		
UNIVERSITY OF CONNECTICUT HOSPITAL-MC COOK DIVISION	V. J. TURCO	8	208	672	AF	172				
ST. FRANCIS	E. SIGMAN, V. J. TURCO	11	1,892	1,016	AF	172				
VETERANS ADMIN. (NEWINGTON)	V. J. TURCO	21	242	1,760	A	172			10,073	
NEW HAVEN										
HOSPITAL OF ST. RAPHAEL	A. H. GOODMAN	56	1,623	9,552	AF	134	02	006	10,450	
YALE-NEW HAVEN MEDICAL CENTER	W. O. SOUTHWICK					005	06	018		
YALE-NEW HAVEN	W. O. SOUTHWICK	54	1,522	7,178	AF	005			10,450	
HARTFORD (HARTFORD)	H. R. GOSSLING	54	2,145	100	AF	005 172			11,100	
VETERANS ADMIN. (WEST HAVEN)	W. O. SOUTHWICK	31	477	1,675	AF	005			10,543	
NEWINGTON										
NEWINGTON CHILDREN'S	J. M. CARY	76	961	7,539	C	005 082 172			12,700	
VETERANS ADMIN	SEE UNIV. OF CONNECTICUT AFFIL. HOSPS., HARTFORD									
WEST HAVEN										
VETERANS ADMIN.	SEE YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN									
DELAWARE										
WILMINGTON										
ALFRED I. DUPONT INSTITUTE OF THE NEMOURS FOUNDATION	G. D. MAC EWEN	51	10	14,790	C	020 021 077			10,000	
VETERANS ADMINISTRATION	SEE THOMAS JEFFERSON UNIV. AFFIL. HOSPITALS, PHILADELPHIA									
DISTRICT OF COLUMBIA										
WASHINGTON										
DISTRICT OF COLUMBIA GENERAL (CRIPPLED CHILDREN'S UNIT)	C. KECK	20	225	4,072	C	014 083 115			11,300	
GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS	G. W. HYATT					014	03	012		
GEORGETOWN UNIVERSITY		31	583	8,431	AF	014			10,550	
DISTRICT OF COLUMBIA GENERAL (CRIPPLED CHILDREN'S UNIT)		20	225	4,072	C	014 083 115			11,300	
SIBLEY MEMORIAL		30	162	1,417	ACF	014			9,495	
VETERANS ADMIN.		31	353		A	014 083 115			10,022	
ARLINGTON (ARLINGTON, VA.)		30	236		AF	014				
GEORGE WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	J. P. ADAMS					083	05	020		
GEORGE WASHINGTON UNIVERSITY	J. P. ADAMS	43	1,278	3,640	AF	083			10,550	
CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA	R. E. COLLINS, J. S. FARBER	17	460	3,567	C	083				
DISTRICT OF COLUMBIA GENERAL (CRIPPLED CHILDREN'S UNIT)		20	225	4,072	C	014 083 115			11,300	
VETERANS ADMIN.	J. P. ADAMS	31	353		A	014 083 115				

18. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1973-1974 1st Yr.	Positions Offered 1973-1974 All Yrs.	Annual Salary (Min.)	NIRMP Number
DISTRICT OF COLUMBIA - CONTINUED										
WASHINGTON HOSPITAL CENTER	G. SCHUSTER	54	1,499	2,935	AF	083			10,550	
HOWARD UNIVERSITY AFFILIATED HOSPITALS	C. H. EPPS, JR.					115	04	016		
FREEDMEN'S	C. H. EPPS, JR.	11	250	2,126	AF	115				
DISTRICT OF COLUMBIA GENERAL	M. P. GLADDEN	39	541	5,528	ACF	115			11,300	
DISTRICT OF COLUMBIA GENERAL HOSPITAL (CRIPPLED CHILDREN'S UNIT)	C. KECK	20	225	4,072	C	014 083 115			11,300	
MORRIS CAFRITZ MEMORIAL	J. T. LYNN	393	18,736		AF	115				
PROVIDENCE	C. H. EPPS, JR.	39	1,059	1,827	AF	115			10,800	
VETERANS ADMIN.	P. I. KENMORE	31	353		A	014 083 115			10,022	
FLORIDA										
GAINESVILLE										
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	W. F. ENNEKING					123	03	012		
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS	W. F. ENNEKING	22	715	6,304	ACF	123			8,500	
VETERANS ADMIN.	H. A. PASCHALL	29	614	3,064	AF	123			6,625	
JACKSONVILLE										
JACKSONVILLE HOSPITALS EDUCATIONAL PROGRAM	R. G. DEDO					062	03	009	8,900	
BAPTIST MEMORIAL	G. J. FIPP	31	1,332	11	AF	062				
HOPE HAVEN CHILDREN'S	J. T. HOCKER	10	305		C	062				
ST. LUKE'S	J. T. HOCKER	62	940		A	062				
UNIVERSITY HOSPITAL OF JACKSONVILLE	R. G. DEDO	19	589	9,746	AF	062				
MIAMI										
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	A. SARMIENTO					076	05	020		
JACKSON MEMORIAL	A. SARMIENTO	103	2,181	9,978	ACF	076			9,950	
VARIETY CHILDREN'S	C. D. HOLMES	13	524	5,645	C	076 118			9,750	
VETERANS ADMIN.	A. SARMIENTO	34	545	4,215	A	076			10,050	
MIAMI BEACH										
MOUNT SINAI HOSPITAL OF GREATER MIAMI	L. A. RUSSIN	46	1,107	1,339	AF	118	00	004	9,900	
ORLANDO										
ORANGE MEMORIAL	J. G. MATTHEWS	112	4,347	4,282	ACF	020	03	010	9,000	
GEORGIA										
ATLANTA										
EMORY UNIVERSITY AFFILIATED HOSPITALS	R. P. KELLY					039	04	012		
EMORY UNIVERSITY	R. P. KELLY	22	647		AF	039			9,360	
GRADY MEMORIAL	R. P. KELLY	66	1,679	21,492	ACF	039			9,360	
HENRIETTA EGLESTON HOSPITAL FOR CHILDREN					C	039				
VETERANS ADMIN. (DECATUR)	E. A. ACKERMAN	40	360	4,960	A	039				
GEORGIA BAPTIST	R. E. KING	48	1,606	219	AF	113	03	012		
AUGUSTA										
MEDICAL COLLEGE OF GEORGIA HOSPITALS	F. E. BLIVEN, JR.					114	03	012		
EUGENE TALMADGE MEMORIAL	F. E. BLIVEN, JR.	24	627	6,126	ACF	114			9,500	
UNIVERSITY	F. E. BLIVEN	58	1,874	1,293	AF	114				
VETERANS ADMIN.	P. E. SABATELLE	32	455	2,778	A	114			8,100	
COLUMBUS										
MEDICAL CENTER	SEE TULANE UNIVERSITY AFFILIATED HOSPITALS, NEW ORLEANS									
DECATUR										
SCOTTISH RITE HOSPITAL FOR CRIPPLED CHILDREN	W. W. LOVELL	28	870	5,451	C	113				
VETERANS ADMIN	SEE EMORY UNIVERSITY AFFILIATED HOSPS., ATLANTA									
HAWAII										
HONOLULU										
UNIVERSITY OF HAWAII AFFILIATED HOSPITALS	L. GORDON					068	02	006		
QUEEN'S MEDICAL CENTER	R. NEMECHEK, L. GORDON	13	1,940	1,210	AF	068			10,500	
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	I. J. LARSEN	36	163	3,717	C	068 086				
ILLINOIS										
CHICAGO										
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	M. POST	51	1,172	24,333	ACF	135	02	008	10,450	
NORTHWESTERN UNIVERSITY-MC GAW MEDICAL CENTER-COOK COUNTY	W. J. KANE					007	10	043	11,250	224773
CHICAGO WESLEY MEMORIAL	W. J. KANE	69	1,888	1,688	ACF	007				
CHILDREN'S MEMORIAL	M. O. TACHDJIAN	25	975	10,102	C	007 121				
COOK COUNTY	W. J. KANE	137	4,696	23,727	ACF	007 047			10,900	
PASSAVANT MEMORIAL	J. K. STACK	29	635	5,995	A	007				
ST. ANNE'S	J. J. CALLAHAN	47	1,179	5,236	AF	007			9,600	
VETERANS ADMIN. RESEARCH	W. J. KANE	30	446	3,308	AF	007				
EVANSTON (EVANSTON)	N. C. MEAD	40	1,689	761	AF	007				
ST. FRANCIS (EVANSTON)	J. J. FAHEY	66	1,410	8,311	AF	007			11,100	
PRESBYTERIAN-ST. LUKE'S	J. GALANTE	55	1,150	1,700	ACF	174	01	008		
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	E. A. MILLAR	46	570	6,053	C	050				
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	J. STEVENS	27	718	6,399	ACF	136	01	006	10,800	

18. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
ILLINOIS, CHICAGO - CONTINUED										
UNIVERSITY OF ILLINOIS										
AFFILIATED HOSPITALS	R. D. RAY					047	05	020		
UNIVERSITY OF ILLINOIS	R. D. RAY	98	2,205	21,297	ACF	047			10,560	
VETERANS ADMIN. (WEST SIDE)	R. BARMADA	37	723	8,800	AF	047			10,560	
EVANSTON										
EVANSTON	SEE NORTHWESTERN UNIV.-MC GAW MED. CTR.-COOK COUNTY, CHICAGO									
ST. FRANCIS	SEE NORTHWESTERN UNIV.-MC GAW MED. CENTER-COOK COUNTY, CHGO.									
HINES										
VETERANS ADMIN.	E. MILLAR	52	946	3,720	AF	050	04	016	10,100	225773
OAK PARK										
WEST SUBURBAN	H. A. SOFIELD	56	1,633	8,551	AF	050			10,100	
PARK RIDGE										
LUTHERAN GENERAL	R. T. LIDGE	37	1,833	1,694	AF	050			9,600	
PEORIA										
ST. FRANCIS	J. J. FLAHERTY	79	2,358	6,106	ACF	137	01	004	10,750	
INDIANA										
FORT WAYNE										
LUTHERAN HOSPITAL OF FORT WAYNE	J. G. BUCHHOLZ	93	6,592	8,536	ACF	138	01	008	10,300	
VETERANS ADMIN.		23	292	648	A	138			10,600	
INDIANAPOLIS										
INDIANA UNIVERSITY MEDICAL CENTER	J. B. WRAY					008	03	018		
INDIANA UNIVERSITY HOSPITALS	J. B. WRAY	30	833	8,100	ACF	006 101			9,500	
MARION COUNTY GENERAL	R. O. PIERCE		684	8,885	ACF	008			10,000	
METHODIST HOSPITAL OF INDIANA	R. BRUECKMANN	75	1,878	1,724	AF	008			10,605	
ST. VINCENT'S	G. F. RAPP	36	1,153	8,337	AF	008			11,760	
VETERANS ADMIN.	J. B. WRAY	37	643	3,232	AF	008			10,750	
IOWA										
IOWA CITY										
UNIVERSITY OF IOWA AFFILIATED HOSPITALS						139				
UNIVERSITY OF IOWA HOSPITALS	C. B. LARSON	79	2,801	16,952	ACF	139	05	020	9,500	120373
KANSAS										
KANSAS CITY										
UNIVERSITY OF KANSAS MEDICAL CENTER	F. W. RECKLING	20	646	8,767	ACF	140	02	008	9,000	
WICHITA										
ST. FRANCIS AFFILIATED HOSPITALS	H. O. MARSH					106	04	016	9,300	
ST. FRANCIS	H. G. MARSH	74	2,578	2,972	ACF	106				
VETERANS ADMIN. CENTER	H. O. MARSH	18	254	553	AF	106				
WESLEY MEDICAL CENTER	R. RAWCLIFFE	35	2,688	1,761	ACF	106				
ST. JOSEPH (DENVER, COLO.)	M. L. CLAYTON	39	1,642	374	AF	106			9,200	
KENTUCKY										
LEXINGTON										
UNIVERSITY OF KENTUCKY-LEXINGTON RESIDENCY PROGRAM	T. D. BROWER					059	03	012		
UNIVERSITY	T. D. BROWER	20	800	5,000	AF	059				
VETERANS ADMIN.	T. D. BROWER	9	273	1,046	AF	059			8,300	
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	H. L. BAILEY	45	285	3,354	C	059				
GOOD SAMARITAN	K. R. THOMPSON	25	1,045	595	ACF	059			7,560	
ST. JOSEPH		26	1,080		ACF	059				
LOUISVILLE										
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	J. W. HARKESS					009	04	016		121773
KOSAIR CRIPPLED CHILDREN	J. W. HARKESS	44	1,571	12,794	C	009			6,500	
LOUISVILLE GENERAL	J. W. HARKESS	32	711	7,541	AF	009			6,600	
VETERANS ADMIN.	O. J. HURT	39	618	4,035	AF	009			8,370	
LOUISIANA										
ALEXANDRIA										
VETERANS ADMINISTRATION	SEE TULANE UNIVERSITY AFFILIATED HOSPITALS, NEW ORLEANS									
MONROE										
E. A. CONWAY MEMORIAL	A. W. DUNN	6	307	2,281	A	056				
NEW ORLEANS										
CHARITY HOSPITAL OF LOUISIANA-LOUISIANA STATE UNIVERSITY DIVISION	I. CAHEN	31	945	15,741	ACF	141	04	014	7,800	
OCHSNER FOUNDATION	A. W. DUNN	32	961	14,416	ACF	056	02	008	8,500	
TULANE UNIVERSITY AFFILIATED HOSPITALS	J. K. WICKSTROM					010	06	024		
CHARITY HOSPITAL OF LOUISIANA	J. K. WICKSTROM	42	1,288	15,241	ACF	010 110			7,800	
VETERANS ADMIN. (ALEXANDRIA)	J. K. WICKSTROM	16	282	2,098	AF	010			9,437	
TOURO INFIRMARY	I. REDLER	6	2,455	2,016	ACF	010			9,000	
U. S. PUBLIC HEALTH SERVICE (NEW ORLEANS)	T. S. WHITECLOUD	51	771	4,928	AF	010				
VETERANS ADMIN.	R. H. ALLDREDGE	61	612	6,394	AF	010			9,437	
MEDICAL CENTER (COLUMBUS, GA.)	J. C. HUGHSTON	64	2,029	2,008	AF	010			8,500	
HUEY P. LONG CHARITY (PINEVILLE)	J. WICKSTROM				AF	010				
PINEVILLE										
HUEY P. LONG CHARITY	SEE TULANE UNIVERSITY AFFILIATED HOSPITALS, NEW ORLEANS									
SHREVEPORT										
CONFEDERATE MEMORIAL MEDICAL CENTER	D. W. MC KAY	39	1,173	5,552	ACF	043	03	012	7,800	
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	D. W. MC KAY	52	432	2,902	C	010 043				
MARYLAND										
BALTIMORE										
JAMES LAWRENCE KERNAN	R. C. ABRAMS	66	1,549	14,517	C	020 070 066			10,400	

18. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MARYLAND, BALTIMORE - CONTINUED										
JOHNS HOPKINS AFFILIATED HOSPITALS	R. A. ROBINSON					057	04	012		
JOHNS HOPKINS	R. A. ROBINSON	59	1,411	10,016	ACF	057 070 087			10,500	
BALTIMORE CITY HOSPITALS	G. SCHMEISSER	19	525	7,288	AF	057 070 087				
CHILDREN'S	R. A. ROBINSON	82	2,088	5,782	C	057 087				
GOOD SAMARITAN	R. A. ROBINSON	5	110	260	A	057			10,500	
VETERANS ADMIN.					A	057				
SINAI HOSPITAL OF BALTIMORE	R. E. ZADEK	33	1,036	1,948	AF	070	01	003	12,000	
UNION MEMORIAL	J. T. H. JOHNSON	40	1,050	10,645	ACF	087	02	006	11,000	
UNIVERSITY OF MARYLAND	T. H. MORGAN	22	751	6,868	AF	088	03	012	10,700	
MASSACHUSETTS										
BOSTON										
BOSTON UNIVERSITY AFFILIATED HOSPITALS	R. E. LEACH					066	04	012		
UNIVERSITY	R. E. LEACH	29	1,040	800	A	066			9,500	
LAHEY CLINIC	W. R. TORGERSON	35	580	8,500	A	066			10,700	
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN (SPRINGFIELD)	J. D. FISHER	52	373	4,079	C	066				
CARNEY	R. M. KILFOYLE	32	920	8,160	AF	045	02	006	10,700	
CHILDREN'S HOSPITAL MEDICAL CENTER	J. E. HALL	70	1,778	11,928	C	011			10,300	
MASSACHUSETTS GENERAL	T. BROWN	132	2,879	14,000	ACF	011	10	020	10,200	
PETER BENT BRIGHAM	C. B. SLEDGE	35	742	4,441	AF	011				
TUFTS UNIVERSITY AFFILIATED HOSPITALS	H. H. BANKS				ACF	013	06	024		
BOSTON CITY	H. H. BANKS	75	1,484	35,000		013 045 066			10,300	
NEW ENGLAND MEDICAL CENTER HOSPITALS	H. H. BANKS	40	818	3,030		013			10,165	
VETERANS ADMIN.	A. A. THIBODEAU	13	1,127	2,890		013			10,690	
VETERANS ADMIN. (WEST ROXBURY)	J. B. MC GINTY	16	197	1,225	A	011			11,388	
CANTON										
MASSACHUSETTS HOSPITAL SCHOOL	R. M. KILFOYLE	99	124	1,193	C	045 066			7,107	
LAKEVILLE										
LAKEVILLE					C	045 066				
SPRINGFIELD										
SHRINER'S HOSPITAL FOR CRIPPLED CHILDREN	SEE BOSTON UNIVERSITY AFFILIATED HOSPITALS, BOSTON									
MICHIGAN										
ALLEN PARK										
VETERANS ADMIN.	SEE WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS, DETROIT									
ANN ARBOR										
UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS	W. S. SMITH					074	06	016		
UNIVERSITY	W. S. SMITH	41	1,209	10,480	ACF	074			10,500	
ST. JOSEPH MERCY	L. P. KIVI	49	1,621	14,857	ACF	074			11,300	
WAYNE COUNTY GENERAL (ELOISE)	H. KAUFER	30	778	6,626	AF	074			10,924	
DEARBORN										
OAKWOOD	SEE WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS, DETROIT									
DETROIT										
HENRY FORD	H. FROST	110	2,170	30,859	ACF	142	07	028	10,300	
WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS	H. E. PEDERSEN					012	05	020		
VETERANS ADMIN. (ALLEN PARK)	H. E. PEDERSEN	36	756	5,200	A	012			11,880	
OAKWOOD (DEARBORN)	H. E. PEDERSEN	34	1,190		ACF	012				
CHILDREN'S HOSPITAL OF MICHIGAN	A. J. DAY	13	528	4,046	C	012			10,500	
DETROIT GENERAL	H. E. PEDERSEN	52	1,200	9,762	AF	012			10,800	
GRACE	W. H. BLODGETT	24	541	469	A	012			11,100	
HARPER	A. J. DAY	34	924	1,423	A	012			11,100	
ELOISE										
WAYNE COUNTY GENERAL	SEE UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS, ANN ARBOR									
GRAND RAPIDS										
BODGETT MEMORIAL HOSPITAL-BUTTERWORTH	A. B. SWANSON					159	02	008		
BLODGETT MEMORIAL	A. B. SWANSON	51	1,734	3,381	ACF	020 159			9,492	
BUTTERWORTH		39	1,482	934	AF	159				
ST. MARY'S	G. T. AITKEN	38	1,440	7,888	ACF	143	02	007	9,492	131173
KALAMAZOO										
BORGESS-BRONSON HOSPITALS ORTHOPEDIC RESIDENCY	C. M. HANSON				ACF	126	02	008		
BORGESS	J. W. SCHOLL	33	1,206	688		126			11,700	
BRONSON METHODIST	C. M. HANSON	42	1,483	808		126			9,300	
PONTIAC										
OAKLAND MEDICAL CENTER	SEE WM. BEAUMONT HOSP.-OAKLAND MEDICAL CTR., ROYAL OAK									
ROYAL OAK										
WILLIAM BEAUMONT HOSPITAL-OAKLAND MEDICAL CENTER	S. STANISAVLJEVIC				ACF	173	02	008	11,000	
WILLIAM BEAUMONT		65	1,883	936		173				
OAKLAND MEDICAL CENTER (PONTIAC)		10	173	332		173				
MINNESOTA										
MINNEAPOLIS										
FAIRVIEW					AF	089			10,000	
HENNEPIN COUNTY GENERAL	R. B. GUSTILO	33	1,176	9,480	AF	016 089			9,250	
ST. MARY'S	R. B. WINTER	11	1,291	2,012	AF	089			10,000	
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	O. R. LANNIN	33	260	2,219	C	016				

18. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MINNESOTA, MINNEAPOLIS - CONTINUED										
UNIVERSITY OF MINNESOTA HOSPITALS	J. H. MOE, J. H. HOUSE	20	770	4,129	ACF	080 089	04	020	9,500	133473
VETERANS ADMIN.	R. F. PREMER	60	961	3,695	AF	016 080	03	012	9,800	
ROCHESTER										
MAYO GRADUATE SCHOOL OF MEDICINE	P. J. KELLY			72,668		121	17	065	10,500	132873
ROCHESTER METHODIST		70	1,887		ACF	121				
ST. MARY'S		131	3,250		ACF	121				
ST.PAUL										
GILLETTE CHILDREN'S	R. B. WINTER	58	921	19,999	C	016 089			9,500	
ST. PAUL-RAMSEY	T. COMFORT	30	882	5,846	F	016 080			8,750	
MISSISSIPPI										
JACKSON										
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	P. S. DERIAN					006	03	011		
UNIVERSITY		27	753	6,937	ACF	006			9,500	
VETERANS ADMIN. CENTER		29	559	3,389	AF	006			9,413	
MISSOURI										
COLUMBIA										
UNIVERSITY OF MISSOURI MEDICAL CENTER	L. O. LITTON	20	662	5,040	ACF	148	01	003	9,500	
KANSAS CITY										
KANSAS CITY AFFILIATED HOSPITALS	J. L. BARNARD					018	03	012		
CHILDREN'S MERCY	J. L. BARNARD, R. H. KIENE	10	206	4,360	C	018			9,000	
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER	J. L. BARNARD, JR.	19	453	5,022	AF	018			9,285	
ST. LUKE'S	J. L. BARNARD	68	1,918	7,828	ACF	018			8,820	
VETERANS ADMIN.	J. L. BARNARD	22	564	1,068	AF	018			9,500	
ST.LOUIS										
BARNES HOSPITAL GROUP	F. C. REYNOLDS	71	2,101	3,671	ACF	060	06	020	10,000	
ST. LOUIS CITY										
WASHINGTON UNIVERSITY SERVICE	V. M. BADGER	16	317	2,412	F	060			9,594	
ST. LOUIS UNIVERSITY SERVICE	O. E. O' REILLY	16	363	2,155	F	046			10,037	
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS	O. E. O' REILLY				ACF	046	03	012		
CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN	D. E. O' REILLY	11	448			046			9,600	
FIRMIN DESLOGE GENERAL						046			9,600	
ST. MARY'S	D. O' REILLY, R. FUNSCH	36	1,011	19		046			9,600	
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	G. E. SCHEER	87	1,065	8,188	C	060				
VETERANS ADMIN.	F. REYNOLDS	27	512	4,760	A	060				
NEBRASKA										
OMAHA										
UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS	L. T. HOOD					001	03	012		
UNIVERSITY OF NEBRASKA		8	230	2,249	ACF	001			9,000	
VETERANS ADMIN.		10	462	1,032	AF	001			10,344	
NEW HAMPSHIRE										
HANOVER										
DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS	L. W. HALL					082	02	006	9,700	
MARY HITCHCOCK MEMORIAL		36	781	7,701	AF	082				
VETERANS ADMIN. CENTER (WHITE RIVER JUNCTION, VT.)		19	197	1,556	AF	082				
NEW JERSEY										
EAST ORANGE										
VETERANS ADMIN.	SEE CMDNJ-NEW JERSEY MED. SCHOOL AFFIL. HOSPS., NEWARK									
JERSEY CITY										
JERSEY CITY MEDICAL CENTER	A. M. FRANCIS	45	581	5,862	ACF	145	02	006	10,500	
LONG BRANCH										
MONMOUTH MEDICAL CENTER	J. R. MERENDINO	52	1,620	1,783	ACF	146	01	004	11,500	139273
NEWARK										
CMDNJ-NEW JERSEY MEDICAL SCHOOL AFFILIATED HOSPITALS	A. F. DE PALMA					102	10	032	11,300	139873
VETERANS ADMIN. (EAST ORANGE)	J. J. AMSTER	37	285	875	A	102				
MARTLAND	A. F. DE PALMA	48	745	5,756	ACF	102				
UNITED HOSPS. ORTHOPEDIC CENTER-HOSP. FOR CRIPPLED CHILDREN-ADULTS	P. WILLNER				AC	170	01	006		
ORANGE										
HOSPITAL CENTER AT ORANGE	H. T. HANSEN	49	979	15,800	ACF	122	02	006		
NEW JERSEY ORTHOPAEDIC						122				
ORANGE MEMORIAL						122				
PATERSON										
ST. JOSEPH'S	R. V. HOLMAN	54	1,433	2,027	ACF	147		005	10,887	
NEW MEXICO										
ALBUQUERQUE										
UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS	G. E. OMER, JR.					093	03	012	8,400	
BATAAN MEMORIAL	R. S. TURNER	19	595	18,558	AF	093				
BERNALILLO COUNTY MEDICAL CENTER	G. E. OMER, JR.	17	739	5,108	AF	093				
VETERANS ADMIN.	L. M. OVERTON	38	803	1,910	AF	093				
TRUTH OR CONSEQUENCES										
CARRIE TINGLEY CRIPPLED CHILDREN'S	D. H. MUNGER	54	513	4,991	C	004 093 096			9,000	

18. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK										
ALBANY										
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	C. J. CAMPBELL				ACF	055	04	016		
ALBANY MEDICAL CENTER	C. J. CAMPBELL	68	1,691	1,637		055			10,600	
VETERANS ADMIN.	C. J. CAMPBELL	12	412	820		055			11,600	
ELLIS (SCHENECTADY)	J. A. DOLAN	58	1,787	173		055			10,600	
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER (SCHENECTADY)	J. A. DOLAN	62	793	14,609		055				
BUFFALO										
S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS	E. R. MINDELL					024	05	017		
BUFFALO GENERAL	B. E. OBLETZ	16	1,343	1,088	AF	024			10,500	
CHILDREN'S HOSPITAL OF BUFFALO	J. D. GODFREY	21	598	3,200	C	024			11,500	
EDWARD J. MEYER MEMORIAL	E. R. MINDELL	24	352	3,076	AF	024			10,000	
VETERANS ADMIN.	R. B. ERICKSON	40	740	880	AF	024				
EAST MEADOW										
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV.	A. D. POTENZA	68	991	24,102	ACF	149	04	012	10,112	
MINEOLA										
NASSAU	S. W. GREINER	46	1,483	596	ACF	038	02	006	12,660	
NEW HYDE PARK										
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER	SEE STATE UNIV.-KINGS COUNTY HOSP. CTR., NEW YORK CITY									
NEW YORK CITY										
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	E. D. SEDLIN					112	05	020		
BRONX MUNICIPAL HOSPITAL CENTER	E. D. SEDLIN	53	693	15,300	ACF	107 112				
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE	R. SCHULTZ	20	380	4,382	AF	112				
LINCOLN	E. D. SEDLIN				ACF	112				
BROOKDALE HOSPITAL CENTER		24	635	7,084	ACF	156	02	006	13,300	
CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS						124	03	009	13,300	145073
MARY IMMACULATE DIVISION				6,143	AF	124				
MARY IMMACULATE DIVISION (ST. CHARLES UNIT)				4,243	C	020 124				
ST. JOHN'S QUEENS DIVISION		30	652	596	AF	124				
ST. MARY'S DIVISION				1,685	AF	124				
FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER	J. W. FIELDING					026				
POLYCLINIC DIVISION		27	515	2,256	AF	026	01	002	14,450	147573
HARLEM HOSPITAL CENTER	M. L. SHELTON	70	720	8,100	ACF	150	02	006	10,000	
HOSPITAL FOR JOINT DISEASES AND MEDICAL CENTER	H. ROBBINS	132	3,202	23,359	ACF	125	06	024	13,300	
HOSPITAL FOR SPECIAL SURGERY	R. L. PATTERSON, JR.	174	3,530	33,114	ACF	022	08	032	13,000	
HOUSE OF ST. GILES THE CRIPPLE	J. W. FIELDING	21	229	11,651	C	026 041 175			10,500	
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	L. J. KOVEN	40	715	5,620	AF	084	02	008	13,300	
KINGSBROOK JEWISH MEDICAL CENTER	M. SCHNEIDER	40	613	3,464	AC	084	01	004	13,750	
LENOX HILL	J. A. NICHOLAS	52	1,069	5,491	AF	175	02	006	13,300	
MAIMONIDES MEDICAL CENTER TRAINING PROGRAM					ACF	107	03	006		
MAIMONIDES MEDICAL CENTER	H. PEARLMAN	47	967	5,317		107			14,000	
CONEY ISLAND	D. WILSON	40	8	11,371		107			13,300	
MONTEFIORE HOSPITAL TRAINING PROGRAM	B. B. GREENBERG				ACF	125	04	012	14,000	
MONTEFIORE HOSPITAL AND MEDICAL CENTER		58	751	6,427		125				
MORRISANIA CITY		53	563	9,758		125				
MOUNT SINAI HOSPITAL TRAINING PROGRAM	R. S. SIFFERT					065	03	009	14,000	
MOUNT SINAI	R. S. SIFFERT	56	702	8,081	ACF	065				
CITY HOSPITAL CENTER AT ELMHURST	A. SCHEIN	70	911	7,256	AF	065				
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	A. A. MICHELE				ACF	067	04	012	13,300	
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS		30	534	520		067				
UNIT 2 - METROPOLITAN HOSPITAL CENTER		67	623	11,311		067			13,300	
NEW YORK UNIVERSITY MEDICAL CENTER	W. A. L. THOMPSON					051	06	016		
BELLEVUE HOSPITAL CENTER	H. SPRAGUE	36	358	5,785	ACF	051				
UNIVERSITY	H. SPRAGUE	33	553		A	051				
VETERANS ADMIN. (MANHATTAN)	K. P. TAM	27	392		AF	051			13,678	
PRESBYTERIAN	F. E. STINCHFIELD	135	3,434	31,248	ACF	126	06	027		
QUEENS HOSPITAL CENTER	J. MANLY	74	957	9,079	ACF	152	03	009	14,000	
ST. LUKE'S HOSPITAL CENTER	F. R. THOMPSON	58	1,135	9,393	ACF	041	03	007	13,500	
ST. VINCENT'S MEDICAL CENTER OF RICHMOND	J. FIELDING, E. LUCEY	29	546	1,801	AF	026	01	002	13,500	
STATE UNIVERSITY-KINGS COUNTY HOSPITAL CENTER	L. S. LAVINE					144	04	012		
KINGS COUNTY HOSPITAL CENTER	L. S. LAVINE	56	861	11,214	ACF	144			14,000	
STATE UNIVERSITY	L. LAVINE	6	135	832	ACF	144			12,500	
VETERANS ADMIN. (BROOKLYN)	A. G. SMITH	41	684	352	A	144				
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER (NEW HYDE PARK)	L. LAVINE	36	600	1,000	AF	144				
VETERANS ADMIN. (BRONX)	R. L. PATTERSON, JR.	36	666	4,575	AF	022			15,256	
PORT JEFFERSON										
ST. CHARLES	J. S. CONSOLI	18	243	3,146	C	038 127			7,000	

18. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK – CONTINUED										
ROCHESTER										
UNIVERSITY OF ROCHESTER										
AFFILIATED HOSPITALS	L. A. GOLDSTEIN				ACF	031	03	010	10,000	
GENESEE	R. C. DICKERSON	34	1,080	1,288		031				
HIGHLAND HOSPITAL OF ROCHESTER						031				
ROCHESTER GENERAL	J. D. STATES	41	1,166	980		031				
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	L. A. GOLDSTEIN	46	1,098	3,029		031				
SCHENECTADY										
ELLIS	SEE ALBANY MEDICAL CENTER AFFILIATED HOSPS., ALBANY									
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	SEE ALBANY MEDICAL CENTER AFFILIATED HOSPS., ALBANY									
SYRACUSE										
S. U. N. Y. UPSTATE MEDICAL CENTER	O. G. MURRAY					048	04	016	10,400	
CROUSE IRVING-MEMORIAL	S. BASTABLE	55	1,680		ACF	048				
ST. JOSEPH'S HOSPITAL HEALTH CENTER	A. A. VERCILLO	21	1,027	1,038	AF	048				
STATE UNIVERSITY	D. G. MURRAY	29	884	3,118	AF	048				
VETERANS ADMIN.	R. D. BECKER	25	605	1,338	A	048				
CHILDREN'S HOSPITAL AND REHABILITATION CENTER OF UTICA (UTICA)	D. MURRAY, E. FRIEDMAN	46	1,358	2,340	C	048				
UTICA										
CHILDREN'S HOSPITAL AND REHABILITATION CENTER OF UTICA	SEE S.U.N.Y. UPSTATE MEDICAL CTR., SYRACUSE									
WEST HAVERSTRAW										
NEW YORK STATE REHABILITATION	A. L. GARRETT	106	612	4,367	C	128			13,000	
NORTH CAROLINA										
CHAPEL HILL										
NORTH CAROLINA MEMORIAL	F. C. WILSON	32	714	11,523	ACF	081	03	012	9,500	
MEMORIAL HOSPITAL OF WAKE COUNTY (RALEIGH)	D. REIBEL	40	1,449	1,728	AF	081				
CHARLOTTE										
CHARLOTTE MEMORIAL	J. S. GAUL, JR.	121	4,178	4,357	ACF	104	03	010	9,300	
DURHAM										
DUKE UNIVERSITY AFFILIATED HOSPITALS	J. L. GOLDNER					019	09	032	9,250	
DUKE UNIVERSITY MEDICAL CENTER	J. L. GOLDNER	65	2,217	17,787	ACF	019				
						020				
VETERANS ADMIN.	J. R. URBANIAK	39	933	4,534	AF	019				
GASTONIA										
NORTH CAROLINA ORTHOPEDIC	G. R. MILLER	72	287	6,343	C	019			10,000	
						081				
RALEIGH										
MEMORIAL HOSPITAL OF WAKE COUNTY	SEE NORTH CAROLINA MEMORIAL, CHAPEL HILL									
WINSTON-SALEM										
BOWMAN GRAY SCHOOL OF MEDICINE										
AFFILIATED HOSPITALS	A. G. GRISTINA				ACF	077	04	016		
FORSYTH MEMORIAL		83	2,428	1,066		077			8,000	
NORTH CAROLINA BAPTIST		27	752	2,129		077			9,000	
OHIO										
AKRON										
AKRON CITY	W. A. HOYT, JR.	77	2,087	865	AF	015	03	010	9,600	154173
AKRON GENERAL	H. W. O' DELL	70	1,898	1,062	AF	058	02	008	10,300	
CHILDREN'S HOSPITAL OF AKRON	W. A. HOYT, JR.	37	1,833	4,262	C	015			9,600	
						058				
CINCINNATI										
UNIVERSITY OF CINCINNATI										
HOSPITAL GROUP	E. H. MILLER					017	07	021		
CHILDREN'S	E. H. MILLER	10	364	924	C	017				
CINCINNATI GENERAL	E. H. MILLER	51	851	20,114	AF	017			10,200	
GOOD SAMARITAN	N. J. GIANNESTRAS				ACF	017	02	008		
JEWISH	J. R. LEVITAS	36	1,103	533	AF	017			9,600	
VETERANS ADMIN.	E. H. MILLER	21	343	1,620	AF	017			10,590	
CLEVELAND										
CASE WESTERN RESERVE UNIVERSITY										
AFFILIATED HOSPITALS	C. H. HERNDON					027	06	018		
CLEVELAND METROPOLITAN GENERAL	R. P. MACK	24	601	8,482	ACF	027			11,000	
UNIVERSITY HOSPITALS OF CLEVELAND	C. H. HERNDON	75	1,803	8,625	ACF	027			11,000	
VETERANS ADMIN.	V. H. FRANKEL	59	533	2,340	A	027			11,350	
CLEVELAND CLINIC	C. M. EVARTS	70	2,265	19,436	ACF	042	04	014	10,000	
ST. VINCENT CHARITY	K. S. ALFRED	32	903	2,632	ACF	042				
MOUNT SINAI HOSPITAL OF CLEVELAND	A. W. TRAMER	44	1,616	3,466	ACF	101	02	006	11,000	
ST. LUKE'S	G. E. SPENCER, JR.	42	1,225	3,529	ACF	153	02	006	10,000	
COLUMBUS										
MOUNT CARMEL	H. B. LACEY	59	1,925	947	AF	025	02	006	8,150	156573
OHIO STATE UNIVERSITY AFFILIATED HOSPITALS	P. H. CURTISS, JR.					099	03	012		
CHILDREN'S	P. R. MILLER	19	1,062	4,516	C	025				
						099				
OHIO STATE UNIVERSITY HOSPITALS	P. H. CURTISS, JR.				AF	099			7,300	
RIVERSIDE METHODIST	C. R. COLEMAN	63	2,232	750	AF	099			8,900	
DAYTON										
MIAMI VALLEY	H. E. KLAAREN	60	2,500	7,500	ACF	105	02	006	10,550	
ELYRIA										
ELYRIA MEMORIAL	W. L. HASSLER	32	1,455	17,284	ACF	154	01	001	9,300	
TOLEDO										
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS	I. SINGH					069	02	008	10,200	157973
HOSPITAL OF MEDICAL COLLEGE OF OHIO AT TOLEDO	I. SINGH	15	431	4,599	AF	069				
ST. VINCENT HOSPITAL AND MEDICAL CENTER	H. M. ROSENBLATT	40	1,438	1,168	ACF	069				
TOLEDO	T. H. BROWN, JR.	71	2,267	383	AF	069				

18. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
OKLAHOMA										
OKLAHOMA CITY										
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER	D. H. O' DONOGHUE					053	06	024		
BONE AND JOINT	J. P. EVANS	60	2,500		AF	053			7,500	
ST. ANTHONY	D. H. O' DONOGHUE	53	2,850	1,297	AF	053				
UNIVERSITY OF OKLAHOMA HOSPITALS	D. H. O' DONOGHUE	21	812	8,169	ACF	053			9,000	
VETERANS ADMIN.	G. R. FRANK	24	764	7,395	AF	053				
OREGON										
PORTLAND										
UNIVERSITY OF OREGON AFFILIATED HOSPITALS	W. E. SNELL					028	03	012		
EMANUEL	R. C. ZIMMERMAN	68	2,277	607	AF	028			9,460	
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	P. CAMPBELL	48	424	3,233	C	028				
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	W. E. SNELL	34	842	5,794	AF	028			8,600	
VETERANS ADMIN.	P. J. FAGAN	33	365	1,307	AF	028			9,371	
PENNSYLVANIA										
ABINGTON										
ABINGTON MEMORIAL HOSPITAL	SEE TEMPLE UNIV. AFFILIATED HOSPS., PHILADELPHIA									
DANVILLE										
GEISINGER MEDICAL CENTER	R. D. HEATH	26	953	19,068	ACF	155	02	008	10,000	160873
ELIZABETHTOWN										
STATE HOSPITAL FOR CRIPPLED CHILDREN	J. M. HUNTER	94	344	6,452	C	021 092 151 155				
STATE HOSPITAL FOR CRIPPLED CHILDREN	SEE PENN. STATE UNIV. AFFIL. HOSPS., HERSHEY									
ERIE										
HAMOT	J. J. MONAHAN				ACF	156	01	004		161173
HARRISBURG										
HARRISBURG	SEE PENN. STATE UNIV. AFFIL. HOSPS., HERSHEY									
HARRISBURG POLYCLINIC	SEE PENN. STATE UNIV. AFFIL. HOSPS., HERSHEY									
HERSHEY										
PENNSYLVANIA STATE UNIVERSITY AFFILIATED HOSPITALS	R. B. GREER, 3D.				ACF	151	04	012		
MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY	R. B. GREER, 3D.	5	119	1,439		151			10,224	
STATE HOSPITAL FOR CRIPPLED CHILDREN (ELIZABETHTOWN)	J. M. HUNTER	94	344	6,452		021 092 151 155			13,301	
HARRISBURG (HARRISBURG)	R. J. PATTERSON	65	1,029	1,367		151			11,580	
HARRISBURG POLYCLINIC (HARRISBURG)	C. C. POOL	34	558	689		151				
PHILADELPHIA										
ALBERT EINSTEIN MEDICAL CENTER	I. STEIN, S. ALBERT	59	1,794	2,448	ACF	157	03	008	10,100	
HAHNEMANN MEDICAL COLLEGE AFFILIATED HOSPITALS	D. CORN					092	03	012		
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	D. CORN	40	462	9,186	AF	092				
PHILADELPHIA GENERAL	E. J. POWELL	15	215	2,739	ACF	092			10,150	
TEMPLE UNIVERSITY AFFILIATED HOSPITALS	J. W. LACHMAN					029	04	014		
TEMPLE UNIVERSITY	J. W. LACHMAN	43	1,155	5,829	AF	029				
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	J. W. LACHMAN	12	454	3,000	C	029			11,000	
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	H. H. STEEL	70	544	5,058	C	029				
ABINGTON MEMORIAL (ABINGTON)					AF	029				
THOMAS JEFFERSON UNIVERSITY AFFILIATED HOSPITALS	J. J. GARTLAND					021	06	024		
THOMAS JEFFERSON UNIVERSITY	J. J. GARTLAND	54	1,388	3,621	ACF	021			10,300	
LANKENAU	J. J. DOWLING	40	1,088	2,387	AF	021				
METHODIST	P. J. MARONE	16	542	2,027	AF	021			10,300	
VETERANS ADMIN. (WILMINGTON, DEL.)	J. J. GARTLAND	27	474	2,872	A	021				
UNIVERSITY OF PENNSYLVANIA AFFILIATED HOSPITALS	E. L. RALSTON					023	08	034		
CHILDREN'S HOSPITAL OF PHILADELPHIA	S. M. K. CHUNG	12	408	2,604	C	023 072				
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	J. E. NIXON	21	529	1,861	AF	023			11,180	
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	E. L. RALSTON	73	386	5,770	ACF	023			10,969	
PHILADELPHIA GENERAL	E. L. RALSTON	27	215	10,208	AF	023			10,550	
PENNSYLVANIA	R. H. ROTHMAN	29	617	1,976	F	023			10,500	
PRESBYTERIAN-UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER	Z. B. FRIEDENBERG	12	272	2,044	AF	023			12,300	
VETERANS ADMIN.	J. E. NIXON	32	461	6,200	A	023			11,125	
PITTSBURGH										
ALLEGHENY GENERAL	R. F. BOTKIN	89	2,123	15,481	ACF	160	03	012	10,500	
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	A. B. FERGUSON, JR.					030	10	031	12,000	
CHILDREN'S HOSPITAL OF PITTSBURGH	A. B. FERGUSON, JR.	32	1,404	6,340	C	030				
MERCY					AF	030				
PRESBYTERIAN-UNIVERSITY	A. B. FERGUSON, JR.	79	2,418	2,513	AF	030				
ST. FRANCIS GENERAL	A. B. FERGUSON, JR.	27	922	551	AF	030				
VETERANS ADMIN.	P. G. LAING	63	653	2,880	AF	030				
READING										
READING	L. C. YUND	61	1,146	12,422	AF	072	02	008	10,860	

18. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
PUERTO RICO										
SAN JUAN										
UNIVERSITY OF PUERTO RICO										
AFFILIATED HOSPITALS	A. L. LUGO					161	03	012		
UNIVERSITY DISTRICT					ACF	161			7,675	
I. GONZALEZ MARTINEZ				2	AF	161				
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA		25	534	6,942	ACF	161			7,872	
VETERANS ADMIN. CENTER		20	7,391	7,140	AF	161			9,447	
RHODE ISLAND										
PROVIDENCE										
RHODE ISLAND	A. A. SAVASTANO	76	1,955	8,061	ACF	162	02	008	10,100	
SOUTH CAROLINA										
CHARLESTON										
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS	J. A. SIEGLING					052	02	008		
MEDICAL UNIVERSITY OF SOUTH CAROLINA	J. A. SIEGLING	20	434	5,188	ACF	052			8,400	
CHARLESTON COUNTY	J. A. SIEGLING	6	242		ACF	052				
NAVAL	M. K. SEIDEL	84	957	11,526	ACF	052				
VETERANS ADMIN.	J. A. SIEGLING	22	350	1,735	AF	052			8,777	
COLUMBIA										
RICHLAND MEMORIAL	J. T. GREEN	68	2,094	2,006	ACF	163	02	008	8,400	
GREENVILLE										
GREENVILLE GENERAL	F. H. STELLING	73	3,165	3,674	AF	033	02	008	9,000	168373
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	F. H. STELLING	53	515	5,194	C	019 033				
TENNESSEE										
CHATTANOOGA										
S. E. TENNESSEE MEDICAL EDUCATION CENTER						164				
BARONESS ERLANGER	R. C. CODDINGTON	76	2,821	2,448	ACF	164	03	012	9,300	
KNOXVILLE										
EAST TENNESSEE AFFILIATED HOSPITALS	R. G. BRASHEAR					085	03	009	8,500	
EAST TENNESSEE BAPTIST	C. P. MC CAMMON	52	1,963		AF	085				
ST. MARY'S MEMORIAL	T. F. STEVENS	66	2,443	29,018	AF	085				
UNIVERSITY OF TENNESSEE MEMORIAL RESEARCH CENTER AND HOSPITAL	R. G. BRASHEAR	25	1,442	2,225	ACF	085				
MEMPHIS										
CAMPBELL FOUNDATION AND UNIVERSITY OF TENNESSEE	H. B. BOYD					061	08	024		
CITY OF MEMPHIS HOSPITALS	L. O. ANDERSON	57	1,262	10,985	AF	061			8,232	
BAPTIST MEMORIAL	M. J. STEWART	143	4,864	41,046	AF	061			9,480	
METHODIST	M. MOORE, JR.	76	2,485	359	AF	061			9,492	
LE BONHEUR CHILDREN'S	A. J. INGRAM				C	061				
VETERANS ADMIN.	E. DEHNE	20	484	3,816	A	061			8,120	
CRIPPLED CHILDREN'S	F. P. SAGE	30	133	4,069	C	061			6,000	
NASHVILLE										
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	P. P. GRIFFIN					116	05	015	9,000	
NASHVILLE METROPOLITAN GENERAL	J. L. SAWYERS	17	631	4,076	AF	116				
VANDERBILT UNIVERSITY	P. P. GRIFFIN	29	996	9,744	ACF	116				
VETERANS ADMIN.	J. F. CONNOLLY	38	614	4,160	AF	116				
TEXAS										
DALLAS										
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL AFFILIATED HOSPITALS	C. F. GREGORY					032	05	020		
BAYLOR UNIVERSITY MEDICAL CENTER	F. L. WARE	126	4,451	584	AF	032			9,180	
PARKLAND MEMORIAL	C. F. GREGORY	39	938	7,268	AF	032			7,893	
TEXAS SCOTTISH RITE HOSPITAL FOR CRIPPLED CHILDREN	B. CARRELL	46	834	10,289	C	032				
VETERANS ADMIN.	C. F. GREGORY	53	739	2,699	AF	032			8,546	
FORT WORTH										
FORT WORTH AFFILIATED HOSPITALS	J. E. HOLMES					100	02	008		
JOHN PETER SMITH	J. E. HOLMES	19	587	4,725	ACF	100			10,320	
FORT WORTH CHILDREN'S HOSPITAL-FORT WORTH MEDICAL CENTER	J. J. INNIS	13	819	1,686	C	100			8,400	
HARRIS HOSPITAL-FORT WORTH MEDICAL CENTER	F. W. SANDERS	53	1,756		AF	100			10,680	
GALVESTON										
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	E. B. EVANS	191	3,182	9,050	ACF	165	04	014	9,000	
HOUSTON										
BAYLOR COLLEGE OF MEDICINE AFFILIATED HOSPITALS	J. W. KING					049	05	015	9,000	
BEN TAUB GENERAL	J. W. KING	28	1,201	9,887	ACF	049				
METHODIST	J. W. KING	92	3,101	8,754	AF	049				
TEXAS CHILDREN'S	J. W. KING, J. M. BARNHART	5	126	385	C	049				
VETERANS ADMIN.	R. L. BROWNHILL	26	620	6,325	A	049				
HERMANN	F. F. PARRISH	54	2,051	2,132	ACF	166	31	002	8,400	
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	M. M. DONOVAN	36	499	4,125	C	049 166				
SAN ANTONIO										
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS	C. A. ROCKWOOD, JR.					095	06	024	9,000	
BEXAR COUNTY TEACHING	C. A. ROCKWOOD, JR.	60	1,705	14,781	AF	095				
SANTA ROSA MEDICAL CENTER	J. J. HINCHEY	86	3,214	7,824	AC	095 117 120				
TEMPLE										
SCOTT AND WHITE MEMORIAL	R. A. MURRAY	107	2,853	17,053	ACF	171	02	008	9,400	172573

18. ORTHOPEDIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Type Training	Program No.	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UTAH										
SALT LAKE CITY										
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	S. S. COLEMAN					034	05	020		
UNIVERSITY	S. S. COLEMAN	15	732	8,408	AF	034			9,200	
HOLY CROSS HOSPITAL OF SALT LAKE CITY	J. N. HENRIE	41	1,604	3,700	AF	034			9,400	
LATTER-DAY SAINTS	W. E. HESS	52	1,919	941	AF	034			9,200	
PRIMARY CHILDREN'S	S. W. ALLRED	18	699	1,390	C	034				
ST. MARK'S	A. F. MARTIN	43	1,848		AF	034			8,900	
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	S. S. COLEMAN	48	321	1,897	C	034				
VETERANS ADMIN.					AF	034				
VERMONT										
BURLINGTON										
MEDICAL CENTER HOSPITAL OF VERMONT	F. T. HOAGLUND	57	1,965	2,753	ACF	167	02	006	8,100	
WHITE RIVER JUNCTION										
VETERANS ADMINISTRATION CENTER	SEE DARTMOUTH MED. SCHOOL AFFILIATED HOSPS., HANOVER, N. H.									
VIRGINIA										
ARLINGTON										
ARLINGTON	SEE GEORGETOWN UNIV. AFFIL. HOSPS., WASHINGTON, D.C.									
NATIONAL ORTHOPAEDIC AND REHABILITATION	J. W. LEABHART	109	3,082	21,218	ACF	168	02	008	10,000	
CHARLOTTESVILLE										
UNIVERSITY OF VIRGINIA AFFILIATED HOSPITALS	R. C. THOMPSON, JR.					129	04	016		
UNIVERSITY OF VIRGINIA	R. C. THOMPSON, JR.	51	1,751	6,274	ACF	129			8,900	
ROANOKE MEMORIAL HOSPITALS (ROANOKE)	C. B. BRAY	52	1,426	3,363	AC	129				
VETERANS ADMIN. (SALEM)					A	129				
RICHMOND										
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS	S. M. ELMORE					035	04	012		
CRIPPLED CHILDREN'S	B. B. CLARY	61	973	4,131	C	035			10,323	
MEDICAL COLLEGE OF VIRGINIA HOSPITALS	S. M. ELMORE	32	826	4,336	AF	035			9,400	
VETERANS ADMIN.	W. M. DEYERLE	32	593	2,428	A	035			9,400	
ROANOKE										
ROANOKE MEMORIAL HOSPITALS	SEE UNIV. OF VA. AFFILIATED HOSPS., CHARLOTTESVILLE									
SALEM										
VETERANS ADMIN.	SEE UNIV. OF VIRGINIA AFFILIATED HOSPS., CHARLOTTESVILLE									
WASHINGTON										
SEATTLE										
UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS	D. K. CLAWSON					036	06	020		191673
CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER	L. T. STAHELI	14	921	5,738	C	036				
HARBORVIEW MEDICAL CENTER	D. R. GUNN		1,025	8,079	AF	036				
SWEDISH HOSPITAL MEDICAL CENTER	E. H. MILLS	87	3,488		AF	036			8,580	
U. S. PUBLIC HEALTH SERVICE	D. K. CLAWSON	28	724	5,807	AF	036			8,700	
UNIVERSITY	D. K. CLAWSON	22	926	7,302	AF	036			8,700	
VETERANS ADMIN.	L. R. FRY		461	1,310	A	036			8,700	
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN (SPOKANE)	R. W. MARIS	37	289	2,749	C	036			9,700	
SPOKANE										
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	SEE UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS, SEATTLE									
WEST VIRGINIA										
MORGANTOWN										
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	R. N. CLARK	24	688	5,876	ACF	169	02	008	9,000	
WISCONSIN										
MADISON										
UNIVERSITY OF WISCONSIN AFFILIATED HOSPITALS	H. W. WIRKA					097	04	017		
MADISON GENERAL		47	1,903		AF	097				
ST. MARYS HOSPITAL MEDICAL CENTER	J. MILLER	27	1,057		AF	097				
UNIVERSITY HOSPITALS	H. W. WIRKA	44	1,154	7,475	ACF	097			9,785	
VETERANS ADMIN.	S. C. ROGERS	31	452	2,286	A	097				
MILWAUKEE										
MEDICAL COLLEGE OF WISCONSIN AFFILIATED HOSPITALS	B. J. BREWER					037	05	020		
COLUMBIA	A. C. SCHMIDT	46	1,035	1,902	AF	037			10,000	
MILWAUKEE CHILDREN'S	C. H. HICKEY	16	641	3,185	C	037				
MILWAUKEE COUNTY GENERAL	B. J. BREWER	30	841	12,367	ACF	037			10,068	
VETERANS ADMIN. CENTER (WOOD)	B. J. BREWER	27	550	7,332	AF	037			10,413	

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location
1.	University of Nebraska Hospital	Omaha, Neb.
	Veterans Admin. Hospital	Omaha, Neb.
2.	H. C. Moffitt-University of California Hospitals	San Francisco
	Children's Hospital and Adult Medical Center	San Francisco
	Franklin Hospital	San Francisco
	Mount Zion Hospital and Medical Center	San Francisco
	Pacific Medical Center-Presbyterian Hospital	San Francisco
	San Francisco General Hospital	San Francisco
	Shriners Hospital for Crippled Children	San Francisco
	Veterans Admin. Hospital	San Francisco
	Children's Hospital Medical Center of Northern California	Oakland, Calif.
	Highland General Hospital	Oakland, Calif.
	Kaiser Foundation Hospital	Oakland, Calif.
	Samuel Merritt Hospital	Oakland, Calif.
3.	Shriners Hospital for Crippled Children	Los Angeles
	Highland General Hospital	Oakland, Calif.
	Veterans Admin. Hospital	San Francisco
4.	Children's Hospital	Denver
	Denver General Hospital	Denver
	University of Colorado Medical Center	Denver
	Veterans Admin. Hospital	Denver
	Carrie Tingley Crippled Children's Hospital	Truth or Consequences, N.M.
5.	Hartford Hospital	Hartford, Conn.
	Yale-New Haven Hospital	New Haven, Conn.
	Newington Children's Hospital	Newington, Conn.
	Veterans Admin. Hospital	West Haven, Conn.
6.	University Hospital	Jackson, Miss.
	Veterans Admin. Center	Jackson, Miss.
7.	Chicago Wesley Memorial Hospital	Chicago
	Children's Memorial Hospital	Chicago
	Cook County Hospital	Chicago
	Passavant Memorial Hospital	Chicago
	St. Anne's Hospital	Chicago
	Veterans Admin. Research Hospital	Chicago
	Evanston Hospital	Evanston, Ill.
	St. Francis Hospital	Evanston, Ill.
8.	Indiana University Hospitals	Indianapolis
	Marion County General Hospital	Indianapolis
	Methodist Hospital of Indiana	Indianapolis
	St. Vincent's Hospital	Indianapolis
	Veterans Admin. Hospital	Indianapolis
9.	Kosair Crippled Children Hospital	Louisville, Ky.
	Louisville General Hospital	Louisville, Ky.
	Veterans Admin. Hospital	Louisville, Ky.
10.	Rancho Los Amigos	Downey, Calif.
	Charity Hospital of Louisiana (Tulane University Division)	New Orleans
	Touro Infirmary	New Orleans
	U.S. Public Health Service Hospital	New Orleans
	Veterans Admin. Hospital	New Orleans
	Veterans Admin. Hospital	Alexandria, La.
	Huey P. Long Charity Hospital	Pineville, La.
	Shriners Hospital for Crippled Children	Shreveport, La.
	Medical Center	Columbus, Ga.
11.	Children's Hospital Medical Center	Boston
	Massachusetts General Hospital	Boston
	Peter Bent Brigham Hospital	Boston
	Veterans Admin. Hospital (West Roxbury)	Boston
12.	Veterans Admin. Hospital	Allen Park, Mich
	Oakwood Hospital	Dearborn, Mich.
	Children's Hospital of Michigan	Detroit
	Detroit General Hospital	Detroit
	Grace Hospital	Detroit
	Harper Hospital	Detroit
13.	Boston City Hospital	Boston
	New England Medical Center Hospitals	Boston
	Veterans Admin. Hospital	Boston
14.	District of Columbia General Hospital (Crippled Children's Unit)	Washington, D.C.
	Georgetown University Hospital	Washington, D.C.
	Sibley Memorial Hospital	Washington, D.C.
	Veterans Admin. Hospital	Washington, D.C.
	Arlington Hospital	Arlington, Va.
15.	Akron City Hospital	Arkon, Ohio
	Children's Hospital of Akron	Akron, Ohio
16.	Hennepin County General Hospital	Minneapolis
	Shriners Hospital for Crippled Children	Minneapolis
	Veterans Admin. Hospital	Minneapolis
	Gillette Children's Hospital	St. Paul, Minn.
	St. Paul-Ramsey Hospital	St. Paul, Minn.
17.	Children's Hospital	Cincinnati
	Cincinnati General Hospital	Cincinnati
	Good Samaritan Hospital	Cincinnati
	Jewish Hospital	Cincinnati
	Veterans Admin. Hospital	Cincinnati
18.	Children's Mercy Hospital	Kansas City, Mo.
	Kansas City General Hospital and Medical Center	Kansas City, Mo.
	St. Luke's Hospital	Kansas City, Mo.
	Veterans Admin. Hospital	Kansas City, Mo.
19.	Duke University Medical Center	Durham, N.C.
	Veterans Admin. Hospital	Durham, N.C.
	North Carolina Orthopedic Hospital	Gastonia, N.C.
	Shriners Hospital for Crippled Children	Greenville, S.C.
20.	Orthopaedic Hospital	Los Angeles
	Naval Hospital	Oakland, Calif.
	Alfred I. DuPont Institute of the Nemours Foundation	Wilmington, Del.
	Orange Memorial Hospital	Orlando, Fla.
	James Lawrence Kernan Hospital	Baltimore
	Naval Hospital	Bethesda, Md.
	Naval Hospital	Chelsea, Mass.
	Blodgett Memorial Hospital	Grand Rapids, Mich.
	Mary Immaculate Division (St. Charles Unit)	New York City
	Duke University Medical Center	Durham, N.C.
	Naval Hospital	Philadelphia
21.	Alfred I. DuPont Institute of the Nemours Foundation	Wilmington, Del.
	Veterans Admin. Hospital	Wilmington, Del.
	State Hospital for Crippled Children	Elizabethtown, Pa.
	Lankenau Hospital	Philadelphia
	Methodist Hospital	Philadelphia
	Thomas Jefferson University Hospital	Philadelphia
22.	Hospital for Special Surgery	New York City
	Veterans Admin. Hospital (Bronx)	New York City
23.	Children's Hospital of Philadelphia	Philadelphia
	Graduate Hospital of the University of Pennsylvania	Philadelphia
	Hospital of the University of Pennsylvania	Philadelphia
	Pennsylvania Hospital	Philadelphia
	Philadelphia General Hospital	Philadelphia
	Presbyterian-University of Pennsylvania Medical Center	Phildelphia
	Veterans Admin. Hospital	Philadelphia
24.	Buffalo General Hospital	Buffalo
	Children's Hospital of Buffalo	Buffalo
	Edward J. Meyer Memorial Hospital	Buffalo
	Veterans Admin. Hospital	Buffalo
25.	Children's Hospital	Columbus, Ohio
	Mount Carmel Hospital	Columbus, Ohio
26.	French and Polyclinic Medical School and Health Center	New York City
	House of St. Giles the Cripple (Brooklyn)	New York City
	St. Vincent's Medical Center of Richmond (Staten Island)	New York City
27.	Cleveland Metropolitan General Hospital	Cleveland
	University Hospitals of Cleveland	Cleveland
	Veterans Admin. Hospital	Cleveland
28.	Emanuel Hospital	Portland, Ore.
	Shriners Hospital for Crippled Children	Portland, Ore.
	University of Oregon Medical School Hospitals and Clinics	Portland, Ore.
	Veterans Admin. Hospital	Portland, Ore.
29.	St. Christopher's Hospital for Children	Philadelphia
	Shriners Hospital for Crippled Children	Philadelphia
	Temple University Hospital	Philadelphia
	Abington Memorial Hospital	Abington, Pa.
30.	Children's Hospital of Pittsburgh	Pittsburgh
	Mercy Hospital	Pittsburgh
	Presbyterian-University Hospital	Pittsburgh
	St. Francis General Hospital	Pittsburgh
	Veterans Admin. Hospital	Pittsburgh
31.	Genesee Hospital	Rochester, N.Y.
	Highland Hospital of Rochester	Rochester, N.Y.
	Rochester General Hospital	Rochester, N.Y.
	Strong Memorial Hospital of the University of Rochester	Rochester, N.Y.
32.	Baylor University Medical Center	Dallas, Texas
	Parkland Memorial Hospital	Dallas, Texas
	Texas Scottish Rite Hospital for Crippled Children	Dallas, Texas
	Veterans Admin. Hospital	Dallas, Texas
33.	Greenville General Hospital	Greenville, S.C.
	Shriners Hospital for Crippled Children	Greenville, S.C.
34.	Holy Cross Hospital of Salt Lake City	Salt Lake City
	Latter-day Saints Hospital	Salt Lake City
	Primary Children's Hospital	Salt Lake City
	St. Mark's Hospital	Salt Lake City
	Shriners Hospital for Crippled Children	Salt Lake City
	University Hospital	Salt Lake City
	Veterans Admin. Hospital	Salt Lake City
35.	Crippled Children's Hospital	Richmond, Va.
	Medical College of Virginia Hospitals	Richmond, Va.
	Veterans Admin. Hospital	Richmond, Va.
36.	Children's Orthopedic Hospital and Medical Center	Seattle
	Harborview Medical Center	Seattle
	Swedish Hospital Medical Center	Seattle
	U.S. Public Health Service Hospital	Seattle
	University Hospital	Seattle
	Veterans Admin. Hospital	Seattle
	Shriners Hospital for Crippled Children	Spokane, Wash.
37.	Columbia Hospital	Milwaukee
	Milwaukee Children's Hospital	Milwaukee
	Milwaukee County General Hospital	Milwaukee
	Veterans Admin. Center (Wood)	Milwaukee
38.	Nassau Hospital	Mineola, N.Y.
	St. Charles Hospital	Port Jefferson, N.Y.
39.	Emory University Hospital	Atlanta, Ga.
	Grady Memorial Hospital	Atlanta, Ga.
	Henrietta Egleston Hospital for Children	Atlanta, Ga.
	Veterans Admin. Hospital	Decatur, Ga.
40.	Arizona Crippled Children's Hospital	Phoenix, Ariz.
	Shriners Hospital for Crippled Children	Los Angeles
	Letterman General Hospital	San Francisco
	Shriners Hospital for Crippled Children	San Francisco

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

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

ORTHOPEDIC SURGERY PROGRAM IDENTIFICATION

Program Number	Hospital	Location
98.	Stanford University Hospital	Stanford, Calif.
	Veterans Admin. Hospital	Palo Alto, Calif.
	Santa Clara Valley Medical Center	San Jose, Calif.
	Kaiser Foundation Hospital	Santa Clara, Calif.
99.	Children's Hospital	Columbus, Ohio
	Ohio State University Hospitals	Columbus, Ohio
	Riverside Methodist Hospital	Columbus, Ohio
100.	Fort Worth Children's Hospital-Fort Worth Medical Center	Fort Worth, Tex.
	Harris Hospital-Fort Worth Medical Center	Fort Worth, Tex.
	John Peter Smith Hospital	Fort Worth, Tex.
101.	Indiana University Hospitals	Indianapolis
	Mount Sinai Hospital of Cleveland	Cleveland
102.	Veterans Admin. Hospital	East Orange, N.J.
	Martland Hospital	Newark, N. J.
104.	Charlotte Memorial Hospital	Charlotte, N. C.
105.	Miami Valley Hospital	Dayton, Ohio
106.	St. Joseph Hospital	Denver, Colo.
	St. Francis Hospital	Wichita, Kan.
	Veterans Admin. Center	Wichita, Kan.
	Wesley Medical Center	Wichita, Kan.
107.	Bronx Municipal Hospital Center	New York City
	Coney Island Hospital	New York City
	Maimonides Medical Center	New York City
108.	Mary's Help Hospital	Daly City, Calif.
	Veterans Admin. Hospital	Livermore, Calif.
	Kaiser Foundation Hospital	San Francisco
	St. Joseph's Hospital	San Francisco
	St. Mary's Hospital and Medical Center	San Francisco
109.	Childrens Hospital	San Diego, Calif.
	Donald N. Sharp Memorial Community Hospital	San Diego, Calif.
	Mercy Hospital and Medical Center	San Diego, Calif.
	University Hospital of San Diego County	San Diego, Calif.
	Veterans Admin. Hospital	San Diego, Calif.
110.	U. S. Public Health Service Alaska Native Medical Center	Anchorage, Alaska
	U. S. Public Health Service Hospital	San Francisco
	Charity Hospital of Louisiana (Tulane University Division)	New Orleans
111.	Rancho Los Amigos Hospital	Downey, Calif.
	Los Angeles County-U.S.C. Medical Center	Los Angeles
	White Memorial Medical Center	Los Angeles
112.	Bronx Municipal Hospital Center	New York City
	Hospital of the Albert Einstein College of Medicine	New York City
	Lincoln Hospital	New York City
113.	Georgia Baptist Hospital	Atlanta, Ga.
	Scottish Rite Hospital for Crippled Children	Decatur, Ga.
114.	Eugene Talmadge Memorial Hospital	Augusta, Ga.
	University Hospital	Augusta, Ga.
	Veterans Admin. Hospital	Augusta, Ga.
115.	District of Columbia General Hospital	Washington, D. C.
	District of Columbia General Hospital (Crippled Children's Unit)	Washington, D. C.
	Providence Hospital	Washington, D. C.
	Veterans Admin. Hospital	Washington, D. C.
116.	Nashville Metropolitan General Hospital	Nashville, Tenn.
	Vanderbilt University Hospital	Nashville, Tenn.
	Veterans Admin. Hospital	Nashville, Tenn.
117.	Brooke General Hospital	San Antonio, Tex.
	Santa Rosa Medical Center	San Antonio, Tex.
118.	Variety Children's Hospital	Miami, Fla.
	Mount Sinai Hospital of Greater Miami	Miami Beach, Fla.
119.	Orthopaedic Hospital	Los Angeles
	Veterans Admin. Center-Wadsworth Hospital	Los Angeles
	Los Angeles County Harbor General Hospital	Torrance, Calif.
120.	Santa Rosa Medical Center	San Antonio, Tex.
	Wilford Hall U.S.A.F. Medical Center	San Antonio, Tex.
121.	Children's Memorial Hospital	Chicago
	Mayo Graduate School of Medicine	Rochester, Minn.
	Rochester Methodist Hospital	Rochester, Minn.
	St. Mary's Hospital	Rochester, Minn.
122.	New Jersey Orthopaedic Hospital	Orange, N. J.
	Orange Memorial Hospital	Orange, N. J.
123.	William A. Shands Teaching Hospital and Clinics	Gainesville, Fla.
	Veterans Admin. Hospital	Gainesville, Fla.
124.	Mary Immaculate Division	New York City
	Mary Immaculate Division (St. Charles Unit)	New York City
	St. John's Queens Division	New York City
	St. Mary's Division	New York City
125.	Hospital for Joint Diseases and Medical Center	New York City
	Montefiore Hospital and Medical Center	New York City
	Morrisania City Hospital	New York City
126.	Borgess Hospital	Kalamazoo, Mich.
	Bronson Methodist Hospital	Kalamazoo, Mich.
127.	St. Charles Hospital	Port Jefferson, N. Y.
	U. S. Public Health Service Hospital	New York City
128.	Presbyterian Hospital	New York City
	New York State Rehabilitation Hospital	West Haverstraw, N. Y.
129.	University of Virginia Hospital	Charlottesville, Va.
	Roanoke Memorial Hospitals	Roanoke, Va.
	Veterans Admin. Hospital	Salem, Va.
130.	Naval Hospital	Portsmouth, Va.
131.	Gorgas Hospital	Balboa Heights, C. Z.
132.	Mobile General Hospital	Mobile, Ala.
133.	Sacramento Medical Center	Sacramento, Calif.
134.	Hospital of St. Raphael	New Haven, Conn.
135.	Michael Reese Hospital and Medical Center	Chicago
136.	University of Chicago Hospitals and Clinics	Chicago
137.	St. Francis Hospital	Peoria, Ill.
138.	Lutheran Hospital of Fort Wayne	Fort Wayne, Ind.
	Veterans Admin. Hospital	Fort Wayne, Ind.
139.	University of Iowa Hospitals	Iowa City, Ia.
140.	University of Kansas Medical Center	Kansas City, Kan.
141.	Charity Hospital of Louisiana (Louisiana State University Division	New Orleans
142.	Henry Ford Hospital	Detroit
143.	St. Mary's Hospital	Grand Rapids, Mich.
144.	Kings County Hospital Center	New York City
	State University Hospital	New York City
	Veterans Admin. Hospital (Brooklyn)	New York City
	Long Island Jewish-Hillside Medical Center	New Hyde Park, N. Y.
145.	Jersey City Medical Center	Jersey City, N. J.
146.	Monmouth Medical Center	Long Branch, N. J.
147.	St. Joseph's Hospital	Paterson, N. J.
148.	University of Missouri Medical Center	Columbia, Mo.
149.	Nassau County Medical Center—Meadowbrook Div.	East Meadow, N. Y.
150.	Harlem Hospital Center	New York City
151.	Milton S. Hershey Medical Center of the Pennsylvania State University	Hershey, Pa.
	State Hospital for Crippled Children	Elizabethtown, Pa.
	Harrisburg Hospital	Harrisburg, Pa.
	Harrisburg Polyclinic Hospital	Harrisburg, Pa.
152.	Queens Hospital Center	New York City
153.	St. Luke's Hospital	Cleveland
154.	Elyria Memorial Hospital	Elyria, Ohio
155.	Geisinger Medical Center	Danville, Pa.
	State Hospital for Crippled Children	Elizabethtown, Pa.
156.	Hamot Hospital	Erie, Pa.
157.	Albert Einstein Medical Center	Philadelphia
158.	Brookdale Hospital Center	New York City
159.	Blodgett Memorial Hospital	Grand Rapids, Mich.
	Butterworth Hospital	Grand Rapids, Mich.
160.	Allegheny General Hospital	Pittsburgh
161.	I. Gonzalez Martinez Hospital	San Juan, P. R.
	Municipal Hospital Dr. Rafael Lopez Nussa	San Juan, P. R.
	University District Hospital	San Juan, P. R.
	Veterans Admin. Center	San Juan, P. R.
162.	Rhode Island Hospital	Providence, R. I.
163.	Richland Memorial Hospital	Columbia, S. C.
164.	Baroness Erlanger Hospital	Chattanooga, Tenn.
165.	University of Texas Medical Branch Hospitals	Galveston, Tex.
166.	Hermann Hospital	Houston, Tex.
	Shriners Hospital for Crippled Children	Houston, Tex.
167.	Medical Center Hospital of Vermont	Burlington, Vt.
168.	National Orthopaedic and Rehabilitation Hospital	Arlington, Va.
169.	West Virginia University Medical Center	Morgantown, W. Va.
170.	United Hospitals Orthopedic Center-Hospital for Crippled Children and Adults	Newark, N. J.
171.	Scott and White Memorial Hospital	Temple, Tex.
172.	Hartford Hospital	Hartford, Conn.
	St. Francis Hospital	Hartford, Conn.
	University of Connecticut Hospital-McCook Division	Hartford, Conn.
	Newington Children's Hospital	Newington, Conn.
	Veterans Admin. Hospital	Newington, Conn.
173.	Oakland Medical Center	Pontiac, Mich.
	William Beaumont Hospital	Royal Oak, Mich.
174.	Presbyterian-St. Luke's Hospital	Chicago
175.	House of St. Giles the Cripple	New York City
	Lenox Hill Hospital	New York City

19. OTOLARYNGOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Otolaryngology and the American College of Surgeons, through the Residency Review Committee for Otolaryngology, as offering full training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE								
TEXAS								
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	F. W. FITE	36	1,641	26,565	02	008		
UNITED STATES ARMY								
COLORADO								
FITZSIMONS GENERAL, DENVER	E. A. KREKORIAN	31	869	20,940	02	006		
DISTRICT OF COLUMBIA								
WALTER REED GENERAL, WASHINGTON	H. W. MC CURDY	36	1,206	12,233	03	012		
TEXAS								
BROOKE GENERAL, SAN ANTONIO	S. R. LE MAY, JR.	20	875	25,281	02	008		
WASHINGTON								
MADIGAN GENERAL, TACOMA	L. L. HAYS	20	902	17,281	01	004		
UNITED STATES NAVY								
CALIFORNIA								
NAVAL, OAKLAND	T. F. MILLER	52	1,460	24,200	03	012		
NAVAL, SAN DIEGO	R. W. CANTRELL	61	2,000	29,919	04	016		
MARYLAND								
NAVAL, BETHESDA	H. O. DE FRIES	37	1,009	16,634	02	008		
MASSACHUSETTS								
NAVAL, CHELSEA	SEE UNIVERSITY HOSP. AFFIL. PROGRAM, BOSTON							
PENNSYLVANIA								
NAVAL, PHILADELPHIA	F. I. MARLOWE	47	974	8,399	02	005		
UNITED STATES PUBLIC HEALTH SERVICE								
MARYLAND								
U. S. PUBLIC HEALTH SERVICE, BALTIMORE	B. R. MARSH	6	262	3,816	01	002		
WASHINGTON								
U. S. PUBLIC HEALTH SERVICE, SEATTLE	SEE UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS, SEATTLE							
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
UNIVERSITY OF ALABAMA MEDICAL CENTER	J. J. HICKS, J. N. HICKS				05	020		
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS	J. J. HICKS, J. N. HICKS	15	939	3,329			9,400	
CHILDREN'S		10	1,666	2,648				
VETERANS ADMIN.	J. J. HICKS	16	407	3,500			9,400	
ARKANSAS								
LITTLE ROCK								
UNIVERSITY OF ARKANSAS MEDICAL CENTER	R. N. MC GREW				02	008		101874
UNIVERSITY		9	193	2,333			7,800	
ARKANSAS CHILDREN'S		2	219	416				
VETERANS ADMIN. CONSOLIDATED		14	375	2,015			9,420	
CALIFORNIA								
FRESNO								
VALLEY MEDICAL CENTER OF FRESNO	SEE UNIV. OF CALIFORNIA PROGRAM, SAN FRANCISCO							
VETERANS ADMIN.	SEE UNIV. OF CALIFORNIA PROGRAM, SAN FRANCISCO							
LONG BEACH								
VETERANS ADMIN.	A. SWIRSKY	34	779	5,260	02	008	13,878	
LOS ANGELES								
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	C. W. WHITAKER	26	1,938	35,300	05	020	15,528	
U. C. L. A.	P. H. WARD	13	1,004	10,838	28	030	10,200	
LOS ANGELES COUNTY HARBOR GENERAL (TORRANCE)	H. KONRAD	7	527	8,262			15,528	
VETERANS ADMIN. CENTER - WADSWORTH	M. J. ACQUARELLI	27	916	6,107	02	009	16,010	
WHITE MEMORIAL MEDICAL CENTER	L. R. HOUSE	12	914	5,836	02	008	10,800	
OAKLAND								
KAISER FOUNDATION	K. K. ADOUR	6	935	13,813	02	006	9,864	
PALO ALTO								
VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
SAN DIEGO								
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	A. M. NAHUM				02	008	10,200	

19. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CALIFORNIA - CONTINUED								
SAN FRANCISCO								
UNIVERSITY OF CALIFORNIA PROGRAM	F. A. SOOY				02	006		
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	F. A. SOOY	10	736	8,268			9,400	
SAN FRANCISCO GENERAL	D. TIPTON	7	421	2,800			9,924	
VALLEY MEDICAL CENTER OF FRESNO (FRESNO)								
VETERANS ADMIN. (FRESNO)								
VETERANS ADMIN.	J. A. T. ROSS	14	382	4,458	01	003	9,400	
SAN JOSE								
SANTA CLARA VALLEY MEDICAL CENTER	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
STANFORD								
STANFORD UNIVERSITY AFFILIATED HOSPITALS	F. B. SIMMONS				03	009		
STANFORD UNIVERSITY	F. B. SIMMONS	8	298	9,232			9,700	
VETERANS ADMIN. (PALO ALTO)	R. L. GOODE	17	355	5,464			9,700	
SANTA CLARA VALLEY MEDICAL CENTER (SAN JOSE)	M. F. W. SMITH	9	527	6,198			11,045	
TORRANCE								
LOS ANGELES COUNTY HARBOR GENERAL	SEE U.C.L.A., LOS ANGELES							
COLORADO								
DENVER								
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	W. G. HEMENWAY				03	012		
UNIVERSITY OF COLORADO MEDICAL CENTER	W. G. HEMENWAY	8	695	14,650			9,200	
DENVER GENERAL	J. W. TEMPLER	6	336	3,784			9,000	
VETERANS ADMIN.	C. WHISTLER	12	280	2,060			9,620	
CONNECTICUT								
HARTFORD								
UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS	J. M. TOOMEY				02	006		
UNIVERSITY OF CONNECTICUT HOSPITAL-MC COOK DIVISION		3	172	1,350			11,600	
HARTFORD	C. A. TUCKER	8	133	622			11,100	
ST. FRANCIS		12	1,361					
VETERANS ADMIN. (NEWINGTON)		7	172	1,025			11,600	
NEW HAVEN								
YALE-NEW HAVEN MEDICAL CENTER	J. A. KIRCHNER				03	008		
YALE-NEW HAVEN	J. A. KIRCHNER	11	1,048	12,136			11,000	
HOSPITAL OF ST. RAPHAEL	H. W. SMITH	12	1,100	1,200			10,450	
NEWINGTON								
VETERANS ADMINISTRATION	SEE UNIV. OF CONNECTICUT AFFILIATED HOSPS., HARTFORD							
DISTRICT OF COLUMBIA								
WASHINGTON								
GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS	A. DI BIASIO				03	012		
GEORGETOWN UNIVERSITY		5	958	4,798			10,550	
DISTRICT OF COLUMBIA GENERAL		21	724	5,945			11,300	
VETERANS ADMIN.		8	210				10,022	
WASHINGTON HOSPITAL CENTER	W. M. TRIBLE	28	3,535	6,132	03	009	10,550	
FLORIDA								
GAINESVILLE								
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	G. T. SINGLETON				02	008		
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS		9	658	6,426			8,400	
VETERANS ADMIN.		13	462	2,865			8,625	
MIAMI								
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	J. R. CHANDLER				01	009		
JACKSON MEMORIAL		19	1,096	8,304			10,450	
VETERANS ADMIN.		9	270	4,485			10,050	
TAMPA								
TAMPA GENERAL	T. S. HERMAN	18	1,116	2,420	02	006	9,450	
GEORGIA								
ATLANTA								
EMORY UNIVERSITY AFFILIATED HOSPITALS	J. S. TURNER, JR.				03	009		
GRADY MEMORIAL	J. S. TURNER, JR.	10	496	7,921			9,360	
EMORY UNIVERSITY	J. S. TURNER, JR.	6	319					
HENRIETTA EGLESTON HOSPITAL FOR CHILDREN								
VETERANS ADMIN. (DECATUR)	D. W. ROOKER	17	335	2,450				
DECATUR								
VETERANS ADMIN.	EMORY UNIVERSITY AFFILIATED HOSPITALS, ATLANTA							
ILLINOIS								
CHICAGO								
NORTHWESTERN UNIVERSITY-MC GAW MEDICAL CENTER	G. A. SISSON			27,840	05	025	11,250	
CHICAGO WESLEY MEMORIAL	G. A. SISSON	16	1,441	3,091				
CHILDREN'S MEMORIAL	J. ELSEN	3	754	2,627				
COOK COUNTY	J. D. KERTH	27	1,079	15,746			11,500	
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	B. M. COHEN	6	497	4,499			11,100	
PASSAVANT MEMORIAL	C. W. HART	3	272	2,952				
VETERANS ADMIN. RESEARCH	G. A. SISSON	9	275	3,276				
PRESBYTERIAN-ST. LUKE'S	S. A. FRIEDBERG	35	1,201	7,884	01	003	9,946	
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	R. F. NAUNTON	13	915	10,672	02	006	11,500	
UNIVERSITY OF ILLINOIS	A. H. ANDREWS	45	2,513	33,665	06	018	11,220	

19. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
ILLINOIS - CONTINUED								
HINES								
VETERANS ADMIN.	B. J. SOBORDFF	17	544	4,100	02	006	10,100	225774
INDIANA								
INDIANAPOLIS								
INDIANA UNIVERSITY MEDICAL CENTER	R. E. LINGEMAN				05	016		
INDIANA UNIVERSITY HOSPITALS	R. E. LINGEMAN	9	452	8,019			9,500	
MARION COUNTY GENERAL	R. E. LINGEMAN		459	5,166			10,000	
METHODIST HOSPITAL OF INDIANA	W. F. FECHTMAN	14	2,462	784			11,865	
VETERANS ADMIN.	R. E. LINGEMAN	15	355	1,443			10,750	
IOWA								
IOWA CITY								
UNIVERSITY OF IOWA AFFILIATED HOSPITALS	B. F. MC CABE				05	020	9,500	
UNIVERSITY OF IOWA HOSPITALS	B. F. MC CABE	57	3,163	39,460				
VETERANS ADMIN.	J. NORANTE	15	368	4,210				
KANSAS								
KANSAS CITY								
UNIVERSITY OF KANSAS MEDICAL CENTER	G. O. PROUD	8	750	14,428	02	006	9,000	
VETERANS ADMIN. (KANSAS CITY, MO.)	H. A. KNAUFF	13	588	1,440			9,500	
LOUISIANA								
NEW ORLEANS								
CHARITY HOSPITAL OF LOUISIANA-LOUISIANA STATE UNIVERSITY DIVISION	G. LYONS	18	540	9,463	02	010	7,800	
TULANE UNIVERSITY AFFILIATED HOSPITALS	H. G. TABB				05	020	7,800	
CHARITY HOSPITAL OF LOUISIANA		21	650	10,152				
EYE, EAR, NOSE AND THROAT								
OCHSNER FOUNDATION								
SHREVEPORT								
CONFEDERATE MEMORIAL MEDICAL CENTER	J. W. POU	11	730	5,468	01	004	7,800	
MARYLAND								
BALTIMORE								
JOHNS HOPKINS AFFILIATED HOSPITALS	G. T. NAGER				03	012		
JOHNS HOPKINS	G. T. NAGER	20	1,467	13,280			10,500	
BALTIMORE CITY HOSPITALS	M. FLETCHER			2,867				
GREATER BALTIMORE MEDICAL CENTER	A. P. WENGER	43	4,551	12,071			10,500	
UNIVERSITY OF MARYLAND AFFILIATED HOSPITALS	C. L. BLANCHARD				04	012		
UNIVERSITY OF MARYLAND	C. L. BLANCHARD	12	565	8,603			10,700	
MARYLAND GENERAL	J. SNYDER	17	2,955	7,467			10,750	
MASSACHUSETTS								
BOSTON								
MASSACHUSETTS EYE AND EAR INFIRMARY	H. F. SCHUKNECHT	50	4,866	23,921	06	018	10,500	
TUFTS UNIVERSITY AFFILIATED HOSPITALS	W. D. CHASIN				03	009		
BOSTON CITY	A. J. GORNEY	12	578	11,693			10,300	
NEW ENGLAND MEDICAL CENTER HOSPITALS	W. D. CHASIN	5	453	6,321			10,165	
UNIVERSITY HOSPITAL AFFILIATED PROGRAM	M. S. STRONG				02	006		126274
UNIVERSITY	M. S. STRONG	8	329	4,421			10,500	
LAHEY CLINIC	P. OLIVER	12	780	10,456			11,100	
VETERANS ADMIN.	M. S. STRONG	12	341	2,678			10,690	
NAVAL (CHELSEA)	G. G. SNYDER, JR.	28	625	4,048				
MICHIGAN								
ALLEN PARK								
VETERANS ADMIN.	SEE WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS, DETROIT							
ANN ARBOR								
UNIVERSITY	W. P. WORK	27	1,117	11,500	04	016	10,500	
DETROIT								
HENRY FORD	R. D. NICHOLS	18	2,500	27,000	02	006	10,300	
WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS	G. J. BEEKHUIS				04	012		
CHILDREN'S HOSPITAL OF MICHIGAN	L. G. WAGGONER	4	887	1,873				
DETROIT GENERAL	G. J. BEEKHUIS	14	647	5,652			11,160	
HARPER	N. CHALAT	26	2,053	1,254			11,100	
VETERANS ADMIN. (ALLEN PARK)	G. J. BEEKHUIS	12	276	4,380			11,580	
MINNESOTA								
MINNEAPOLIS								
UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS	M. M. PAPARELLA				04	020		
HENNEPIN COUNTY GENERAL	M. E. SIGEL	5	373	4,640			9,250	
UNIVERSITY OF MINNESOTA HOSPITALS	M. M. PAPARELLA	26	1,079	6,541			7,750	
VETERANS ADMIN.	M. M. PAPARELLA	27	436	3,140			9,800	
ST. PAUL-RAMSEY (ST. PAUL)	L. BOIES	7	486	4,136			8,750	
ROCHESTER								
MAYO GRADUATE SCHOOL OF MEDICINE	D. T. R. CODY			72,182	04	016	10,500	
ROCHESTER METHODIST		19	1,670					
ST. MARY'S								
ST. PAUL								
ST. PAUL-RAMSEY	SEE UNIV. OF MINNESOTA AFFILIATED HOSPITALS, MINNEAPOLIS							

19. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MISSISSIPPI								
JACKSON								
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	G. E. ARNOLD				03	011		
UNIVERSITY		10	656	3,070			9,500	
VETERANS ADMIN. CENTER		9	309	2,991			9,413	
MISSOURI								
COLUMBIA								
UNIVERSITY OF MISSOURI MEDICAL CENTER	D. J. JOSEPH	9	606	5,626	02	006	9,500	
KANSAS CITY								
VETERANS ADMIN.	SEE UNIVERSITY OF KANSAS MEDICAL CENTER, KANSAS CITY, KAN.							
ST. LOUIS								
HOMER G. PHILLIPS	J. W. WEST	14	391	4,356	02	006	10,037	
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS	W. B. HARKINS				01	005	9,600	136574
CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN	W. B. HARKINS	6	8,647	41,760				
FIRMIN DESLOGE GENERAL								
WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	J. H. OGURA				06	030		
BARNES HOSPITAL GROUP		45	3,290	7,944			10,000	
VETERANS ADMIN.		14	295	3,760				
NEBRASKA								
OMAHA								
UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS	C. T. YARINGTON, JR.				03	012		
UNIVERSITY OF NEBRASKA		12	527	3,362			9,000	
BISHOP CLARKSON MEMORIAL		307	16,540	2,761				
DOUGLAS COUNTY								
VETERANS ADMIN.		12	386	3,172			10,344	
NEW JERSEY								
MONTCLAIR								
MOUNTAINSIDE	SEE UNITED HOSPITALS MEDICAL CENTER AFFIL. PROGRAM, NEWARK							
NEWARK								
UNITED HOSPITALS MEDICAL CENTER AFFILIATED PROGRAM	M. J. SHAPIRO				02	006		
NEWARK BETH ISRAEL MEDICAL CENTER	M. J. SHAPIRO	7	1,095	616			12,300	
UNITED HOSPITALS MEDICAL CENTER - NEWARK EYE AND EAR INFIRMARY	M. J. SHAPIRO	10	884	3,571			11,800	
UNITED HOSPITALS MEDICAL CENTER-PRESBYTERIAN MOUNTAINSIDE (MONTCLAIR)	W. A. PETRYSHYN	12	1,280	291			8,400	
NEW YORK								
ALBANY								
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	F. B. GOFFIN				02	006		
ALBANY MEDICAL CENTER		14	779	2,788			11,300	
CHILD'S		7	927					
VETERANS ADMIN.		10	264	1,205			11,600	
BUFFALO								
S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS	J. M. LORE, JR.				03	011		
BUFFALO GENERAL		24	1,716	1,924			10,500	
CHILDREN'S HOSPITAL OF BUFFALO		12	3,793	2,136			10,500	
EDWARD J. MEYER MEMORIAL		6	414	3,549			10,500	
VETERANS ADMIN.		14	274	1,196			10,000	
NEW HYDE PARK								
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER PROGRAM	M. GOODMAN				01	003	13,300	
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER		5	672	570				
QUEENS HOSPITAL CENTER (NEW YORK CITY)		10	299	4,342				
NEW YORK CITY								
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	R. J. RUBEN				04	012	14,000	
BRONX MUNICIPAL HOSPITAL CENTER		20	1,061	9,786				
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE		12	662	4,828				
LINCOLN								
BROOKLYN EYE AND EAR	L. A. MAZZARELLA	40	6,451	28,644	03	009	13,300	
LONG ISLAND COLLEGE	I. A. POLISAR	9	1,151	3,411	01	003	14,000	
MANHATTAN EYE, EAR AND THROAT	R. J. BELLUCCI	27	3,508	42,044	03	011	14,000	
MOUNT SINAI HOSPITAL TRAINING PROGRAM	H. F. BILLER				04	012		
MOUNT SINAI	H. F. BILLER	25	826	7,349			14,000	
CITY HOSPITAL CENTER AT ELMHURST	W. FRIEDMAN	8	448	11,597			13,300	
VETERANS ADMIN. (BRONX)	H. F. BILLER	17	408	3,765			13,878	
NEW YORK EYE AND EAR INFIRMARY	E. A. WEYMULLER	58	3,832	30,960	05	015	12,500	
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	R. J. BELLUCCI	10	400	15,000	01	003	13,300	
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS								
UNIT 2 - METROPOLITAN HOSPITAL CENTER								
NEW YORK	J. A. MOORE	23	1,255	12,459	01	006	13,300	
NEW YORK UNIVERSITY MEDICAL CENTER	J. F. DALY				04	012		
BELLEVUE HOSPITAL CENTER	J. F. DALY	28	547	10,659				
UNIVERSITY	J. F. DALY	12	629					
VETERANS ADMIN. (MANHATTAN)	F. KWOK	23	444				13,878	
PRESBYTERIAN	D. C. BAKER	28	2,098	21,588	03	008	11,750	

19. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK, NEW YORK CITY - CONTINUED								
QUEENS HOSPITAL CENTER	SEE L. I. JEWISH-HILLSIDE MED. CTR. PROG., NEW HYDE PARK							
ROOSEVELT	W. A. WICHERN		592	2,802	01	003	11,800	149674
ST. LUKE'S HOSPITAL CENTER	S. WHITFIELD	11	552	8,093	01	003	13,500	
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	A. LAPIDOT				02	010		
KINGS COUNTY HOSPITAL CENTER		34	1,168	12,997			13,300	
STATE UNIVERSITY		2	129	1,508			11,800	
ROCHESTER								
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	J. P. FRAZER	6	2,258	3,020	01	004	10,000	
SYRACUSE								
S.U.N.Y. UPSTATE MEDICAL CENTER	G. F. REED				03	009	10,900	
CROUSE IRVING-MEMORIAL	D. L. POUSHTER	12	2,442					
STATE UNIVERSITY	G. F. REED	9	539	5,026				
VETERANS ADMIN.	G. F. REED	9	263	1,032				
NORTH CAROLINA								
CHAPEL HILL								
NORTH CAROLINA MEMORIAL	N. D. FISCHER	11	648	9,626	02	010	9,500	
DURHAM								
DUKE UNIVERSITY AFFILIATED HOSPITALS	W. R. HUDSON				03	012	9,250	
DUKE UNIVERSITY MEDICAL CENTER	W. R. HUDSON	12	928	11,112				
VETERANS ADMIN.	T. B. COLE	11	435	2,720				
WINSTON-SALEM								
BOWMAN GRAY SCHOOL OF MEDICINE AFFILIATED HOSPITALS								
NORTH CAROLINA BAPTIST	J. A. HARRILL	8	752	2,353	01	003	9,500	
OHIO								
CINCINNATI								
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	D. A. SHUMRICK				05	025		
CINCINNATI GENERAL		44	1,255	13,235			9,700	
VETERANS ADMIN.		13	270	1,985			10,590	
CLEVELAND								
CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS	W. H. MALONEY				03	009		
UNIVERSITY HOSPITALS OF CLEVELAND		9	750	4,372			11,000	
CLEVELAND METROPOLITAN GENERAL		9	504	5,069			10,500	
VETERANS ADMIN.		14	280	1,144			11,350	
CLEVELAND CLINIC	H. E. HARRIS	11	542	11,192	02	007	10,500	
MARYMOUNT	S. C. MISSAL	12	760	72				
ST. VINCENT CHARITY	S. C. MISSAL	16	686	1,510				
ST. LUKE'S	R. L. RUGGLES	13	1,675	3,067	01	004	10,000	156074
COLUMBUS								
OHIO STATE UNIVERSITY AFFILIATED HOSPITALS	W. H. SAUNDERS				05	018		
OHIO STATE UNIVERSITY HOSPITALS	W. H. SAUNDERS	25	1,150	10,475			9,000	
CHILDREN'S	H. G. BIRCK	24	4,265	4,284				
OKLAHOMA								
OKLAHOMA CITY								
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER	J. B. SNOW, JR.				03	009	9,500	
UNIVERSITY OF OKLAHOMA HOSPITALS		9	691	6,428				
VETERANS ADMIN.		16	331	4,964				
OREGON								
PORTLAND								
UNIVERSITY OF OREGON AFFILIATED HOSPITALS	D. D. DE WEESE				03	012		
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	D. O. DE WEESE	17	1,144	8,496			8,600	
VETERANS ADMIN.	T. G. TEN EYCK	9	299	1,158			9,371	
PENNSYLVANIA								
DANVILLE								
GEISINGER MEDICAL CENTER	J. M. COLE	17	1,669	24,578	02	008	10,000	160874
PHILADELPHIA								
TEMPLE UNIVERSITY	M. L. RONIS	14	669	4,911	03	009	10,700	
THOMAS JEFFERSON UNIVERSITY	J. R. LEONARD	23	1,406	3,255	05	015	10,900	
PHILADELPHIA GENERAL	J. R. LEONARD	10	236	4,191			10,550	
UNIVERSITY OF PENNSYLVANIA AFFILIATED HOSPITALS	P. A. MARDEN				03	010		
CHILDREN'S HOSPITAL OF PHILADELPHIA	S. E. STOOL	6	976	4,200			10,000	
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	J. A. TUCKER	5	129	676			11,180	
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	P. A. MARDEN	17	1,091	3,761			11,536	
PRESBYTERIAN-UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER	E. MYERS	11	1,046	1,352			10,650	
VETERANS ADMIN.	V. SUNDMAKER	10	228	1,800			11,125	
PITTSBURGH								
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	R. JORDAN, B. SILVERBLATT				04	016	10,000	
EYE AND EAR HOSPITAL OF PITTSBURGH	R. JORDAN, B. SILVERBLATT	70	4,233	5,172				
VETERANS ADMIN.	C. S. DIMLING	16	283	1,300				
MERCY	J. T. DICKINSON	34	2,180	3,912	02	006	11,400	164974

19. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
PUERTO RICO								
SAN JUAN								
UNIVERSITY OF PUERTO RICO								
AFFILIATED HOSPITALS	J. PICO				03	009		
I. GONZALEZ MARTINEZ			92	1,288			9,600	
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA		13	927	7,027			7,872	
UNIVERSITY DISTRICT		11	216	3,861			9,600	
RHODE ISLAND								
PROVIDENCE								
RHODE ISLAND	F. L. MC NELIS	12	3,176	3,411	02	008	10,100	
SOUTH CAROLINA								
CHARLESTON								
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS	R. W. HANCKEL, JR.				02	006		
MEDICAL UNIVERSITY OF SOUTH CAROLINA		8	426	5,448			8,900	
CHARLESTON COUNTY		2	174					
VETERANS ADMIN.		7	245	1,419			8,777	
TENNESSEE								
MEMPHIS								
UNIVERSITY OF TENNESSEE								
AFFILIATED HOSPITALS	C. W. GROSS				05	015		
CITY OF MEMPHIS HOSPITALS	C. W. GROSS	10	707	9,458			7,752	
METHODIST	C. W. GROSS	13	1,403	1,876			9,492	
VETERANS ADMIN.	T. A. MAGUDA	17	631	12,648			8,120	
NASHVILLE								
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	W. L. DOWNEY				06	007	9,000	
VANDERBILT UNIVERSITY	W. L. DOWNEY	16	669	5,028				
NASHVILLE METROPOLITAN GENERAL	J. L. SAWYERS	4	285	2,102				
VETERANS ADMIN.	W. L. DOWNEY	9	191	3,796				
TEXAS								
DALLAS								
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL AFFILIATED HOSPITALS	J. P. GUNTER				06	024		
PARKLAND MEMORIAL	J. P. GUNTER	7	417	7,268			7,893	
CHILDREN'S MEDICAL CENTER	M. C. CULBERTSON	2	635	2,542				
VETERANS ADMIN.	J. A. HOLLIDAY, JR.	33	528	4,531			8,546	
JOHN PETER SMITH (FORT WORTH)	J. R. HARRIS	5	370	3,798			10,320	
FORT WORTH								
JOHN PETER SMITH	SEE UNIV. TEX. SOUTHWESTERN MED. SCH. AFFIL. HOSPS., DALLAS							
GALVESTON								
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	B. J. BAILEY	11	664	4,861	03	010	9,600	
HOUSTON								
BAYLOR COLLEGE OF MEDICINE								
AFFILIATED HOSPITALS	B. R. ALFORD				05	015	9,600	
BEN TAUB GENERAL	B. R. ALFORD	10	536	9,162				
METHODIST	B. R. ALFORD	14	1,502	274				
VETERANS ADMIN.	R. M. KOMORN	25	576	5,605				
SAN ANTONIO								
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS	G. A. GATES				01	003	9,000	
BEXAR COUNTY TEACHING	G. A. GATES	2	189	2,265				
SANTA ROSA MEDICAL CENTER BROOKE GENERAL	S. R. LE MAY, JR.	20	875	25,281				
UTAH								
SALT LAKE CITY								
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	G. K. THOMAS				02	006	9,200	
UNIVERSITY		4	358	2,501				
VETERANS ADMIN.								
VERMONT								
BURLINGTON								
MEDICAL CENTER HOSPITAL OF VERMONT	C. F. TSCHOPP	8	1,081	3,725	01	003	8,100	
VIRGINIA								
CHARLOTTESVILLE								
UNIVERSITY OF VIRGINIA	G. S. FITZ-HUGH	21	1,123	9,680	02	006	8,900	
RICHMOND								
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS	P. N. PASTORE				04	016	9,400	
MEDICAL COLLEGE OF VIRGINIA HOSPITALS		10	889	19,490				
VETERANS ADMIN.		7	277	2,215				
WASHINGTON								
SEATTLE								
UNIVERSITY OF WASHINGTON								
AFFILIATED HOSPITALS	J. A. DONALDSON				03	010		
UNIVERSITY	J. A. DONALDSON	3	302	4,059			9,200	
CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER	A. J. NOVACK	3	1,239	1,881				
HARBORVIEW MEDICAL CENTER	J. WALIKE		156	1,988				
U. S. PUBLIC HEALTH SERVICE	W. V. MORRISON	9	475	7,272			9,204	
WEST VIRGINIA								
MORGANTOWN								
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	P. M. SPRINKLE	15	888	9,881	02	006	9,000	

19. OTOLARYNGOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
WISCONSIN								
MADISON								
UNIVERSITY OF WISCONSIN								
AFFILIATED HOSPITALS	J. H. BRANDENBURG				02		10,300	
UNIVERSITY HOSPITALS		28	545	7,163				
MADISON GENERAL			1,340					
VETERANS ADMIN.		9	259	1,580				
MILWAUKEE								
VETERANS ADMIN. CENTER (WOOD)	R. H. LEHMAN	15	186	6,044	03	012	10,413	

20A. PATHOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Pathology through the Residency Review Committee for Pathology, as offering acceptable training in the specialty. Services which have been evaluated on the basis of training in the two categories, pathologic anatomy and clinical pathology, are designated as follows: A--anatomic pathology only C--clinical pathology only; P--anatomic pathology and clinical pathology; SP-Special pathology is a separate category. See also List 20B, Forensic Pathology, and List 20C, Neurolopathology.

	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 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE										
TEXAS										
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	C. K. LEEPER	350	2,136,000	15,897	14,349	4P	02	008		
UNITED STATES ARMY										
CALIFORNIA										
LETTERMAN GENERAL, SAN FRANCISCO	C. T. HARDING, JR.	155	1,400,000	5,980	5,700	4P	02	008		
COLORADO										
FITZSIMONS GENERAL, DENVER	E. B. BLIZARD	215	1,900,000	7,400	7,350	4P	02	008		100475
DISTRICT OF COLUMBIA										
WALTER REED GENERAL, WASHINGTON	D. M. ROBINSON	373	2,702,000	10,178	10,000	4P	04	016		
HAWAII										
TRIPLER GENERAL, HONOLULU	J. M. HAROMAN	202	2,791,322	12,339	11,771	4P	02	008		
TEXAS										
WILLIAM BEAUMONT GENERAL, EL PASO	S. D. WILSON, G. OSTERAAS	229	1,612,356	7,599	7,550	4P	02	006		
BROOKE GENERAL, SAN ANTONIO	S. A. CHAMBLIN, JR.	348	1,685,618	8,674	8,640	4P	02	010		
WASHINGTON										
MADIGAN GENERAL, TACOMA	W. MERIWETHER	163	1,820,914	8,119	8,000	4P	02	008		
UNITED STATES ARMY, NAVY, AND AIR FORCE										
DISTRICT OF COLUMBIA										
ARMED FORCES INSTITUTE OF PATHOLOGY, WASHINGTON	E. B. HELWIG	7,860		27,745	27,745	1A	00	020		
UNITED STATES NAVY										
CALIFORNIA										
NAVAL, OAKLAND	M. BOROWSKY	160	1,131,096	10,018	9,681	4P	02	008		181375
NAVAL, SAN DIEGO	C. F. BISHOP	437	2,646,215	18,879	16,283	4P	03	012		181475
MARYLAND										
NAVAL, BETHESDA	M. J. VALASKE	236	1,500,000	12,398	12,150	4P	03	012		182375
VIRGINIA										
NAVAL, PORTSMOUTH	N. A. D' AMATO	230	2,148,908	14,225	11,380	4P	01	004		183275
UNITED STATES PUBLIC HEALTH SERVICE										
LOUISIANA										
U. S. PUBLIC HEALTH SERVICE, NEW ORLEANS	J. G. HAIR	91	465,596	4,179	4,179	4P	01	004		
MARYLAND										
U. S. PUBLIC HEALTH SERVICE, BALTIMORE	S. M. GLUSMAN	120	529,000	3,455	3,455	4P	02	004		183675
NATIONAL INSTITUTES OF HEALTH - CLINICAL CENTER, BETHESDA	L. B. THOMAS, J. B. BLOCK	250	951,702	2,743	2,743	4P				
NEW YORK										
U.S. PUBLIC HEALTH SERVICE (STATEN ISLAND), NEW YORK CITY	P. F. CARACTA	74	850,493	3,798	3,738	4P	01	004		
WASHINGTON										
U.S.PUBLIC HEALTH SERVICE, SEATTLE	SEE UNIV. OF WASHINGTON AFFILIATED HOSPITALS, SEATTLE, WASH.									

20A. 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 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE										
DISTRICT OF COLUMBIA										
ST. ELIZABETHS, WASHINGTON	H. L. TSENG	136	356,967	658	658	1A	01	001	10,710	180475
OTHER FEDERAL										
CANAL ZONE										
GORGAS, BALBOA HEIGHTS	J. L. HARRIS	304	699,650	5,390	5,282	4P	01	004	11,386	
NONFEDERAL AND VETERANS ADMINISTRATION										
ALABAMA										
BIRMINGHAM										
BAPTIST MEDICAL CENTERS	C. ELLIOTT, H. LOHMANN					4P	01	003	9,600	190375
BAPTIST MEDICAL CENTER-MONTCLAIR	C. B. ELLIOTT	168	820,603	11,774	11,774					
BAPTIST MEDICAL CENTER-PRINCETON	H. J. LOHMANN	95	323,451	8,617	8,617					
CARRAWAY METHODIST MEDICAL CENTER	J. G. BEAIRD, JR.	204	610,000	7,129	7,129	4P	01	004	10,200	
UNIVERSITY OF ALABAMA MEDICAL CENTER	J. FOFT, C. LUPTON, JR.					4P	16	037	9,400	
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS		547	1,593,465	8,441	8,441					
VETERANS ADMIN.		218	645,384	2,736	2,736					
FAIRFIELD										
LLOYD NOLAND	H. G. DAVIS, JR.	148	603,979	3,944	3,655	1A	01	001	11,400	100875
MOBILE										
MOBILE GENERAL	E. L. BROWN	246	403,558	3,423	3,372	1A	02	002	9,840	
ARIZONA										
PHOENIX										
GOOD SAMARITAN	W. A. BENNETT	407	700,354	11,862	10,344	4P	02	006	10,200	
MARICOPA COUNTY GENERAL	R. L. CAMPONOVO	371	1,354,720	4,424	4,164	4P	02	008	10,795	
ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER	R. A. BROOKS	335	450,000	11,566	10,169	4P	02	006	10,200	
TUCSON										
UNIVERSITY OF ARIZONA AFFILIATED HOSPITALS	D. W. HUESTIS					4P	02	004	8,450	
UNIVERSITY										
VETERANS ADMIN.	D. W. HUESTIS	195	363,000	1,000	995					
ARKANSAS										
LITTLE ROCK										
ARKANSAS BAPTIST MEDICAL CENTER	R. A. BURGER	241	490,000	15,202	12,191	4P				
UNIVERSITY OF ARKANSAS MEDICAL CENTER	W. E. JAQUES					4P	04	016		
UNIVERSITY		471		5,030	5,030				7,800	
VETERANS ADMIN. CONSOLIDATED		365	753,466	6,722	6,722				9,420	
CALIFORNIA										
BAKERSFIELD										
KERN COUNTY GENERAL	W. R. SCHMALHORST	210	320,000	8,155	6,608	4P	01	004	12,600	
BERKELEY										
ALTA BATES	W. S. PALMER	113	184,997	7,563	6,776	2P	01	001	9,700	202475
BURBANK										
ST. JOSEPH	R. E. HOROWITZ	200	377,452	7,800	6,353	4P	01	004		
DAVIS										
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS	W. E. TORESON					4P	01	007	10,837	
SACRAMENTO MEDICAL CENTER (SACRAMENTO)		378	1,097,000	4,969	4,969					
DUARTE										
CITY OF HOPE MEDICAL CENTER	A. SCHNEIDER, H. GORDON	204	197,696	4,827	4,827	2P	02	002	9,000	
GLENDALE										
GLENDALE ADVENTIST	H. I. HARDER	171	147,412	6,884	5,688	4P	01	004		
IRVINE										
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS										
ORANGE COUNTY MEDICAL CENTER (ORANGE)	E. R. ARQUILLA	243	1,163,176	8,155	4,175	4P	02	007	13,546	
LOMA LINDA										
LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS	W. P. THOMPSON					4P	02	008		
LOMA LINDA UNIVERSITY		350	660,000	7,200	700				10,465	
RIVERSIDE GENERAL (RIVERSIDE)		213	518,461	3,869	2,984				10,650	
LONG BEACH										
MEMORIAL HOSPITAL OF LONG BEACH	E. R. JENNINGS	300	530,800	8,000	6,000	4P	03	006	11,200	
ST. MARY'S LONG BEACH	T. KIDDIE	174	390,535	8,057	6,350	4P	01	002	11,000	102575
VETERANS ADMIN.	I. M. REINGOLD	499	1,896,101	4,936	4,886	4P	02	010	13,878	
LOS ANGELES										
CALIFORNIA HOSPITAL MEDICAL CENTER	P. H. JERNSTROM	173	453,918	12,980	5,343	4P	01	004	12,000	102975
CEDARS-SINAI MEDICAL CENTER										
CEDARS OF LEBANON HOSPITAL DIVISION	L. KAPLAN, H. J. SACKS	264	588,398	10,410	9,850	4P	02	008	12,600	103075
MOUNT SINAI HOSPITAL DIVISION	L. KAPLAN, H. J. SACKS	103	221,349	4,357	3,881	4P	05	010	12,600	
CHILDRENS HOSPITAL OF LOS ANGELES	B. H. LANDING	178	294,197	5,108	3,006	1A	02	004	9,000	
HOSPITAL OF THE GOOD SAMARITAN MEDICAL CENTER	W. H. KERN	220	510,054	7,541	6,237	4P	01	002		
KAISER FOUNDATION	J. GORDON	279	2,805,751	20,287	17,244	4P		002	12,000	
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	H. A. EDMONDSON	1,190	5,324,462	22,426	21,910	4P	07	030		
QUEEN OF ANGELS	J. H. CREMIN	141	341,757	4,893	4,055	4P	01	004	12,000	
U. C. L. A.	J. L. VAN LANCKER	388	832,105	10,981	9,624	4P	04	016	10,200	
VETERANS ADMIN. CENTER-WADSWORTH	B. G. FISHKIN	471	1,366,120	8,633	8,633	4P	04	014	13,878	
WHITE MEMORIAL MEDICAL CENTER	G. KYPRIDAKIS	225	916,348	7,762	6,382	4P	01	004	10,800	
MARTINEZ										
VETERANS ADMIN.	W. B. DUBLIN	225	361,032	2,723	2,559	4P	01	004	10,332	

20A. 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 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CALIFORNIA - CONTINUED										
MOUNTAIN VIEW										
EL CAMINO						4P	01	004		
OAKLAND										
CHILDREN'S HOSPITAL MEDICAL CENTER OF NORTHERN CALIFORNIA	B. VON SCHMIDT, J. KELLY	103	185,475	2,077	576	1A	01	001		
HIGHLAND GENERAL	R. J. PARSONS	149	283,462	4,091	3,881	4P	01	004	9,612	
KAISER FOUNDATION	N. L. MORGENSTERN	250	640,000	11,271	9,749	4P	01	004		
SAMUEL MERRITT	R. S. DAVIS	159	432,108	7,027	5,884	4P	01	004	9,612	
ORANGE										
ORANGE COUNTY MEDICAL CENTER	SEE UNIV. OF CALIFORNIA (IRVINE) AFF. HOSPS., IRVINE									
PALO ALTO										
VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD									
PASADENA										
HUNTINGTON MEMORIAL	D. S. SHILLAM	318	589,873	10,132	8,096	4P	01	004	11,000	
RIVERSIDE										
RIVERSIDE GENERAL	SEE LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS, LOMA LINDA									
SACRAMENTO										
MERCY HOSPITAL OF SACRAMENTO	S. FRIEDLANDER	105	329,324	12,321	8,983	4P	01	004		
SACRAMENTO MEDICAL CENTER	SEE UNIV. OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS, DAVIS									
SUTTER COMMUNITY HOSPITALS OF SACRAMENTO	P. A. ROONEY	218	356,802	17,034	12,975	4P	01	004		
SAN BERNARDINO										
SAN BERNARDINO COUNTY GENERAL	H. BRAUNSTEIN	268	398,926	3,008	2,708	4P	01	004	9,600	
SAN DIEGO										
DONALD N. SHARP MEMORIAL COMMUNITY	H. R. IRWIN	274	476,815	17,371	13,696	4P	01	004	14,340	
MERCY HOSPITAL AND MEDICAL CENTER	O. DE SANTO, J. HEARD	248	1,199,690	10,721	9,037	4P	01	004	9,765	
UNIVERSITY OF CALIFORNIA (SAN DIEGO) AFFILIATED HOSPITALS	A. A. LIEBOW					4P	06	012		
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	A. A. LIEBOW	395	711,575	6,152	5,935				10,200	
VETERANS ADMIN.	V. L. SWANSON									
SAN FRANCISCO										
CHILDREN'S HOSPITAL AND ADULT MEDICAL CENTER	J. L. BENNINGTON	158	231,786	7,881	6,680	4P	01	001	9,700	
HARKNESS COMMUNITY HOSPITAL AND MEDICAL CENTER	A. G. SCOTTOLINI	130	450,000	4,250	3,960	4P	01	004	9,000	
KAISER FOUNDATION	M. L. BASSIS	318	943,860	14,082	13,596	4P	02	006	9,500	
MOUNT ZION HOSPITAL AND MEDICAL CENTER	F. R. ELEVITCH	290	771,762	6,406	5,644	4P	02	005	9,780	
PACIFIC MEDICAL CENTER - PRESBYTERIAN	R. J. KLEINHENZ	171	299,468	3,551	3,312	4P	01	004	9,800	
ST. MARY'S HOSPITAL AND MEDICAL CENTER	R. A. JEFFREY, JR.	141	300,000	6,078	5,478	4P	01	003	11,340	
UNIVERSITY OF CALIFORNIA PROGRAM	H. O. MOON, G. BRECHER					4P	06	026		
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	O. N. RAMBO, G. BRECHER	341	666,203	8,234	6,185				9,400	
SAN FRANCISCO GENERAL	O. MC KAY, M. POLLYCOVE	237	999,332	4,587	4,436				9,924	
VETERANS ADMIN.	S. H. CHOY, A. C. PAREKH	157	639,559	2,127	2,127				9,400	
SAN JOSE										
O' CONNOR	L. R. GRAMS	82	367,261	6,691	3,630	4P	01	002		
SANTA CLARA VALLEY MEDICAL CENTER	R. S. COX, JR.	353	510,138	3,324	3,139	4P	02	006	11,045	
SANTA BARBARA										
SANTA BARBARA COTTAGE	D. R. DICKSON	263	226,000	9,108	8,960	4P	01	002	10,600	
SANTA MONICA										
ST. JOHN'S	G. J. HUMMER	185				4P	01	004		
STANFORD										
STANFORD UNIVERSITY AFFILIATED HOSPITALS	D. KORN					4P	06	019	9,700	
STANFORD UNIVERSITY	D. KORN	414	1,023,997	14,344	11,881					
VETERANS ADMIN. (PALO ALTO)	B. GERSTL	176	703,406	2,608	2,458					
STOCKTON										
SAN JOAQUIN GENERAL	H. SCHNEIDER, R. F. CHARO	233	222,087	2,985	2,985	4P	01	004	7,836	102175
TORRANCE										
LOS ANGELES COUNTY HARBOR GENERAL	F. M. HIROSE	482	2,642	8,683	8,447	4P	03	012	14,340	
COLORADO										
COLORADO SPRINGS										
PENROSE	M. BERTHRONG, D. DAWSON					4P	01	004		
DENVER										
CHILDREN'S	B. FAVARA, R. FRANCIOSI	161	329,609	2,580	1,110	1A	01	002	10,600	
GENERAL ROSE MEMORIAL	M. L. OVITZ	206	599,916	9,103	8,603	4P	01	005		
MERCY	T. N. VINCENT	132	344,500	9,332	8,647	4P	04	004	9,200	
PORTER MEMORIAL	J. DENST	98	106,270	5,661	5,591	4P	02	002		
PRESBYTERIAN MEDICAL CENTER	A. E. LUBCHENCO	262	411,728	8,720	7,264	4P	02	008	9,200	
ST. ANTHONY	S. K. KURLAND	184	481,690	9,089	9,089	4P	01	004	9,800	
ST. JOSEPH	J. B. HOLYOKE	265	949,761	22,771	21,065	4P	01	004	9,200	
ST. LUKE'S	E. P. ELZI	210	598,475	8,206	7,257	4P	02	006	9,700	
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	G. B. PIERCE					4P	09	036		
UNIVERSITY OF COLORADO MEDICAL CENTER	G. B. PIERCE	281	563,152	5,292	5,201				9,800	
DENVER GENERAL	J. A. PRESTON	235	1,000,000	4,880	4,800					
VETERANS ADMIN.	W. S. HAMMOND	277	630,000	2,495	2,378				9,620	
CONNECTICUT										
BRIDGEPORT										
BRIDGEPORT	R. H. POPE	294	444,729	9,754	7,618	4P	01	004	10,350	
ST. VINCENT'S	D. H. LOBDELL	238	526,463	6,359	5,419	4P	01	004	10,500	
DANBURY										
DANBURY	N. E. HERRERA	114	457,098	5,453	4,473	4P	01	006	10,100	
HARTFORD										
HARTFORD	G. B. MC ADAMS	616	1,081,888	20,074	15,798	4P	03	010	10,500	108375
ST. FRANCIS	J. E. THAYER	292	826,080	12,835	10,047	4P	01	004	7,800	

20A. 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 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CONNECTICUT, HARTFORD - CONTINUED										
UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS	F. SUNDERMAN, JR., P. HUKILL					4P	03	012	10,000	109475
UNIVERSITY OF CONNECTICUT HOSPITAL-MC COOK DIVISION		52	2,267	2,267	2,267					
VETERANS ADMIN. (NEWINGTON)		87	186,897	1,230	1,230					
MIDDLETOWN										
MIDDLESEX MEMORIAL	C. E. MC LEOD					4P	01	002		
NEW BRITAIN										
NEW BRITAIN GENERAL	T. J. MADDEN	245	2,931,015	9,042	7,490	4P	01	004	11,750	
NEW HAVEN										
HOSPITAL OF ST. RAPHAEL	G. B. SOLITARE	250	513,077	7,225	7,085	4P	03	010	10,450	
YALE-NEW HAVEN MEDICAL CENTER										
YALE-NEW HAVEN	L. THOMAS, D. SELIGSON	589	1,199,472	15,454	13,496	4P	09	012	10,450	
VETERANS ADMIN. (WEST HAVEN)	R. YESNER	177	875,871	3,465	3,119	4P	02	006	10,543	
NEWINGTON										
VETERANS ADMIN.	SEE UNIV. OF CONNECTICUT AFFILIATED HOSPITALS, HARTFORD									
NORWALK										
NORWALK	R. N. BARNETT	337	400,000	7,657	6,145	4P	01	004	9,000	
STAMFORD										
STAMFORD	E. S. BREAKELL	173	724,991	4,951	3,603	4P	01	004	10,600	109575
WATERBURY										
ST. MARY'S	M. E. COX	167	348,408	5,706	4,442	4P	01	004	10,020	
WATERBURY	R. K. GILBERT	227	398,770	9,987	6,012	4P	01	004	10,100	
WEST HAVEN										
VETERANS ADMIN.	SEE YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN									
DELAWARE										
WILMINGTON										
WILMINGTON MEDICAL CENTER	P. F. ASHLEY	604	1,375,552	23,583	19,829	4P	01	004	10,250	109975
DISTRICT OF COLUMBIA										
WASHINGTON										
CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA	R. CHANDRA	145	309,729	4,526	1,144	1A	01	002	10,500	
DISTRICT OF COLUMBIA GENERAL	S. L. PERRY	495	3,165,224	5,688	5,688	4P	02	003	11,300	
DOCTORS HOSPITAL-SIBLEY MEMORIAL	D. HUNTER, JR., J. BLUMBERG					4P	01	004	9,500	
DOCTORS	D. HUNTER, JR., J. BLUMBERG	156	279,212	6,927	6,234					
SIBLEY MEMORIAL	D. HUNTER, JR.	153	363,744	7,616	6,725					
FREEDMEN'S	M. A. JACKSON	176	838,437	5,170	5,122	4P	02	008	11,342	
GEORGETOWN UNIVERSITY	A. GOLDEN	328	524,362	6,520	6,320	4P	03	011	10,550	
GEORGE WASHINGTON UNIVERSITY	T. M. PEERY	355	982,251	12,537	12,300	4P	03	010	10,022	
PROVIDENCE	J. B. MORALES	206	475,000	5,997	5,997	4P	01	004		180375
VETERANS ADMIN.	B. A. SMITH	308	1,253,821	3,275	3,275	4P	02	006	10,022	
WASHINGTON HOSPITAL CENTER	V. E. MARTENS	337	551,138	15,981	14,488	4P	02	010	10,022	180075
FLORIDA										
BAY PINES										
VETERANS ADMIN.	SEE ST. JOSEPH'S, TAMPA									
FORT LAUDERDALE										
BROWARD GENERAL	R. J. POPPITI	340	1,032,201	9,676	7,610	4P	01	004	8,403	
GAINESVILLE										
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	K. K. PIERSON, W. R. ADAMS					4P	04	015		
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS	K. K. PIERSON, W. R. ADAMS	340	933,262	6,080	5,900				8,400	
VETERANS ADMIN.	R. L. HACKETT	157	680,892	3,146	2,906				8,625	
HOLLYWOOD										
MEMORIAL	J. MICKLEY	252	898,603	7,789	7,261	4P	02	002	12,000	
JACKSONVILLE										
BAPTIST MEMORIAL	R. V. JOEL	281	386,459	13,615	12,363	4P	02	006	8,600	197075
MEMORIAL HOSPITAL OF JACKSONVILLE	G. M. KATIBAH									
ST. VINCENT'S	C. M. WHORTON	148	303,769	8,412	6,279	4P	01	004	6,600	
UNIVERSITY HOSPITAL OF JACKSONVILLE	R. M. RHATIGAN	295	943,872	4,907	4,907	4P	01	004	8,600	
MIAMI										
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	W. A. D. ANDERSON					4P	08	032		
JACKSON MEMORIAL		680	1,932,689	12,819	10,906					
VETERANS ADMIN.		322	1,185,949	4,360	4,360				10,050	
VARIETY CHILDREN'S	M. BEVILACQUA, E. B. BLUM	28	123,067	1,918	778	2P	01	002	10,750	
MIAMI BEACH										
MOUNT SINAI HOSPITAL OF GREATER MIAMI	A. RYWLIN	454	1,800,797	10,166	9,434	4P	01	008	9,900	
ORLANDO										
ORANGE MEMORIAL	B. C. WILLARD		1,140,215	8,566	8,045	4P	02	008	9,000	
PENSACOLA										
PENSACOLA EDUCATIONAL PROGRAM	A. DRLICKA, G. H. HILBERT					4P	01	004	10,200	182675
BAPTIST	A. DRLICKA	90	194,830	6,060	4,228					
SACRED HEART	G. H. HILBERT	201	246,916	10,839	8,371					
UNIVERSITY	A. DRLICKA	65	72,315	1,693	831					
TAMPA										
ST. JOSEPH'S	J. E. SZAKACS	223	308,234	11,668	7,910	4P	02	004	8,800	222075
VETERANS ADMIN., (BAY PINES)										
TAMPA GENERAL	J. B. HUTCHESON	405	832,892	11,182	9,471	4P	02	008	8,925	
GEORGIA										
ATLANTA										
CRAWFORD W. LONG MEMORIAL	J. F. OLLEY	168	403,214	7,573	7,454	4P	02	006		
EMORY UNIVERSITY AFFILIATED HOSPITALS	W. G. CAMPBELL, JR.					4P	04	026	8,880	
EMORY UNIVERSITY	W. G. CAMPBELL, JR.	255	502,006	7,068	6,964					
GRADY MEMORIAL	M. B. GRAVANIS	382	1,314,596	10,980	10,980					
VETERANS ADMIN. (DECATUR)	J. MENDELOFF	217	697,844	2,712	2,586					
PIEDMONT	F. SHIPKEY	104	603,484	7,627	7,544	4P	01	004	8,400	
ST. JOSEPH'S INFIRMARY	J. T. GODWIN	120	303,796	6,492	6,223	4P	01	004	9,501	

20A. 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 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
GEORGIA - CONTINUED										
AUGUSTA										
MEDICAL COLLEGE OF GEORGIA HOSPITALS	A. B. CHANDLER					4P	02	009	9,500	
EUGENE TALMADGE MEMORIAL	A. B. CHANDLER	181	1,701,509	4,601	4,389					
UNIVERSITY	L. D. STODDARD	97	410,951	6,884	5,561					
DECATUR										
VETERANS ADMIN.	SEE EMORY UNIV. AFF. HOSPS., ATLANTA									
SAVANNAH										
MEMORIAL MEDICAL CENTER	W. S. MEDART, JR.	257	356,525	4,423	4,423	4P	02	002	8,229	
HAWAII										
HONOLULU										
KUAKINI HOSPITAL AND HOME	G. N. STEMMERMANN	143	212,056	3,855	2,175	4P	02	004	10,200	
QUEEN'S MEDICAL CENTER	D. WILL	323	457,429	10,467	10,084	4P	01	004	10,500	
ST. FRANCIS	M. H. HABER	103	383,577	4,401	4,176	4P	01	004	10,500	180975
ILLINOIS										
BERWYN										
MAC NEAL MEMORIAL	B. H. NEIMAN	273	419,063	7,719	6,385	4P	01	004	10,020	112175
CHICAGO										
AUGUSTANA	D. D. O' SULLIVAN		363,037	3,614	3,255	4P	04	004	11,000	112475
CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS										
MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO	A. I. RUBENSTONE	265	884,490	5,050	4,796	4P	02	008	9,700	
COLUMBUS	C. MASO, H. MOHIUDDIN	173	322,532	5,146	5,060	4P	02	006	10,600	
FRANK CUNED	C. MASO, D. GRAZIANI	52	126,671	1,557	1,484				10,600	
ST. FRANCES XAVIER CABRINI	C. MASO	60	164,359	2,010	1,909				10,600	
COOK COUNTY	P. B. SZANTO, G. M. NOVAK	1,025		17,307	17,021	4P	04	015	10,900	
ENGLEWOOD	C. TORRES	50	127,449	6,451	3,978	2P	02	004	13,200	
GRANT	S. S. BARRON, J. PASSMANN	193	181,731	3,650	3,094	4P	01	004	12,000	
ILLINOIS CENTRAL	W. P. MAVRELIS	78	141,400	3,366	3,366	1A	01	001	11,400	113675
ILLINOIS MASONIC MEDICAL CENTER	G. GYORI	171	840,000	6,327	5,614	4P	01	004	11,200	
JACKSON PARK	A. SION	94	54,725	6,025	5,597	2P	01	002	12,000	
LOUIS A. WEISS MEMORIAL	W. DRWIEGA	168	566,837	5,770	5,562	4P	01	004	11,300	
MERCY HOSPITAL AND MEDICAL CENTER	G. W. CHANGUS	204	941,398	5,475	5,475	4P	02	008	10,200	114175
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	C. L. PIRANI	601	1,728,947	11,125	9,436	4P	05	012	11,100	
NORTHWESTERN UNIVERSITY-MC GAW MEDICAL CENTER	R. B. JENNINGS									
CHICAGO WESLEY MEMORIAL	G. KENT	321	781,870	18,567	18,432	4P	02	008	10,750	
CHILDREN'S MEMORIAL	J. D. BOGGS, J. M. KIOD	176	311,306	4,110	4,110	2P	02	004	10,750	
PASSAVANT MEMORIAL	J. C. SHERRICK	190	325,751	4,997	4,997	4P	01	004	10,750	
VETERANS ADMIN. RESEARCH	H. YOKOO	348	1,044,849	2,790	2,650	4P	02	004	10,750	
EVANSTON (EVANSTON)	H. H. R. FRIEDERICI	270	678,086	6,951	6,208	4P	03	008	10,750	
PRESBYTERIAN-ST. LUKE'S	G. M. HASS	638	1,822,617	11,283	10,443	4P	02	010	9,946	114775
ST. ELIZABETH'S	A. M. RING	76	30,633	4,236	4,036	4P	01	002	10,200	
ST. JOSEPH	J. KRAFT	259	561,342	6,772	6,434	4P	02	007	10,600	
SWEDISH COVENANT	J. B. MC CORMICK	117	160,195	2,258	1,651	4P	01	004	9,060	115975
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	R. W. WISSLER	504	1,398,249	12,917	12,745	4P	03	016	10,800	
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS	C. A. KRAKOWER					4P	06	022	9,900	115075
UNIVERSITY OF ILLINOIS	C. A. KRAKOWER	303	1,456,923	14,615	14,615					
VETERANS ADMIN. (WEST SIDE)	B. CHOMET	275	1,150,000	2,441	2,400					
EVANSTON										
EVANSTON	SEE NORTHWESTERN UNIV.-MC GAW MED. CNTR., CHICAGO									
ST. FRANCIS	R. W. WILHOITE	232	519,368	6,204	5,590	4P	02	004	11,100	116875
EVERGREEN PARK										
LITTLE COMPANY OF MARY	L. J. KNAFF	161	902,324	8,499	7,400	4P	04	004	9,794	
HINES										
VETERANS ADMIN.	M. E. RUBNITZ	465	1,298,924	4,902	4,662	4P	04	012	10,100	225775
MAYWOOD										
LOYOLA UNIVERSITY	G. BRYNJOLFSSON	165	464,340	3,110	2,502	4P	02	008	10,600	
OAK LAWN										
CHRIST COMMUNITY	G. RICH	310	453,891	8,305	7,104	4P	01	003	8,500	113175
OAK PARK										
OAK PARK	J. T. HICKS	79	152,453				01	002		
WEST SUBURBAN	F. I. VOLINI	256	632,301	5,945	4,897	4P	02	005	9,500	
PARK RIDGE										
LUTHERAN GENERAL	J. VALAITIS	314	618,154	7,414	7,414	4P	01	004	9,600	117675
PEORIA										
METHODIST HOSPITAL OF CENTRAL ILLINOIS	D. RAHMAN	176	258,541	7,350	6,535	4P	01	004	10,000	226775
ST. FRANCIS	K. G. KECHRIOTIS	325	1,055,054	8,969	8,285	4P	02	006	10,750	
ROCKFORD										
ROCKFORD MEMORIAL	M. O. ALEXANDER	274	505,368	6,586	4,588	4P	01	002	10,000	
SWEDISH AMERICAN	C. J. LAFLER	169	292,301	4,578	4,158	4P	01	002	9,000	
SPRINGFIELD										
ST. JOHNS	W. M. NICKEY, JR.	377	415,797	8,100	8,100	4P	04	004	11,000	227175
INDIANA										
ELKHART										
ELKHART GENERAL	SEE SOUTH BEND MEDICAL FOUNDATION HOSPITALS, SOUTH BEND									
FORT WAYNE										
ST. JOSEPH'S HOSPITAL OF FORT WAYNE	L. A. SCHNEIDER	184	484,209	9,977	8,349	4P	02	004	12,000	
GARY										
METHODIST HOSPITAL OF GARY	W. P. LOH, D. HAN	437	374,813	7,030	6,238	4P	02	004	12,000	117475
ST. MARY MERCY	E. J. MASON, P. B. CABRERA	173	583,162	9,312	9,243	4P	01	003	12,000	
INDIANAPOLIS										
INDIANA UNIVERSITY MEDICAL CENTER	J. L. EDWARDS					4P	04	016		
INDIANA UNIVERSITY HOSPITALS	J. L. EDWARDS	356	798,000	6,158	6,084				9,500	
MARION COUNTY GENERAL	J. A. BENZ	1,106	738,350	4,986	4,666				10,000	
VETERANS ADMIN.	J. L. EDWARDS	292	690,000	3,439	3,439				10,250	
METHODIST HOSPITAL OF INDIANA	P. EVANS	518	1,536,072	21,963	16,945	4P	02	010	10,605	116875
ST. VINCENT'S	L. N. FOSTER	160	225,752	6,770	5,630	4P	01	004	11,760	

20A. 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 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
INDIANA – CONTINUED										
LAFAYETTE										
ST. ELIZABETH	H. T. RUSSELL	101	345,994	5,213	4,340	4P	01	004	12,660	
MISHAWAKA										
ST.JOSEPH	SEE SOUTH BEND MEDICAL FOUNDATION HOSPITALS, SOUTH BEND									
MUNCIE										
BALL MEMORIAL	G. E. BRANAM	343	306,810	11,301	9,583	4P	02	006	11,600	
SOUTH BEND										
SOUTH BEND MEDICAL FOUNDATION HOSPITALS	J. R. BENNETT					4P	02	008	10,000	
ELKHART GENERAL (ELKHART)		60	275,267	3,462	3,431					
ST. JOSEPH (MISHAWAKA)		32	98,265	2,145	1,652					
MEMORIAL HOSPITAL OF SOUTH BEND		159	281,335	5,916	4,377					
ST. JOSEPH'S		109	257,157	4,203	2,893					
IOWA										
CEDAR RAPIDS										
ST. LUKE'S METHODIST	R. F. LOOKER	191	668,521	7,433	4,475	4P	01	004	10,800	119675
DES MOINES										
IOWA METHODIST	J. GREEN	224	377,172	9,614	6,222	4P	01	004	9,600	
MERCY	J. SONG	150	330,000	6,400	5,900	4P	02	004	13,300	120275
IOWA CITY										
UNIVERSITY OF IOWA AFFILIATED HOSPITALS										
UNIVERSITY OF IOWA HOSPITALS	G. D. PENICK	513	915,566	8,990	8,990	4P	04	012	9,500	120375
VETERANS ADMIN.	R. SHACKLETT	207	518,003	2,252	1,957	4P	01	006	9,500	
KANSAS										
KANSAS CITY										
UNIVERSITY OF KANSAS MEDICAL CENTER	D. G. SCARPELLI	346	1,351,436	10,002	9,802	4P	05	020	9,500	
VETERANS ADMIN. (KANSAS CITY, MO.)	C. E. KELLY	227	646,539	4,312	3,691				9,500	
WICHITA										
ST. FRANCIS	R. J. TAYLOR	358	317,644	9,816	6,451	4P	01	004	9,300	120975
ST. JOSEPH HOSPITAL AND REHABILITATION CENTER-VETERANS ADMIN. CENTER	W. J. REALS					4P	01	004		
ST. JOSEPH HOSPITAL AND REHABILITATION CENTER	W. J. REALS	175	549,847	9,438	7,366				12,900	
VETERANS ADMIN. CENTER	W. J. REALS, P. MATRON	75	152,318	1,284	1,284				9,300	
WESLEY MEDICAL CENTER	L. P. CAWLEY	265	999,000	12,820	10,091	4P	02	008	9,300	
KENTUCKY										
LEXINGTON										
UNIVERSITY	J. J. VAZQUEZ	251	771,000	6,747	6,639	4P	03	010	8,000	
LOUISVILLE										
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	W. M. CHRISTOPHERSON					4P	02	010		
CHILDREN'S	D. R. KMETZ	107	164,684	1,749	705					
LOUISVILLE GENERAL	W. M. CHRISTOPHERSON	419	714,575	4,564	4,564				8,600	
VETERANS ADMIN.	W. L. BROGHAMER, JR.	160	363,604	2,228	2,228	4P	01	004	8,370	
LOUISIANA										
NEW ORLEANS										
CHARITY HOSPITAL OF LOUISIANA	C. E. DUNLAP, J. STRONG	998	2,972	14,381	14,381	4P	06	022	7,800	
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS										
VETERANS ADMIN.	J. P. STRONG	263	439,576	5,266	3,557	4P	01	004	9,437	
OCHSNER FOUNDATION	W. T. MITCHELL	268	969,913	9,562	9,019	4P	02	006	8,500	
TOURO INFIRMARY	A. HERTZOG	235	654,059	8,032	7,754	4P	02	004	9,000	
SHREVEPORT										
L. S. U. (SHREVEPORT) AFFILIATED HOSPITALS	A. G. SMITH					4P	02	006		
CONFEDERATE MEMORIAL MEDICAL CENTER		302	697,568	5,818	5,340				7,800	
VETERANS ADMIN.		80	181,085	1,148	1,122					
MAINE										
BANGOR										
EASTERN MAINE MEDICAL CENTER	B. A. DAHL	395	257,000	13,052	10,315	2P	02	002	8,000	
LEWISTON										
CENTRAL MAINE GENERAL	R. S. POTTS	137	291,287	5,312	4,761	4P	01	001	9,000	
PORTLAND										
MAINE MEDICAL CENTER	J. E. PORTER	253	703,046	8,889	6,521	4P	01	004	8,505	
MARYLAND										
BALTIMORE										
GREATER BALTIMORE MEDICAL CENTER	J. E. ADAMS	145	440,000	14,408	9,803	4P	01	004	10,500	124175
JOHNS HOPKINS	R. HEPTINSTALL, R. CONN	554	2,350,000	18,553	16,553	4P	04	020	10,000	
MARYLAND GENERAL	W. B. KING	201	1,094,610	14,662	14,662	4P	01	004	10,750	124475
MERCY	R. G. LANCASTER	110	500,000	6,500	6,300	4P	01	004	10,500	
OFFICE OF THE CHIEF MEDICAL EXAMINER, STATE OF MARYLAND	R. S. FISHER, W. U. SPITZ	2,200	8,000	750	750	1A	04	004	9,000	
ST. AGNES	W. J. HICKEN	236	607,437	9,646	9,455	4P	02	006	10,500	
ST. JOSEPH	L. F. MISANIK	147	708,199	7,716	6,958	4P	01	004	9,500	124875
SINAI HOSPITAL OF BALTIMORE	L. G. KOSS	213	966,162	21,069	20,744	4P	03	008	11,250	
SOUTH BALTIMORE GENERAL	W. KIME	151	453,321	5,458	5,458	4P	01	004	10,500	
UNION MEMORIAL	D. K. MERENYI	240	533,612	7,666	7,528	4P	01	004	10,500	125175
UNIVERSITY OF MARYLAND AFFILIATED HOSPITALS	B. F. TRUMP					4P	06	028		
UNIVERSITY OF MARYLAND	B. F. TRUMP	433	2,013,275	9,177	9,000				10,700	
VETERANS ADMIN.	J. D. CULBERSON									
BETHESDA										
SUBURBAN	J. D. WILKES	381	574,615	13,312	11,980	4P	01	004	10,200	
CHEVERLY										
PRINCE GEORGE'S GENERAL	I. R. MATTEI	387	635,297	11,025	10,896	4P	02	004	10,000	190575
MASSACHUSETTS										
BOSTON										
BETH ISRAEL	R. COHEN, O. G. FREIMAN	233	809,002	7,216	7,216	4P	02	009	10,200	

20A. 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 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MASSACHUSETTS, BOSTON – CONTINUED										
BOSTON CITY	S. ROBBINS, L. GOTTLIEB	529	14,904	9,321	9,086	4P	05	017	9,000	
BOSTON HOSPITAL FOR WOMEN	J. M. CRAIG	178		1,684	1,684	1A	04	004	10,700	
CARNEY	H. J. CHRISTIAN	189	449,284	5,630	5,124	4P	01	004	10,165	
CHILDREN'S HOSPITAL MEDICAL CENTER	R. A. MC CLUSKEY	297	402,138	3,404	3,190	2P	02	006	9,700	
FAULKNER						1A				
MASSACHUSETTS GENERAL	B. CASTLEMAN, E. B. TAFT	1,019	2,133,059	17,931	17,931	4P	02	018	10,200	
NEW ENGLAND DEACONESS	W. A. MEISSNER	271	503,380	12,229	11,416	4P	02	011	10,200	
NEW ENGLAND MEDICAL CENTER HOSPITALS	M. H. FLAX	242	827,874	4,967	4,750	3A	03	010	10,165	
PETER BENT BRIGHAM	G. J. DAMMIN	332	785,687	6,702	6,650	4P	03	010	10,200	
ST. ELIZABETH'S HOSPITAL OF BOSTON	J. H. GRAHAM	205	464,543	5,349	4,667	4P	01	003	10,200	
UNIVERSITY	K. BALOGH	162	3,429	3,111	3,111	4P	01	006	9,600	
VETERANS ADMIN.	G. K. MALLORY	305	1,149,849	3,157	3,157	4P	04	008	10,690	
VETERANS ADMIN. (WEST ROXBURY)	D. FELDMAN	89	282,826	1,223	1,223	2P	02	003	11,386	
CAMBRIDGE										
CAMBRIDGE	C. G. HORI	130	300,000	2,300	2,100	4P	00	002	10,000	
MOUNT AUBURN	H. A. BIRD	193	510,769	3,888	3,888	4P	01	004		
FRAMINGHAM										
FRAMINGHAM UNION	L. G. TEDESCHI	256	210,597	7,466	5,402	4P	01	004	9,600	
LAWRENCE										
LAWRENCE GENERAL	L. S. JOLLIFFE	132	271,590	4,541	3,034	4P	01	004		
LYNN										
LYNN	H. G. OLKEN	121	545,758	4,739	4,589	4P	03	006	9,600	127675
MALDEN										
MALDEN	M. V. MAC KENZIE	124	248,586	3,845	3,845	2P	01	002	10,100	
NEWTON LOWER FALLS										
NEWTON-WELLESLEY	A. E. O' DEA	158	533,855	5,866	4,583	4P	01	003	10,165	128075
NORFOLK										
PONDVILLE	L. GANDBHIR	107	137,116	1,633	1,633	2P	02	002	14,214	
PITTSFIELD										
BERKSHIRE MEDICAL CENTER	W. BEAUTYMAN	220	902,927	8,237	6,455	4P	01	004	10,600	
SALEM										
SALEM	O. NICKERSON, G. KEANE	97	463,204	4,763	4,175	4P	04	004	8,500	128475
SPRINGFIELD										
SPRINGFIELD HOSPITAL MEDICAL CENTER	J. P. SULLIVAN	337	739,039	10,245	9,031	4P	01	004	11,107	
WORCESTER										
MEMORIAL	R. HARPER, L. JAMES, JR.	224	497,891	8,953	7,022	4P	01	004	10,200	
ST. VINCENT	G. H. FRIEDELL	242		6,494	5,980	4P	02	006	10,200	129075
WORCESTER CITY	W. F. MAC GILLIVRAY	215	343,871	3,491	3,491	4P	01	004	9,645	
MICHIGAN										
ALLEN PARK										
VETERANS ADMIN.	SEE WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS, DETROIT									
ANN ARBOR										
ST. JOSEPH MERCY	F. HOLTZ	329	1,219,222	9,101	9,018	4P	01	004	10,800	
UNIVERSITY OF MICHIGAN										
AFFILIATED HOSPITALS	A. FRENCH					4P	06	024		
UNIVERSITY	A. FRENCH	464	1,339,838	10,891	10,891				10,000	
VETERANS ADMIN.	A. FRENCH, L. WEATHERBEE	149	338,928	2,023	1,994				10,000	
WAYNE COUNTY GENERAL (ELOISE)	R. W. SCHMIDT	280	819,243	4,179	4,179				10,924	
DEARBORN										
OAKWOOD	SEE WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS, DETROIT									
DETROIT										
DETROIT-MACOMB HOSPITALS	J. O. LANGSTON					4P	02	008	10,200	
DETROIT MEMORIAL		139	405,356	3,246	2,999					
SOUTH MACOMB (WARREN)		92	381,997	4,590	4,462					
GRACE	G. D. STOBBE	497	1,746,205	15,145	14,596	4P	01	004	10,600	
HENRY FORD	S. M. SAEED	577	1,898,638	13,968	13,881	4P	04	014	10,300	
MOUNT CARMEL MERCY	A. M. OLSON	295	780,030	29,070	26,612	4P	02	006	12,000	130275
ST. JOHN	J. J. HUMES	306	1,028,049	8,844	7,510	4P	02	008	11,450	
SINAI HOSPITAL OF DETROIT	S. D. KOBERNICK	298	1,047,875	11,653	9,899	4P	01	004	10,100	192675
WAYNE STATE UNIVERSITY										
AFFILIATED HOSPITALS	A. R. W. CLIMIE						08	032		129575
VETERANS ADMIN. (ALLEN PARK)	T. C. KNECHTGES	202	515,007	3,742	3,011	4P			10,960	
OAKWOOD (DEARBORN)	R. L. MAINWARING	261	645,669	9,882	9,289	4P			10,800	
CHILDREN'S HOSPITAL OF MICHIGAN	A. J. BROUGH	200	359,644	2,750	1,200	1A			10,500	
DETROIT GENERAL	J. L. CHASON	225	1,126,199	4,648	4,509	4P				
HARPER	J. R. MC DONALD	240	830,711	9,230	831	4P			10,600	
HUTZEL	E. BOOTH	180	1,297,492	7,549	7,549	4P				
ELOISE										
WAYNE COUNTY GENERAL	SEE UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS, ANN ARBOR.									
FLINT										
HURLEY	F. V. HODGES	384	359,678	6,548	6,376	4P	01	004	8,900	
MC LAREN GENERAL	E. MURPHY, J. WHEELER	137	424,252	6,933	6,296	4P	01	004	10,800	
ST. JOSEPH	W. L. EATON	156	513,842	5,337	4,688	4P	01	004	9,000	130875
GRAND RAPIDS										
BLODGETT MEMORIAL	C. A. PAYNE	508	530,771	11,555	10,394	4P	03	007	9,492	
BUTTERWORTH	J. D. MANN	398	647,590	10,992	9,412	4P	01	004	9,492	
ST. MARY'S	H. E. BOWMAN	202	471,404	9,391	8,943	4P	01	004	9,492	
KALAMAZOO										
BORGESS	F. H. COX, P. M. KEEP	254	414,898	5,313	3,651	2P	02	002	11,700	
BRONSON METHODIST	A. H. RUSSCHER	162	350,184	8,837	7,643	4P	01	004	9,300	
LANSING										
EDWARD W. SPARROW	W. E. MALDONADO	245	702,294	9,560	8,765	4P	01	004	11,600	131575
ST. LAWRENCE	L. W. WALKER	124	300,358	4,898	4,691	4P	01	004	11,200	
PONTIAC										
PONTIAC GENERAL	W. R. DITO	155	843,590	9,333	9,333	4P	01	004	10,800	
ST. JOSEPH MERCY	W. C. SWATEK	151	2,652,055	6,878	5,369	4P	01	004	10,800	
ROYAL OAK										
WILLIAM BEAUMONT	J. BERNSTEIN, J. RUTZKY	402	723,653	13,943	13,320	4P	02	008	11,000	
WARREN										
SOUTH MACOMB	SEE DETROIT-MACOMB HOSPITALS, DETROIT									
MINNESOTA										
DULUTH										
ST. MARY'S	A. C. AUFDERHEIDE	284	331,862	8,136	5,584	4P	01	002	10,800	

20A. 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 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MINNESOTA - CONTINUED										
MINNEAPOLIS										
HENNEPIN COUNTY GENERAL	J. I. COE	378	1,172,695	5,482	4,632	4P	02	006	9,250	
METROPOLITAN MEDICAL CENTER	C. M. STRAND	280	427,955	9,358	7,187	4P	01	004	9,600	
MOUNT SINAI	P. C. J. WARD, M. D. BURKE	99	645,715	4,952	4,457	4P	01	002	5,000	
NORTHWESTERN HOSPITAL OF MINNEAPOLIS	F. H. LOTT	196	420,185	5,884	3,703	4P	01	004	9,500	
UNIVERSITY OF MINNESOTA HOSPITALS	E. S. BENSON, R. A. GOOD	618	1,471,084	5,236	4,853	4P	07	013	7,500	
VETERANS ADMIN.	D. F. GLEASON, M. AZAR	488	1,354,492	4,801	4,769	4P	04	010	9,800	133375
ROCHESTER										
MAYO GRADUATE SCHOOL OF MEDICINE	K. E. HOLLEY		2,388,598			4P	04	016	10,500	
ROCHESTER METHODIST		219		15,898	15,896					
ST. MARY'S		522		14,241	14,241					
ST.PAUL										
ST. PAUL-RAMSEY	E. HAUS	403	451,300	4,153	4,000	4P	02	008	6,750	133575
UNITED HOSPITALS					570,559					
MILLER DIVISION	J. E. EDWARDS	156	236,258	7,283	5,926	4P	01	004	11,000	133775
MISSISSIPPI										
JACKSON										
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	J. G. BRUNSON, W. N. BELL					4P	06	008		195775
UNIVERSITY	J. G. BRUNSON, W. N. BELL	349	1,093,103	6,142	6,142				9,500	
VETERANS ADMIN. CENTER	R. R. GATLING	180	664,248	2,455	2,455				6,913	
MISSOURI										
COLUMBIA										
ELLIS FISCHEL STATE CANCER	C. PEREZ-MESA	70	154,811	5,590	5,590	1A	01	001	9,500	
UNIVERSITY OF MISSOURI MEDICAL CENTER	F. V. LUCAS	211	515,041	7,405	7,405	4P	04	016	9,000	
KANSAS CITY										
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER	S. RICHANY	225	926,911	3,269	3,134	4P	02	004	9,285	
MENORAH MEDICAL CENTER	P. W. KEITGES	187	336,841	6,109	5,927	4P	01	004	11,600	
RESEARCH HOSPITAL AND MEDICAL CENTER	J. M. FLYNN	219	592,224	8,944	7,374	4P	01	004	11,000	
ST. LUKE'S	D. M. GIBSON	309	1,593,592	9,646	7,868	4P	02	008	8,820	
ST. MARY'S	T. J. FRITZLEN	146	565,038	6,065	4,339	4P	01	004	9,600	134975
VETERANS ADMIN.	SEE UNIV. OF KANSAS MEDICAL CENTER, KANSAS CITY, KANSAS									
ST.LOUIS										
BARNES HOSPITAL GROUP	P. E. LACY	887	1,910,920	17,805	17,805	4P	06	020	9,500	
VETERANS ADMIN.	T. R. HAMILTON	384	1,180,676	2,961	2,781					
DEACONESS	R. W. BRANGLE	246	476,997	7,671	5,420	4P	01	004		135675
DE PAUL	J. D. BAUER	151	511,568	5,476	5,330	4P	02	004	10,020	
HOMER G. PHILLIPS	M. F. MENENDEZ	94	619,098	3,010	2,947	3A	02	006	9,594	
JEWISH HOSPITAL OF ST. LOUIS	E. R. RABIN	299	547,628	7,494	7,000	4P	01	004	10,700	135875
MISSOURI BAPTIST	W. R. PLATT, V. DUMADAG	114	329,547	473	473	4P	01	004		
ST. JOHN'S MERCY MEDICAL CENTER	F. G. GERMUTH, JR.	286	857,384	10,142	8,234	4P	01	004	8,400	
ST. LOUIS CITY	L. L. ALVAREZ	243	947,980	3,077	3,077	4P	02	008	10,037	
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS	E. M. NADEL					4P	04	016	9,600	136575
CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN	C. L. WITZLEBEN	137	299,116	9,622	1,690					
FIRMIN DESLOGE GENERAL ST. MARY'S	E. M. NADEL, E. F. TUCKER	230	1,030,200	8,690	8,135					
ST. LUKE'S	R. OGILVIE	173	504,937	1,313	1,313	3A	01	003	9,600	
NEBRASKA										
LINCOLN										
PHYSICIANS PATHOLOGY LABORATORY HOSPITALS	F. H. TANNER					4P	01	002	8,400	249575
BRYAN MEMORIAL		167	343,645	9,221	6,996					
LINCOLN GENERAL		205	304,384	7,891	6,714					
OMAHA										
BISHOP CLARKSON MEMORIAL	E. G. GREENE	202	547,442	8,204	5,996	4P	01	000		249975
CREIGHTON UNIVERSITY AFFILIATED HOSPITALS	J. A. SISSON					4P	03	008		137275
CREIGHTON MEMORIAL ST. JOSEPH'S	J. A. SISSON	200	600,000	6,000	5,500				9,600	
VETERANS ADMIN.	H. J. QUIGLEY	206	409,237	2,926	2,500				10,344	
NEBRASKA METHODIST	J. R. SCHENKEN	184	557,978	10,297	9,283	4P	01	006	9,600	
UNIVERSITY OF NEBRASKA	C. A. MC WHORTER	499	460,278	12,445	12,000	4P	02	006	9,000	
NEVADA										
LAS VEGAS										
SOUTHERN NEVADA MEMORIAL	R. R. BELLIVEAU	150	603,853	5,400	4,332	4P	01	001	6,000	250375
NEW HAMPSHIRE										
HANOVER										
DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS	G. D. SORENSON, S. SETH					4P	02	006	9,100	
MARY HITCHCOCK MEMORIAL	G. D. SORENSON	266	383,478	5,561	5,140					
VETERANS ADMIN. CENTER (WHITE RIVER JUNCTION, VT.)	S. SETH	91	135,377	977	952					
NEW JERSEY										
ATLANTIC CITY										
ATLANTIC CITY	M. ACKERMAN	409	360,000	7,100	5,900	4P	01	004	9,500	137675
CAMDEN										
COOPER	S. BURROWS	233	768,394	10,084	8,273	4P	01	002	10,000	138075
OUR LADY OF LOURDES	W. V. HARRER	106	278,454	4,712	4,712	4P	01	004	12,500	193375
WEST JERSEY	W. V. MC DONNELL	158	481,969	10,099	9,563	4P	01	004	9,000	
EAST ORANGE										
VETERANS ADMIN.	D. H. BOEHME	287	859,585	3,227	3,227	4P	04	006	11,300	
ELIZABETH										
ST. ELIZABETH	D. H. DREIZIN	125	407,591	4,720	4,710	4P	01	004	11,500	138575
ENGLEWOOD										
ENGLEWOOD	S. CZEPIEL, I. GASPAR	191	710,951	8,538	6,454	4P	01	002	8,820	
FLEMINGTON										
HUNTERDON MEDICAL CENTER	E. V. OLMSTEAD	103	149,752	3,597	2,950	2P	01	002	7,500	

20A. 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 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW JERSEY - CONTINUED										
HACKENSACK										
HACKENSACK	D. BROWN, R. ROBINSON	153	467,230	9,388	5,950	3A	02	003	10,600	
HOBOKEN										
ST. MARY	A. EHRLICH	110	312,467	4,167	3,313	1A	02	002	9,500	
JERSEY CITY										
CHRIST	A. J. GITLITZ	85	594,839	11,497	9,968	2P	01	002	12,000	
JERSEY CITY MEDICAL CENTER	G. M. MULCAHY	132	396,065	3,400	3,321	4P	01	004	9,500	
LIVINGSTON										
ST. BARNABAS MEDICAL CENTER	P. WERTLAKE	241	348,000	11,245	9,517	4P	01	004	10,700	
LONG BRANCH										
MONMOUTH MEDICAL CENTER	M. J. SALWEN	345	779,811	7,672	6,513	4P	04	010	11,000	139275
MONTCLAIR										
MOUNTAINSIDE	H. H. STUMPF	164	848,443	8,568	8,049	4P	01	005	8,100	
MORRISTOWN										
MORRISTOWN MEMORIAL	H. F. LUDDECKE	210	758,136	11,082	11,048	4P	02	006	11,000	139475
NEPTUNE										
JERSEY SHORE MEDICAL CENTER - FITKIN	E. M. SNEFF	313	369,531	7,309	6,114	4P	02	004	8,545	
NEWARK										
MARTLAND	R. V. P. HUTTER, N. ENDE	192	850,000	5,647	5,625	4P	02	008	11,800	
NEWARK BETH ISRAEL MEDICAL CENTER	K. GAL	249	315,628	7,277	7,277	4P	02	004	11,300	
ST. MICHAEL'S MEDICAL CENTER	R. CARNES	161	585,574	3,634	3,634	4P	01	004	11,300	139975
UNITED HOSPITALS MEDICAL CENTER - PRESBYTERIAN	S. S. SARKISIAN	199	705,433	9,824	7,018	3A	01	003		187275
NEW BRUNSWICK										
MIDDLESEX GENERAL	P. C. SMILOW, D. W. SMITH	145	339,019	5,806	4,591	4P	01	004	12,000	197975
ST. PETER'S GENERAL	V. A. GALDI	149	646,980	7,781	6,767	4P	02	004	12,000	140075
PARAMUS										
BERGEN PINES COUNTY HOSPITAL-PASCACK VALLEY	V. H. GILLSON					4P	02	008		190875
BERGEN PINES COUNTY	E. WAGMAN	223	704,448	1,325	1,207					
PASCACK VALLEY (WESTWOOD)	V. H. GILLSON	69	302,488	5,944	5,053					
PASSAIC										
ST. MARY'S	R. BRILL	88	204,084	3,449	3,267	2P	01	002	8,700	140375
PATERSON										
BARNERT MEMORIAL HOSPITAL CENTER	J. CHURG	184	425,881	6,290	6,290	2P	01	002	15,000	252975
ST. JOSEPH'S	P. STEINLAUF	296	700,802	9,552	8,522	4P	01	004	10,887	
PERTH AMBOY										
PERTH AMBOY GENERAL	H. C. PRIBOR	201				4P	01	004		
PLAINFIELD										
MUHLENBERG	B. H. HYUN	306	730,110	7,250	6,456	4P	02	006	10,975	
SOMERVILLE										
SOMERSET	A. S. CONSTON	265	392,381	6,102	6,102	4P	01	004	9,500	193475
SUMMIT										
OVERLOOK	G. L. ERDMAN	167	683,893	10,286	8,407	4P	02	004	11,200	
TEANECK										
HOLY NAME	M. E. TRACHT	159	368,741	9,971	9,971	4P	01	004	10,600	
TRENTON										
MERCER	J. MORA	141	298,437	5,524	4,583	2P	01	002		
ST. FRANCIS	F. CAMPO	247	820,610	8,697	6,642	4P	01	004	9,000	141175
VINELAND										
NEWCOMB	M. N. SOLOMON	49	435,028	5,943	5,482	1A	01	001	9,600	
WESTWOOD										
PASCACK VALLEY	SEE BERGEN PINES COUNTY HOSPITAL-PASCACK VALLEY, PARAMUS									
NEW MEXICO										
ALBUQUERQUE										
UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS	R. E. ANDERSON					4P	06	018		196275
BERNALILLO COUNTY MEDICAL CENTER		146	517,134	9,826	8,721				8,000	
VETERANS ADMIN.		180	638,200	4,850	4,800				8,300	
NEW YORK										
ALBANY										
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	W. A. THOMAS					4P	04	012		
ALBANY MEDICAL CENTER	W. A. THOMAS	550		10,000	10,000				10,600	
VETERANS ADMIN.	A. S. DAOUD	248	721,104	2,114	2,065				11,600	
ST. PETER'S	T. S. BEECHER	227	322,351	6,428	6,188	4P	01	004	11,000	
STATE OF NEW YORK DEPARTMENT OF HEALTH	W. KAUFMANN			3,044	3,044	1C	01	002	15,827	
BAY SHORE										
SOUTHSIDE	I. RAPPAPORT, M. DANA	132	540,972	6,560	5,248	2P	01	001		141775
BRONXVILLE										
LAWRENCE	J. M. BUDINGER	147	187,500	3,240	2,670	2P	01	002		191675
BUFFALO										
DEACONESS HOSPITAL OF BUFFALO	J. B. SHEFFER	254	392,772	7,300	7,289	4P	02	004	10,000	143775
MERCY	A. B. CONSTANTINE	205	380,000	6,459	5,651	1A	02	002		
MILLARD FILLMORE	A. V. POSTOLOFF	326	1,107,637	11,977	11,725	4P	01	004	10,000	144075
ROSWELL PARK MEMORIAL INSTITUTE	J. W. PICKREN	472	926,727	10,494	10,490	4P	02	008	8,330	
SISTERS OF CHARITY	C. F. BECKER	176	359,372	10,141	9,039	4P	01	004	9,910	
S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS	A. P. PREZYNA					4P	05	018		
BUFFALO GENERAL	A. P. PREZYNA	378	972,186	16,121	16,121				10,500	
CHILDREN'S HOSPITAL OF BUFFALO	H. JOCKIN	198		5,483	4,207				10,500	
EDWARD J. MEYER MEMORIAL	E. F. SCHUELLER	649	1,615,671	4,463	4,414				10,000	
VETERANS ADMIN.	G. FAZEKAS	260	651,652	2,649	2,337				10,000	
COOPERSTOWN										
MARY IMOGENE BASSETT	C. V. Z. HAWN, L. ROBERTS	149	396,569	2,628	2,521	1A	02	002	11,720	
EAST MEADOW										
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV.	V. S. PALLADINO	393	1,818,860	5,428	5,280	4P	03	012	10,112	
GLEN COVE										
COMMUNITY HOSPITAL AT GLEN COVE	T. ROBERTSON	112	346,317	6,084	5,135	4P	01	004	9,100	144675
JOHNSON CITY										
CHARLES S. WILSON MEMORIAL	J. P. NAZARENO	255	359,423	7,250	7,000	4P	01	004	9,700	145275

20A. 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 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK - CONTINUED										
KINGSTON										
KINGSTON LABORATORY HOSPITALS	H. DERMAN	185	585,615	6,657	5,902	4P	01	002	12,000	257975
KINGSTON										
BENEDICTINE										
LEWISTON										
MOUNT ST. MARY'S HOSPITAL OF NIAGARA FALLS	T. T. BRONK	109	253,156	3,873	3,523	4P	01	001	9,000	
MANHASSET										
NORTH SHORE	S. GROSS	262	1,743,691	9,296	8,796	4P	02	008	12,200	146775
MINEOLA										
NASSAU	L. R. FERRARO	309	626,964	8,443	7,996	4P	01	004	12,660	
MOUNT KISCO										
NORTHERN WESTCHESTER	R. A. FOX	127	325,089	5,786	5,039	4P	01	004	10,080	
MOUNT VERNON										
MOUNT VERNON	J. G. SHARNOFF	146	377,498	5,401	5,189	2P	01	002	11,000	
NEWBURGH										
ST. LUKE'S HOSPITAL OF NEWBURGH	T. P. B. PAYNE	138	251,206	5,058	5,058	1A	02	002	10,400	145875
NEW HYDE PARK										
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER PROGRAM										
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER	J. BERKMAN	273	1,397,934	10,718	9,518	4P	02	008	13,300	
QUEENS HOSPITAL CENTER (NEW YORK CITY)	J. KLAVINS	516	1,724,994	7,364	7,364	4P	02	008	13,300	
NEW ROCHELLE										
NEW ROCHELLE HOSPITAL MEDICAL CENTER	W. SCHRAFT, JR., W. NEGLIA	300	577,132	6,808	5,002	4P	01	004	9,231	
NEW YORK CITY										
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	R. D. TERRY					4P	06	024		
BRONX MUNICIPAL HOSPITAL CENTER		496	3,055,472	9,143	9,143					
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE		159	978,106	6,666	6,666					
BEEKMAN-DOWNTOWN	B. M. WAGNER, B. MOUMGIS	160	386,777	2,814	2,814	2P	02	002	11,600	189075
BETH ISRAEL MEDICAL CENTER	W. ANTOPOL	226	52,252	12,892	12,892	4P	03	010	13,300	
BOOTH MEMORIAL	A. U. BLAUSTEIN	154	520,282	5,315	5,315	4P	02	005	11,000	
BRONX-LEBANON HOSPITAL CENTER	L. REINER	214	569,999	8,118	8,028	4P	02	008	13,750	
BROOKDALE HOSPITAL CENTER	D. SPAIN	162	1,485,918	9,469	9,423	4P	01	004	13,300	
BROOKLYN - CUMBERLAND MEDICAL CENTER	G. C. FINKEL	296	1,651,000	7,828	7,808	4P	03	012	13,300	
CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS	H. T. GRINVALSKY									
MARY IMMACULATE DIVISION	P. A. REMIGIO	101	433,215	6,136	6,014	4P	01	004	13,300	145075
ST. MARY'S DIVISION	I. A. ALMENOFF	64	423,730	5,138	5,138	2P	01	002	13,300	
CONEY ISLAND	K. GERSTMANN	254	1,070,676	5,365	5,365	4P	04	010	13,300	
FLUSHING HOSPITAL AND MEDICAL CENTER	I. GARROW	172	505,490	4,336	3,441	4P	01	004	11,800	144575
FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER	W. E. FINKELSTEIN	141	538,086	5,088	4,520	4P	01	004	13,750	147575
POLYCLINIC DIVISION										
HARLEM HOSPITAL CENTER	T. W. ROBERTS, J. HAGSTROM	239	1,158,634	6,989	6,989	4P	03	012	13,000	
HOSPITAL FOR JOINT DISEASES AND MEDICAL CENTER	H. D. DORFMAN					1A	01	002	13,000	
JAMAICA	E. KHAYAT	344	1,720,367	41,981	5,046	4P	02	008	13,050	
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	A. C. ALLEN	154	13,542	7,937	7,839	4P	02	006	13,300	
GREENPOINT	A. C. ALLEN	104	573,885	2,766	2,766				13,300	
JEWISH MEMORIAL		145	325,203	4,209	4,060	4P	01	004	9,750	148075
KINGSBROOK JEWISH MEDICAL CENTER	B. W. VOLK	406	535,046	3,791	3,791	4P	02	006	13,750	
KNICKERBOCKER	A. B. DE CHABON	112	200,162	1,629	1,447	1A	01	002	12,000	
LENOX HILL	S. C. SOMMERS	349	1,049,830	7,799	7,578	4P	02	008	14,300	
LINCOLN	H. LEPOW	99	1,244,155	2,921		3A	01	003		
LONG ISLAND COLLEGE	J. KORZIS	249	932,490	7,294	6,498	4P	02	006		
LUTHERAN MEDICAL CENTER	T. EHRENREICH	181	517,959	4,250	4,128	2P	02	004	12,600	143075
MAIMONIDES MEDICAL CENTER	S. MINKOWITZ	304	1,635,057	9,000	9,000	4P	02	008	13,300	
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	F. W. FOOTE, JR.	550		14,324	14,324	3A	04	014	13,700	
METHODIST HOSPITAL OF BROOKLYN	S. WERTHAMER	266	538,330	6,292	6,217	4P	02	007	13,000	142975
MISERICORDIA - FORDHAM TRAINING PROGRAM	P. E. KALISH					4P	02	005	13,300	
FORDHAM		160	859,100	4,267	3,312					
MISERICORDIA		164	730,000	3,760	3,330					
MONTEFIORE HOSPITAL TRAINING PROGRAM	H. M. ZIMMERMAN					4P	04	016	13,300	
MONTEFIORE HOSPITAL AND MEDICAL CENTER		478	1,700,745	7,441	7,441					
MORRISANIA CITY		167	1,760,289	4,725	4,725					
MOUNT SINAI HOSPITAL TRAINING PROGRAM						4P				
MOUNT SINAI	H. POPPER	467	32,470	14,545	14,545		02	010	13,300	
CITY HOSPITAL CENTER AT ELMHURST	W. MAUTNER	410	1,517,949	4,818	4,594		04	016	13,300	
NEW YORK	J. T. ELLIS	494	1,461,495	10,828	10,046	4P	04	014	13,300	
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	D. SPIRO					4P	06	023	13,300	
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS	R. J. STENGER	137	744,857	7,101	7,101					
UNIT 2 - METROPOLITAN HOSPITAL CENTER	V. TCHERTKOFF	334	1,845,372	8,845	8,845					
UNIT 3 - BIRD S. COLER MEMORIAL HOSPITAL AND HOME	S. LEVINE	122	254,204	342	342					
NEW YORK UNIVERSITY MEDICAL CENTER	F. BECKER, F. GORSTEIN					4P	05	020		
BELLEVUE HOSPITAL CENTER		303	3,260,564	24,240	24,240					
UNIVERSITY		186	1,165,921	12,583	9,104					
NEW YORK UNIVERSITY MEDICAL CENTER										
VETERANS ADMIN. (MANHATTAN)	N. S. COOPER	220	1,500,000	3,918	3,918	4P	03	009	13,878	

20A. 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 1973-1974 1st Yr.	Positions Offered 1973-1974 All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK, NEW YORK CITY - CONTINUED										
PRESBYTERIAN	D. W. KING	445	1,746,437	12,192	12,182	4P	05	016	13,000	
FRANCIS DELAFIELD	A. W. BRANWOOD	119	308,476	1,740	1,740				13,300	
QUEENS HOSPITAL CENTER	SEE L. I. JEWISH MED. CTR. TRAINING PROGRAM, NEW HYDE PARK									
ROOSEVELT	R. GARRET	287	841,664	7,187	7,157	4P	02	006	11,800	149675
ST. CLARE'S HOSPITAL AND HEALTH CENTER	J. R. HADDAD	209	856,464	5,423	5,246	4P	02	005	11,800	
ST. JOHN'S EPISCOPAL	L. M. FOX, M. C. OGUZHAN	117	344,537	6,694	6,694	2P	01	002	13,600	143275
ST. LUKE'S HOSPITAL CENTER	C. F. BEGG	331	622,270	11,803	11,803	4P	02	008	13,000	
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	W. E. DELANEY	309	1,314,312	6,486	6,486	4P	02	006	11,800	
ST. VINCENT'S MEDICAL CENTER OF RICHMOND	V. KOGAN	172	441,819	6,059	5,498	1A	02	002	13,500	
STATE UNIVERSITY-KINGS COUNTY HOSPITAL CENTER	P. FITZGERALD					4P	06	031		
KINGS COUNTY HOSPITAL CENTER	P. FITZGERALD, V. YERMAKOV	806	2,524,007	16,665	14,544				13,300	
STATE UNIVERSITY	P. FITZGERALD	114	174,237	4,412	4,412				11,800	
STATEN ISLAND	V. ALTMANN	172	351,749	4,492	4,012	2P	03	003	13,800	
VETERANS ADMIN. (BRONX)	A. F. LIBER	221	1,108,967	3,473	3,400	4P	01	005	13,878	
VETERANS ADMIN. (BROOKLYN)	F. A. JIMENEZ	260	930,060	4,895	4,695	4P	01	004	13,878	
WYCKOFF HEIGHTS	A. STATSINGER, N. LAPI	221	657,839	5,048	4,972	4P	01	004	10,000	143575
NIAGARA FALLS										
NIAGARA FALLS MEMORIAL MEDICAL CENTER	K. K. LEE, M. S. SOH	175	7,902	3,864	3,864	4P		004	8,600	193575
OCEANSIDE										
SOUTH NASSAU COMMUNITIES	H. J. MC CAULEY	139	34,892	5,533	5,393	2P	01	002	10,000	
PORT CHESTER										
UNITED	C. J. ALEXANDER	85	343,092	5,100	5,100	1P	01	001	9,850	150475
ROCHESTER										
GENESEE	J. N. ABBOTT	314	35,230	8,678	6,934	3A	02	004	10,000	
ROCHESTER GENERAL	Z. M. TOMKIEWICZ	415	1,075,000	13,119	9,815	4P	02	008	10,000	
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	S. F. PATTEN, JR.	641	1,498,595	10,050	9,707	4P	05	016	10,000	
SCHENECTADY										
ELLIS	G. F. PARKHURST	440	609,065	9,605	7,684	4P	02	006	10,600	151275
SYRACUSE										
S.U.N.Y. UPSTATE MEDICAL CENTER	R. B. HILL					4P	03	012	9,700	151675
CROUSE IRVING-MEMORIAL	T. R. SIMON	225	622,098	9,647	7,787					
STATE UNIVERSITY	R. B. HILL, J. B. HENRY	186	862,696	5,926	5,902					
ST. JOSEPH'S HOSPITAL HEALTH CENTER	N. A. COHEN	171	565,689	7,964	5,404					
VETERANS ADMIN.	J. A. SCHAEFER	177	301,120	2,170	2,064					
TROY										
SAMARITAN	O. R. ZUMBO	65	175,663	3,938	3,624	4P	01	003		
VALHALLA										
GRASSLANDS	M. LEFKOWITZ	155	501,337	2,660	2,600	4P	01	004	11,850	
NORTH CAROLINA										
CHAPEL HILL										
NORTH CAROLINA MEMORIAL	K. M. BRINKHOUS	218	1,116,598	10,431	10,431	4P	03	012	9,500	
CHARLOTTE										
CHARLOTTE MEMORIAL	W. M. SHELLEY	306	452,010	10,449	9,878	4P	01	004	9,300	
DURHAM										
DUKE UNIVERSITY AFFILIATED HOSPITALS	T. D. KINNEY, P. C. PRATT					4P	06	023	9,250	
DUKE UNIVERSITY MEDICAL CENTER	T. D. KINNEY	633	2,325,484	11,165	11,165					
VETERANS ADMIN.	P. C. PRATT	237	1,247,787	2,961	2,961					
GREENSBORO										
MOSES H. CONE MEMORIAL	W. W. MC LENDON	288	500,000	20,944	19,649	4P	01	004	9,000	
WINSTON-SALEM										
BOWMAN GRAY SCHOOL OF MEDICINE AFFILIATED HOSPITALS										
NORTH CAROLINA BAPTIST	R. W. PRICHARD	406	1,432,295	24,225	24,225	4P	04	017	9,000	
NORTH DAKOTA										
GRAND FORKS										
UNIVERSITY OF NORTH DAKOTA AFFILIATED HOSPITALS	W. A. WASDAHL	300	140,000	10,000	9,000	4P	01	004	8,400	
UNITED										
OHIO										
AKRON										
AKRON CITY	J. G. LIM	311	444,634	9,129	8,681	4P	01	004	9,600	
AKRON GENERAL	G. T. HRANILOVICH	252	839,766	8,263	7,229	4P	01	004	10,300	
CHILDREN'S HOSPITAL OF AKRON	R. P. BOLANDE	99	462,986	2,656	1,929	2P	01	001	10,000	189575
ST. THOMAS	E. G. WILT	189	416,131	5,549	5,022	4P	01	004	10,429	
BARBERTON										
BARBERTON CITIZENS	R. C. METZGER	134	455,365	5,650	4,208	1A	01	002	8,229	196475
CANTON										
AULTMAN	W. S. MORGAN	310	914,432	10,422	10,299	4P	02	008	10,200	
CINCINNATI										
GOOD SAMARITAN	L. Z. GORDON					4P	01	004		155075
JEWISH	P. WASSERMAN	255	694,875	19,616	8,874	4P	03	004	10,000	
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	R. D. SMITH					4P	04	013		
CINCINNATI GENERAL	R. D. SMITH	353	486,273	7,002	6,469				9,700	
CHILDREN'S	A. J. MC ADAMS	152	5,367	5,367	3,736				9,200	
VETERANS ADMIN.	P. WOZENCRAFT	195	641,757	2,225	2,225				10,590	
CLEVELAND										
CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS	J. R. CARTER					4P	06	024		156275
UNIVERSITY HOSPITALS OF CLEVELAND	J. R. CARTER	581	1,894,275	12,316	12,316				10,500	
VETERANS ADMIN.	J. R. KAHN	264	1,234,433	5,720	5,200				10,850	
CLEVELAND CLINIC	L. J. MC CORMACK	356	1,128,560	12,704	12,679	4P	03	011	9,500	
CLEVELAND METROPOLITAN GENERAL	J. D. REID, B. Q. BANKER	323	1,824,138	8,296	7,955	4P	04	016	10,500	155375
FAIRVIEW GENERAL	H. F. MC CORKLE	209	466,709	7,793	6,588	2P	01	002	11,400	
HURON ROAD	E. E. SIEGLER	232	495,685	7,222	6,386	4P	01	004	10,800	
LUTHERAN MEDICAL CENTER	W. SINCLAIR	132	396,679	3,420	3,150	2P	02	003	8,600	
MARYMOUNT	G. S. GAREWAL	76	233,859	5,639	5,220	4P	01	004	11,400	

20A. 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 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
OHIO, CLEVELAND - CONTINUED										
MOUNT SINAI HOSPITAL OF CLEVELAND	H. GOLD	239	1,014,842	11,666	11,401	4P	01	004	10,500	
ST. ALEXIS	A. F. NAJI	229	275,471	4,018	3,948	4P	01	004	10,200	155875
ST. LUKE'S	A. J. SEGAL	271	300,994	8,527	7,255	4P	02	008	10,000	
ST. VINCENT CHARITY	J. S. MACKRELL, JR.	170	793,797	5,153	4,073	4P	01	004	10,600	
COLUMBUS										
CHILDREN'S	W. A. NEWTON, JR.	170	299,534	6,814	6,609	2P	01	002		
GRANT	B. H. HURD	212	493,148	8,705	8,605	4P	01	004	9,600	156475
OHIO STATE UNIVERSITY HOSPITALS	J. C. GEER	393	2,820,000	10,910	10,735	4P	04	012	7,608	
DAYTON										
MIAMI VALLEY	J. W. FUNKHOUSER	337	513,671	11,097	11,097	4P	02	008	10,500	
VETERANS ADMIN. CENTER	L. G. PALILEO	176	387,443	2,199	2,000	4P	01	002	11,452	
ELYRIA										
ELYRIA MEMORIAL	R. G. THOMAS	297	368,418	10,302	8,145	4P	01	004	9,300	
KETTERING										
CHARLES F. KETTERING MEMORIAL	E. ROTH	190	546,737	9,483	9,483	4P	02	006	10,980	
LORAIN										
ST. JOSEPH	C. CHESNER	210	342,791	7,749	4,538	4P	01	002	9,900	197375
TOLEDO										
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS										
HOSPITAL OF MEDICAL COLLEGE OF OHIO AT TOLEDO	J. R. PATRICK	200	423,579	1,674	1,459	4P	01	005		157975
MERCY	D. J. HANSON	218	432,501	6,733	5,882	4P	01	006	10,200	158075
TOLEDO	W. A. NORDIN	408	515,738	10,020	8,739	4P	01	004	10,200	158375
WARREN										
TRUMBULL MEMORIAL	R. E. PENCE	163	379,740	8,214	5,790	4P	01	003	10,600	198075
YOUNGSTOWN										
ST. ELIZABETH	B. TAYLOR	349	1,302,241	8,229	7,446	4P	01	004	10,600	
YOUNGSTOWN	A. E. RAPPOPORT	525	1,350,596	11,511	10,360	4P	02	008	10,600	
OKLAHOMA										
OKLAHOMA CITY										
BAPTIST MEMORIAL	J. HENSLEY	167	376,089	7,084	5,796	4P	02	004	9,000	
ST. ANTHONY	T. W. VIOLETT	203	445,519	8,838	5,979	4P	01	004	8,700	156775
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER	C. L. STOUT					4P	02	008	9,000	
UNIVERSITY OF OKLAHOMA HOSPITALS		272	884,201	8,610	8,019					
VETERANS ADMIN.		202	551,325	3,316	2,638					
TULSA										
HILLCREST MEDICAL CENTER	D. E. VAN WORMER	170	408,350	8,412	7,452	4P	01	004	10,308	159175
ST. FRANCIS	R. S. WHITE	156	280,000	17,100	14,400	4P	01	004	10,308	159375
ST. JOHN'S	B. D. BLISS	226	431,175	10,900	10,783	4P	01	004	10,308	159275
OREGON										
PORTLAND										
EMANUEL	H. HARRIS, N. PICKERING	297	792,018	11,495	10,275	4P	01	004	9,480	
GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER	O. S. JOHNSON	243	940,126	8,979	7,952	4P	01	004	9,480	159575
PROVIDENCE	R. STRAUS	239	560,000	6,386	5,511	4P	02	004	9,480	159775
ST. VINCENT HOSPITAL AND MEDICAL CENTER	J. E. NOHLGREN	280	598,682	10,476	8,855	4P	02	006	9,480	
UNIVERSITY OF OREGON AFFILIATED HOSPITALS						4P	02	014		
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	R. MOORE, T. HUTCHENS	338	992,290	7,003	7,003				8,600	
VETERANS ADMIN.	J. ORENDURFF, J. BRAMHALL	261	608,559	2,894	2,894				9,371	
PENNSYLVANIA										
ABINGTON										
ABINGTON MEMORIAL	J. W. EIMAN, P. J. CHERNEY	254	1,177,885	11,659	9,582	4P	02	006	9,800	160075
ALLENTOWN										
ALLENTOWN	P. G. PANAS	341	618,954	10,186	9,408	4P	01	004	11,000	
ALTOONA										
ALTOONA	W. J. KIRSCH	200	480,000	6,000	4,500	4P	01	004	10,800	160375
BETHLEHEM										
ST. LUKE'S	E. J. BENZ	250	521,350	9,950	8,150	4P	01	004	11,000	160575
BRYN MAWR										
BRYN MAWR	J. J. MC GRAW, JR.	202	876,001	9,889	9,889	4P	03	006	9,700	
DANVILLE										
GEISINGER MEDICAL CENTER	J. J. MORAN	347	566,357	10,415	8,714	4P	01	004	10,000	160875
DARBY										
FITZGERALD MERCY DIVISION	SEE MERCY CATHOLIC MEDICAL CENTER, PHILADELPHIA									
ERIE										
HAMOT	J. A. FUST	236	375,961	9,198	7,180	4P	01	004		161175
ST. VINCENT	R. B. EISENBERG	173	409,987	9,244	7,072	4P	01	004	8,800	
HARRISBURG										
HARRISBURG	F. W. BRASON	387	648,057	14,122	13,059	4P	02	004	10,360	
HERSHEY										
MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY	R. L. NAEYE	92	78,851	2,004	1,896	4P	02	006	9,648	161775
JOHNSTOWN										
CONEMAUGH VALLEY MEMORIAL	S. A. GOLDBLATT	387	397,659	7,115	6,105	4P	02	004	10,200	161675
NORRISTOWN										
MONTGOMERY	H. TAMAKI, H. SCHMIOT	134	381,862	4,765	4,363	2P	01	002	10,000	162175
PHILADELPHIA										
ALBERT EINSTEIN MEDICAL CENTER	I. YOUNG, R. RACHMAN	462	971,758	15,903	15,192	4P	02	008	10,100	
CHESTNUT HILL	Z-P WOO	135	284,551	3,673	3,673	4P	01	004	10,100	191075
CHILDREN'S HOSPITAL OF PHILADELPHIA	J. CHATTEN	148		1,144	922	1A	01	002	10,000	
EPISCOPAL	H. F. WATTS	321	416,681	4,500	4,450	4P	02	004	9,900	
FRANKFORD	S. H. ARDEN	104	186,493	3,383	2,634	2P	01	002	10,650	
GERMANTOWN DISPENSARY AND HOSPITAL	F. K. FITE	285	231,630	4,503	3,902	4P	01	004	9,495	
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	A. VALDES-DAPENA, O. ROSS	203	508,077	3,857	3,536	4P	02	002	11,180	
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	J. M. DOLPHIN	250	811,240	5,155	5,155	4P	02	007		

20A. 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 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
PENNSYLVANIA, PHILADLEPHIA – CONTINUED										
HOSPITAL OF THE MEDICAL COLLEGE OF PENNSYLVANIA	J. LEIGHTON	153	959,095	3,642	3,612	4P	02	006	10,650	
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	J. E. WHEELER	350	1,335,658	10,025	10,025	4P	04	016	9,991	162875
LANKENAU	I. K. KLINE	230	381,054	7,154	6,626	4P	02	008	9,500	163275
MERCY CATHOLIC MEDICAL CENTER						4P	02	008	10,000	
MISERICORDIA DIVISION	H. E. MARX, R. P. BAKER	252	326,163	2,227	1,981					
FITZGERALD MERCY DIVISION (DARBY)	W. H. MILLER	168	339,997	6,005	5,885					
NAZARETH	E. M. TASSONI	465	580,737	4,865	4,865	4P	01	004	8,500	163875
PENNSYLVANIA	A. R. CRANE	204	615,629	7,891	7,891	4P	01	004	10,500	
PHILADELPHIA GENERAL	L. B. RORKE, H. P. SCHWARZ	550	1,913,434	6,400	6,375	4P	04	015	10,150	
PRESBYTERIAN-UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER	J. BUTCHER	218	451,667	3,555	2,984	4P	02	005	10,650	
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	J. B. AREY	201		1,708	1,046	1A	03	003	9,800	
TEMPLE UNIVERSITY	W. H. CLARK, JR.	326	35,799	7,748	7,748	4P	03	011	10,200	
THOMAS JEFFERSON UNIVERSITY	G. E. APONTE		551,324	9,257	9,257	4P	03	012	10,300	
VETERANS ADMIN.	P. V. SKERRETT	190	717,644	3,961	3,961	4P	02	004	11,125	
PITTSBURGH										
ALLEGHENY GENERAL	R. C. GRAUER	262	733,959	8,905	8,905	4P	02	006	10,500	
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	T. J. GILL, 3D.						10	035		
CHILDREN'S HOSPITAL OF PITTSBURGH	G. H. FETTERMAN	190	292,784	3,016	3,016	2P			11,000	
MAGEE-WOMENS	B. KLIONSKY	465	444,240	9,965	9,671	4P			10,000	
MONTEFIORE	H. MENDELOW	235	1,268,439	5,455	4,909	4P				
PRESBYTERIAN-UNIVERSITY	A. W. B. CUNNINGHAM	317	156,239	9,147	8,141	4P				
VETERANS ADMIN.	H. R. HELLSTROM	184	763,924	2,761	2,761	4P				
MERCY	M. M. BRACKEN	331	545,909	8,614	6,687	4P	02	006	11,400	
ST. FRANCIS GENERAL	R. C. HAMILTON	189	957,477	7,185	7,036	4P	01	004	11,500	
ST. MARGARET MEMORIAL	J. E. KURTZ, H. C. BLOCK	75	272,734	3,753	3,528	1A	01	001	11,100	
SHADYSIDE	E. R. FISHER	160	201,654	6,802	6,802	4P	02	006	9,600	165775
SOUTH SIDE	L. GOODMAN, L. B. MYERS	131	239,595	3,453	3,280	4P	02	003	10,200	
WESTERN PENNSYLVANIA	E. R. ERICKSON	357	687,316	11,239	9,575	4P	03	008	10,600	165975
READING										
READING	M. S. REED	422	1,584,211	12,471	10,946	4P	02	008	10,680	166175
ST. JOSEPH'S	J. G. CHEN SEE					4P	01	004		
ROCHESTER										
ROCHESTER GENERAL	J. L. MOYER, 3D.	114	409,350	4,188	3,913	4P	01	001	7,200	278175
SAYRE										
ROBERT PACKER	D. R. WEAVER	229	422,137	4,800	4,500	4P	01	004	8,500	
WILKES-BARRE										
WILKES-BARRE GENERAL	C. W. KOEHL	159	350,655	3,919	3,799	4P	01	004	8,100	
YORK										
YORK	J. J. GOCHOCO, JR.	460	834,181	11,746	8,908	4P	01	004	10,200	167475
PUERTO RICO										
SAN JUAN										
I. GONZALEZ MARTINEZ	R. MARCIAL ROJAS	34	34,720	2,597	2,562	ISP	01	001	8,400	
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA	R. MARCIAL					3A	01	001	7,672	
UNIVERSITY DISTRICT	R. A. MARCIAL-ROJAS	1,100	811,701	15,400	15,400	4P	04	014	8,000	
VETERANS ADMIN. CENTER	G. A. RAMIREZ DE ARELLANO	116	578,122	2,550	2,413	4P	01	002	8,211	
RHODE ISLAND										
PAWTUCKET										
MEMORIAL	G. P. PAPARO	184	875,988	1,785	1,785	4P	01	004	10,100	
PROVIDENCE										
MIRIAM	S. M. ARONSON	93	488,355	7,333	6,021	4P	01	004	10,100	
RHODE ISLAND	H. FANGER	374	1,309,861	11,218	11,218	4P	04	010	10,100	
ROGER WILLIAMS GENERAL	I. DIAMOND	157	640,613	841	841	4P	01	004	10,000	
ST. JOSEPH'S	S. R. ALLEGRA	214	851,442	7,736	6,782	4P	01	005	9,500	167975
SOUTH CAROLINA										
CHARLESTON										
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS	G. R. HENNIGAR					4P	05	022		
MEDICAL UNIVERSITY OF SOUTH CAROLINA	G. R. HENNIGAR	685	1,117,058	20,291	20,291				8,400	
CHARLESTON COUNTY	G. R. HENNIGAR	688		20,292	20,292					
VETERANS ADMIN.	W. A. GARDNER, JR.	147	397,786	1,725	1,608				8,777	
SOUTH DAKOTA										
SIOUX FALLS										
UNIVERSITY OF SOUTH DAKOTA AFFILIATED HOSPITALS SIOUX VALLEY	K. H. WEGNER					4P	01	004	9,000	
TENNESSEE										
CHATTANOOGA										
S. E. TENNESSEE MEDICAL EDUCATION CENTER BARONESS ERLANGER	S. H. AUERBACH	292	737,136	19,572	19,526	4P	02	005	10,200	168975
KNOXVILLE										
UNIVERSITY OF TENNESSEE MEMORIAL RESEARCH CENTER AND HOSPITAL	F. S. JONES	251	451,638	5,281	5,096	4P	01	004	8,500	183975
MEMPHIS										
BAPTIST MEMORIAL	E. E. MUIRHEAD	435	2,576,413	24,330	24,104	4P	04	016	9,600	169475
CITY OF MEMPHIS HOSPITALS	J. A. SHIVELY	899	1,298,043	8,552	8,552	4P	04	018	7,752	184475
METHODIST	J. K. DUCKWORTH	266	1,025,971	14,957	13,463	4P	02	008	9,480	169675
ST. JOSEPH	L. C. PRIETO	204	333,409	5,833	5,833	4P	01	004	9,600	
VETERANS ADMIN.	J. M. YOUNG	372	631,756	3,274	3,182	4P	02	008	8,120	
NASHVILLE										
BAPTIST	F. C. WOMACK, JR.	143	1,442,057	10,698	9,238	4P	01	004	10,200	
GEORGE W. HUBBARD HOSPITAL OF THE MEHARRY MEDICAL COLLEGE	J. C. ASHHURST	124	202,019	5,000	4,151	4P	01	004	8,760	

20A. 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 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
TENNESSEE, NASHVILLE - CONTINUED										
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	V. S. LE QUIRE					4P	05	015	6,500	
VANDERBILT UNIVERSITY	V. S. LE QUIRE	306	869,120	10,109	9,606					
NASHVILLE METROPOLITAN GENERAL	R. J. FREEMAN	119	508,332	3,000	3,000					
VETERANS ADMIN.	R. D. BUCHANAN	168	1,002,369	2,852	2,766	4P	02	004	9,000	
TEXAS										
AUSTIN										
BRACKENRIDGE	A. Q. DA SILVA	167	368,599	5,363	5,363	4P	02	002	10,200	
DALLAS										
BAYLOR UNIVERSITY MEDICAL CENTER	G. J. RACE	355	1,165,045	17,527	17,050	4P	04	014	8,680	
METHODIST HOSPITAL OF DALLAS	G. NOTEBOOM	174	893,852	9,750	9,725	4P	01	004	9,600	
PARKLAND MEMORIAL	V. A. STEMBRIDGE	400	2,737,028	91,034	91,034	4P	06	017	7,893	
ST. PAUL	J. H. CHILDERS	201	575,239	11,601	9,115	4P	01	004	9,000	170975
VETERANS ADMIN.	J. E. MC CARTY	263	1,159,314	3,756	3,756	4P	01	004	8,546	
EL PASO										
R. E. THOMASON GENERAL	J. A. BACKUS	367	396,777			4P	02	006	12,500	
FORT WORTH										
HARRIS HOSPITAL-FORT WORTH MEDICAL CENTER	C. B. MITCHELL	255	458,788	11,242	8,943	4P	01	004	10,320	171275
GALVESTON										
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	E. V. OAHL	357	897,980	8,374	7,909	4P	02	010	9,500	
HOUSTON										
BAYLOR COLLEGE OF MEDICINE AFFILIATED HOSPITALS	W. G. ROBERTS					4P	05	021	9,000	171675
BEN TAUB GENERAL	W. C. ROBERTS	394	1,842,588	8,410	8,410					
JEFFERSON DAVIS	W. C. ROBERTS		490,425							
METHODIST	M. S. ANDERSON	411	1,284,660	19,206	12,078					
TEXAS CHILDREN'S	H. S. ROSENBERG	227	427,413	2,809	2,809					
VETERANS ADMIN.	F. GYORKEY	233	911,415	6,066	6,066					
HERMANN	W. G. BROWN	192	1,322,203	42,308	40,603	4P	02	008	8,400	
ST. JOSEPH	P. M. MARCUSE	302	469,620	9,054	8,086	4P	01	004	8,400	
ST. LUKE'S EPISCOPAL	C. J. LIND, JR.	252	710,272	9,283	9,013	4P	02	008	8,100	
UNIVERSITY OF TEXAS M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE	G. BRITTIN, W. RUSSELL	448	1,036,864	11,341	11,341	4P	02	009	9,000	
LUBBOCK										
METHODIST	W. H. LONG	190	386,170	7,500	5,715	4P	01	004	10,000	
SAN ANTONIO										
BAPTIST MEMORIAL	A. O. SEVERANCE	280	636,840	14,383	12,535	4P	02	006	7,800	172175
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS	H. C. MC GILL, JR.					4P	02	008	9,000	172275
BEXAR COUNTY TEACHING	H. C. MC GILL, JR.	257	582,959	6,443	6,328					
SANTA ROSA MEDICAL CENTER	N. H. JACOB									
TEMPLE										
SCOTT AND WHITE MEMORIAL	R. F. PETERSON	192	244,460	6,508	6,144	4P	01	004	9,400	172575
UTAH										
SALT LAKE CITY										
HOLY CROSS HOSPITAL OF SALT LAKE CITY	C. MC NEIL, C. FULLMER	158	560,425	7,345	5,314	4P	02	002	9,900	
LATTER-DAY SAINTS	J. H. CARLQUIST	264	912,307	11,882	7,072	4P	01	004	9,200	
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	J. T. WESTON					4P	02	008	9,200	
UNIVERSITY		241	650,000	4,945	4,680					
VETERANS ADMIN.		312	368,000	2,605	2,575					
VERMONT										
BURLINGTON										
MEDICAL CENTER HOSPITAL OF VERMONT	R. W. COON	338	487,494	9,655	8,009	4P	04	013	8,100	
WHITE RIVER JUNCTION										
VETERANS ADMIN. CENTER	SEE DARTMOUTH MEDICAL SCHOOL AFF. HOSPS., HANOVER, N.H.									
VIRGINIA										
ALEXANDRIA										
ALEXANDRIA	R. E. PALMER	224	416,510	6,016	4,984	4P	01	004		
CHARLOTTESVILLE										
UNIVERSITY OF VIRGINIA	D. E. SMITH	431	1,058,226	12,736	12,736	4P	02	008	8,900	173775
DANVILLE										
MEMORIAL	T. J. MORAN	172	659,742	7,431	6,953	4P	02	004	8,400	
FALLS CHURCH										
FAIRFAX	C. B. COOK	350	359,941	14,303	13,192	4P	02	003	10,550	173375
NEWPORT NEWS										
RIVERSIDE	F. Q. WINGFIELD	263	704,939	9,497		4P	01	002	10,800	173975
NORFOLK										
DE PAUL	R. J. FAULCONER	197	478,130	11,473	10,251	4P	02	004	10,500	174075
NORFOLK GENERAL	R. R. STEPHENS	400	1,400,000	12,000	9,000	4P	01	004	10,500	174175
RICHMOND										
VETERANS ADMIN.	G. J. CUNNINGHAM	249	1,072,309	3,490	3,490	4P	01	004	9,900	
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS MEDICAL COLLEGE OF VIRGINIA HOSPITALS	F. GOODALE	506	264,000	12,859	10,115	4P	06	024	8,900	
ROANOKE										
ROANOKE MEMORIAL HOSPITALS	J. C. GALE	150	664,968	9,184	7,172	4P	01	004	6,600	
WASHINGTON										
SEATTLE										
PROVIDENCE	F. F. BUSTEED	224	125,408	5,191	3,942	3A	01	003	9,180	
UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS	H. T. NORRIS					4P	06	035		
CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER	J. B. BECKWITH	216	355,056	2,160	792					
HARBORVIEW MEDICAL CENTER	G. LA ZERTE	246	242,709	3,146	2,818					
SWEDISH HOSPITAL MEDICAL CENTER	W. B. HAMLIN	355	736,793	14,332	11,817				8,580	
U.S. PUBLIC HEALTH SERVICE	H. E. HALL	109	557,189	3,449	3,000				7,700	
UNIVERSITY	N. K. MOTTET	301	254,510	3,279	3,001				8,700	
VETERANS ADMIN.	R. VRACKO	185	309,182	2,060	2,000				8,700	

20A. 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 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
WASHINGTON, SEATTLE - CONTINUED										
VIRGINIA MASON	D. BAUERMEISTER, H. JONES	250	700,000	7,500	6,800	4P	01	004	8,820	
SPOKANE										
DEACONESS	T. E. LUDDEN	178	585,618	6,312	5,414	4P	02	002	9,600	
SACRED HEART	J. E. HILL, J. WATANABE	309	675,103	7,744	6,631	4P	01	004	9,000	
TACOMA										
TACOMA GENERAL	C. P. LARSON, M. J. WICKS	409	1,216,215	23,500	16,300	4P	01	004	7,800	
WEST VIRGINIA										
BECKLEY										
APPALACHIAN REGIONAL	W. A. LAQUEUR	247	162,537	5,155	4,854	4P	01	002	12,000	
CHARLESTON										
CHARLESTON AREA MEDICAL CENTER										
CHARLESTON GENERAL DIVISION	P. LADEWIG, W. GARRARD	149	199,119	7,432	7,196	4P	01	004	7,800	
MEMORIAL	G. B. SWOYER	225	380,952	9,513	9,037	3A	01	003	7,860	
HUNTINGTON										
CABELL HUNTINGTON	S. WERTHAMMER	209	871,876	5,365	5,011	4P	01	004	10,000	
MARTINSBURG										
VETERANS ADMIN. CENTER	C. HOCH-LIGETI	107	269,989	1,474	1,388	2P	02	004	9,714	
MORGANTOWN										
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	M. R. HALES	306	718,322	5,650	4,932	4P	03	012	9,000	
WHEELING										
OHIO VALLEY GENERAL	H. G. LITTLE	163	418,934	8,082	6,373	4P	02	004	12,420	
WISCONSIN										
MADISON										
MADISON GENERAL	P. G. PIPER	131	500,000	11,915	11,000	4P	01	004	9,500	
UNIVERSITY OF WISCONSIN										
AFFILIATED HOSPITALS	A. DUDLEY, JR.					4P	08	032	9,270	
UNIVERSITY HOSPITALS	A. DUDLEY, JR.	413	1,946,783	23,102	23,102					
VETERANS ADMIN.	J. BLOODWORTH, JR.	192	672,286	1,806	1,734					
MILWAUKEE										
COLUMBIA	D. B. CLAUDON	188	595,653	7,544	5,469	4P	01	004	10,000	178175
MILWAUKEE CHILDREN'S	S. R. MC CREADIE	82	273,825	3,810	1,696				10,000	
EVANGELICAL DEACONESS	Y. TAIRA	109	337,828	3,608	3,143	4P	01	004	9,500	178275
LUTHERAN HOSPITAL OF MILWAUKEE	E. A. BIRGE	80	210,827	6,931	5,738	4P	01	004	9,651	
MEDICAL COLLEGE OF WISCONSIN										
AFFILIATED HOSPITALS										
MILWAUKEE COUNTY GENERAL	J. V. STRAUMFJORD, JR.	455	1,500,000	6,549	6,106	4P	01	004	10,068	
VETERANS ADMIN. CENTER (WOOD)	K. PINTAR	362	978,471	3,240	2,929	4P	02	006	10,413	
MILWAUKEE CHILDREN'S	S. R. MC CREADIE	82	273,825	3,810	1,696	2P	01	002	10,000	
MOUNT SINAI MEDICAL CENTER	J. N. SHANBERGE	140	741,063	5,818	5,290	4P	01	004	10,000	178775
ST. FRANCIS	E. R. TUCKER, F. C. BAKER	61	251,043	4,227	3,852	4P	01	001	10,000	
ST. JOSEPH'S	C. H. ALTSHULER	214	834,417	13,612	13,612	4P	01	004	10,500	178875
ST. LUKE'S	G. E. BATAYIAS	244	1,356,405	6,730	6,202	4P	02	006	10,000	178975
ST. MARY'S	D. J. CARLSON	158	168,214	4,675	3,539	4P	01	004	10,500	179075

20B. PATHOLOGY, FORENSIC

Residency programs in the following institutions and agencies have been approved by the Council on Medical Education and the American Board of Pathology, through the Residency Review Committee for Pathology, as offering acceptable training in the specialty.

†Examined at Scene by Pathologist	Physician in Charge	Total Medicolegal Necropsies	Necropsies on Homicides	Necropsies, Toxicological Tests Made	Necropsies on Bodies Exam. †	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
UNITED STATES ARMY, NAVY AND AIR FORCE								
DISTRICT OF COLUMBIA								
ARMED FORCES INSTITUTE OF PATHOLOGY, WASHINGTON	C. J. STAHL	558	106	2,125	15	04	004	
NONFEDERAL AND VETERANS ADMINISTRATION								
CALIFORNIA								
LOS ANGELES								
OFFICE OF CHIEF MEDICAL EXAMINER-CORONER COUNTY OF LOS ANGELES	T. T. NOGUCHI	7,521	777	20,419	250	06	006	26,700
OAKLAND								
INSTITUTE OF FORENSIC SCIENCES	G. LOQUVAM, A. MC NIE	1,689	150	11,802		01	001	
SAN FRANCISCO								
UNIVERSITY OF CALIFORNIA MEDICAL CENTER	H. D. MOON	2,573	107	12,307		00	001	9,400
SAN JOSE								
SANTA CLARA COUNTY MEDICAL EXAMINER-CORONER'S OFFICE	J. E. HAUSER	1,385	39	2,141	50	01	001	
COLORADO								
DENVER								
DENVER GENERAL	G. I. OGURA	642	80	1,824		01	001	
FLORIDA								
MIAMI								
OFFICE OF THE MEDICAL EXAMINER OF DADE COUNTY	J. H. DAVIS	1,670	262	43,897	150	01	001	

20B. PATHOLOGY, FORENSIC—Continued

†Examined at Scene by Pathologist	Physician in Charge	Total Medicolegal Necropsies	Necropsies on Homicides	Necropsies, Toxicological Tests Made	Necropsies on Bodies Exam. †	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
ILLINOIS								
CHICAGO								
COOK COUNTY CORONER'S OFFICE, INSTITUTE OF FORENSIC PATHOLOGY	J. J. KEARNS	2,117	969	2,416		01	001	
INDIANA								
INDIANAPOLIS								
MARION COUNTY GENERAL	J. A. BENZ	795	83	680		02	002	11,000
MARYLAND								
BALTIMORE								
OFFICE OF THE CHIEF MEDICAL EXAMINER-MARYLAND MEDICAL-LEGAL FOUNDATION		2,200	325	8,000		00	005	9,000
MICHIGAN								
DETROIT								
WAYNE COUNTY MEDICAL EXAMINERS OFFICE	T. THOREK	2,934	778	21,000		02	002	10,924
MINNESOTA								
MINNEAPOLIS								
HENNEPIN COUNTY GENERAL	J. I. COE	687	39	1,043		01	001	9,250
NEW YORK								
EAST MEADOW								
OFFICE OF THE MEDICAL EXAMINER, NASSAU COUNTY	L. LUKASH	1,170	42	24,622		02	002	
NEW YORK CITY								
OFFICE OF THE CHIEF MEDICAL EXAMINER, CITY OF NEW YORK	M. HELPERN	7,500	1,600	5,000		06	006	12,000
ROCHESTER								
OFFICE OF THE MONROE COUNTY MEDICAL EXAMINER	J. F. EOLANO	556	42	4,020		01	002	20,046
VALHALLA								
OFFICE OF THE MEDICAL EXAMINER	H. SIEGEL	600	25	3,000		01	002	19,860
NORTH CAROLINA								
CHAPEL HILL								
OFFICE OF THE CHIEF MEDICAL EXAMINER	R. P. HUDSON	780	180	3,557	250	01	001	17,460
OHIO								
CLEVELAND								
CUYAHOGA COUNTY CORONER'S OFFICE	L. ADELSON, S. R. GERBER	1,550	330	3,247	100	02	002	
OKLAHOMA								
OKLAHOMA CITY								
OFFICE OF STATE MED.EXAMINER, UNIV. OF OKLA. HEALTH SCIENCES CENTER	A. J. CHAPMAN	800	150	1,500	2,800	02	002	
PENNSYLVANIA								
PHILADELPHIA								
OFFICE OF THE MEDICAL EXAMINER	M. E. ARONSON	1,633	441		157	02	002	6,000
OFFICE OF THE MEDICAL EXAMINER	C. H. WECHT					02	002	
PITTSBURGH								
PUERTO RICO								
RIO PIEDRAS								
INSTITUTE OF LEGAL MEDICINE, UNIVERSITY OF PUERTO RICO	R. A. MARCIAL-ROJAS	2,208	179	943		01	001	
SOUTH CAROLINA								
CHARLESTON								
MEDICAL UNIVERSITY OF SOUTH CAROLINA	G. R. HENNIGAR	250	82	1,000	30	01	002	9,400
TENNESSEE								
MEMPHIS								
UNIVERSITY OF TENNESSEE-INSTITUTE OF PATHOLOGY	J. T. FRANCISCO	451	110	5,571		02	002	14,000
TEXAS								
DALLAS								
OFFICE OF THE COUNTY MEDICAL EXAMINER	C. S. PETTY	1,265	352	6,300	1,265	00	002	
UTAH								
SALT LAKE CITY								
UNIVERSITY OF UTAH MEDICAL CENTER	J. T. WESTON	368	49	2,286	107	01	001	11,200
VIRGINIA								
RICHMOND								
MEDICAL COLLEGE OF VIRGINIA	G. T. MANN	1,972	405	3,094	1,350	02	003	

20C. PATHOLOGY, NEUROPATHOLOGY

Residency programs in the following institutions and agencies have been approved by the Council om Medical Education and the American Board of Pathology, through the Residency Review Committee for Pathology, as offering acceptable training in the specialty.

	Chief of Service or Program Director	Necropsies with CNS Exams.	Neurosurgical Specimens	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	Positions Offered 1973-1974 All Yrs.	Annual Salary (Min.)
UNITED STATES ARMY, NAVY, AND AIR FORCE							
DISTRICT OF COLUMBIA							
ARMED FORCES INSTITUTE OF PATHOLOGY, WASHINGTON	K. M. EARLE	667	585	2	5	5	
NONFEDERAL AND VETERANS ADMINISTRATION							
CALIFORNIA							
SAN FRANCISCO							
LANGLEY PORTER NEUROPSYCHIATRIC INSTITUTE	N. MALAMUD			2	3	3	
STANFORD							
STANFORD UNIVERSITY	L. J. RUBINSTEIN	570	120	2	5	5	
FLORIDA							
MIAMI							
JACKSON MEMORIAL	N. POPOFF	750	500	2	2	2	
INDIANA							
INDIANAPOLIS							
INDIANA UNIVERSITY	W. ZEMAN			2	2	2	
IOWA							
IOWA CITY							
UNIVERSITY OF IOWA HOSPITALS	W. F. MC CORMICK	358	283	2	4	4	
LOUISIANA							
NEW ORLEANS							
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS CHARITY HOSPITAL OF LOUISIANA VETERANS ADMIN.	P. MC GARRY	664	150	2	2	2	
MARYLAND							
BALTIMORE							
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE	J. H. GARCIA			2	2	2	
MINNESOTA							
ROCHESTER							
MAYO GRADUATE SCHOOL OF MEDICINE	G. P. SAYRE	811	400	2	3	3	
NEW YORK							
NEW YORK CITY							
COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND SURGEONS	D. COWEN			2	3	3	
NEW YORK UNIVERSITY MEDICAL CENTER	I. FEIGIN	543	304	2	2	2	
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	L. W. LAPHAM	350	100	2	2	2	
NORTH CAROLINA							
DURHAM							
DUKE UNIVERSITY MEDICAL CENTER	F. S. VOGEL			2	3	3	
OHIO							
CLEVELAND							
CASE WESTERN RESERVE UNIVERSITY	R. L. FRIEDE			2	2	2	
CLEVELAND METROPOLITAN GENERAL	B. Q. BANKER			2	5	5	
PENNSYLVANIA							
PHILADELPHIA							
PHILADELPHIA GENERAL	L. B. RORKE	250	40	2	3	3	
RHODE ISLAND							
PROVIDENCE							
BROWN UNIVERSITY	S. M. ARONSON			2	2	2	
SOUTH CAROLINA							
CHARLESTON							
MEDICAL UNIVERSITY OF SOUTH CAROLINA	J. D. BALENTINE			2	2	2	
VIRGINIA							
CHARLOTTESVILLE							
UNIVERSITY OF VIRGINIA SCHOOL OF MEDICINE	M. G. NETSKY			2	4	4	
RICHMOND							
MEDICAL COLLEGE OF VIRGINIA	W. I. ROSENBLUM			2	2	2	
WASHINGTON							
SEATTLE							
UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS UNIVERSITY	E. C. ALVORD, JR.	915	102	2	4	4	

21. PEDIATRIC ALLERGY

The programs in Pediatric Allergy which have been approved by the Council on Medical Education, the American Academy of Pediatrics, and the American Board of Pediatrics, and the Subspecialty Board of Pediatric Allergy, through the Residency Review Committee for Pediatrics, are listed following the programs in Pediatrics, as List 22C.

22A. PEDIATRICS

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Academy of Pediatrics and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics, as offering full training in the specialty. See also List 22B.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	A. D. C. Newborn Premature	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE									
CALIFORNIA									
DAVID GRANT U.S.A.F. MEDICAL CENTER, FAIRFIELD	C. J. BEAUCHAMP	31	1,229	40,731	020	03	006		
MISSISSIPPI									
U.S.A.F. MEDICAL CENTER, BILOXI	W. J. LAWSON	24	1,238	36,501	015	02	006		
TEXAS									
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	H. H. JOHNSON	34	1,348	53,729	020	04	012		
UNITED STATES ARMY									
CALIFORNIA									
LETTERMAN GENERAL, SAN FRANCISCO	J. L. STEWART, JR.	10	711	20,003	013	03	006		
COLORADO									
FITZSIMONS GENERAL, DENVER	D. C. PLUNKET	22	2,152	57,574	024	04	008		
DISTRICT OF COLUMBIA									
WALTER REED GENERAL, WASHINGTON	F. C. BIEHUSEN	21	778	25	013	04	008		
HAWAII									
TRIPLER GENERAL, HONOLULU	J. W. BASS	26	1,336	28,813	041	04	009		
TEXAS									
WILLIAM BEAUMONT GENERAL, EL PASO	R. G. FEARNOW	17	1,423	79,952	026	04	008		
BROOKE GENERAL, SAN ANTONIO	L. CANALES	46	2,500	48,000	016	04	008		
WASHINGTON									
MADIGAN GENERAL, TACOMA	R. G. SCHERZ	21	1,556	94,339	025	04	008		
UNITED STATES NAVY									
CALIFORNIA									
NAVAL, OAKLAND	J. W. HAYES	22	1,470	21,322	020	05	015		181380
NAVAL, SAN DIEGO	J. E. SCHANBERGER	40	2,411	62,623	048	05	015		181480
MARYLAND									
NAVAL, BETHESDA	D. W. BAILEY	10	391	44,959	026	03	012		182380
MASSACHUSETTS									
NAVAL, CHELSEA	A. E. BAGGETT, JR.	13	629	13,182	009	02	004		182580
PENNSYLVANIA									
NAVAL, PHILADELPHIA	W. M. BASON	15	726	18,376	008	02	006		183180
VIRGINIA									
NAVAL, PORTSMOUTH	J. L. HUGHES	22	921	44,514	048	04	008		183280
OTHER FEDERAL									
CANAL ZONE									
GORGAS, BALBOA HEIGHTS	D. HIRSCHL	19	933	11,009	011	01	002	11,386	
NONFEDERAL AND VETERANS ADMINISTRATION									
ALABAMA									
BIRMINGHAM									
UNIVERSITY OF ALABAMA MEDICAL CENTER	J. W. BENTON					09	018	9,400	100780
CHILDREN'S		49	3,029	57,900					
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS		43	3,304	3,116	024				
FAIRFIELD									
LLOYD NOLAND	G. C. MC CULLOUGH	21	1,029	24,008	008	02	004	11,400	100880
MOBILE									
MOBILE GENERAL	E. DUDLEY, JR., H. WISEMAN	17	949	5,156	029	03	006	9,840	185280
ARIZONA									
PHOENIX									
GOOD SAMARITAN	H. W. LIPOW	37	2,563	3,469	036	04	007	10,200	

22A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	A. D. C. Newborn Premature	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
ARIZONA, PHOENIX - CONTINUED									
MARICOPA COUNTY GENERAL	J. K. CHARLTON, R. GANELIN	37	1,704	16,306	035	04	011	10,795	189880
ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER	M. L. COHEN	46	3,100	4,488	031	03	006	10,200	
TUCSON									
UNIVERSITY OF ARIZONA AFFILIATED HOSPITALS	V. A. FULGINITI					12	020	9,850	
PIMA COUNTY GENERAL DIVISION		13	771	16,202					
TUCSON MEDICAL CENTER DIVISION		38	2,880	1,795	042				
UNIVERSITY		8	54	135					
ARKANSAS									
LITTLE ROCK									
UNIVERSITY	R. E. MERRILL	27	1,203	8,261	042	06	012	7,800	
CALIFORNIA									
DAVIS									
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS	R. S. STEMPFEL					03	007	10,836	104380
SACRAMENTO MEDICAL CENTER (SACRAMENTO)		23	1,382	24,376	019				
IRVINE									
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS	T. L. NELSON					08	020		
CHILDRENS HOSPITAL OF ORANGE COUNTY (ORANGE)	M. J. CARSON	73	4,986	9,171	002				
ORANGE COUNTY MEDICAL CENTER (ORANGE)	T. L. NELSON	35	1,741	16,321				13,546	
MEMORIAL HOSPITAL OF LONG BEACH (LONG BEACH)	H. W. ORME	43	2,766	4,881	022				
LOMA LINDA									
LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS	R. F. CHINNOCK					04	007		
LOMA LINDA UNIVERSITY	R. F. CHINNOCK	13	1,385	14,500				10,465	
RIVERSIDE GENERAL (RIVERSIDE)	R. TOMPKINS	20	1,129	12,414	012			10,650	
LONG BEACH									
MEMORIAL HOSPITAL OF LONG BEACH	UNIV. OF CALIF. (IRVINE) AFFIL. HOSPS., IRVINE								
LOS ANGELES									
CEDARS-SINAI MEDICAL CENTER									
CEDARS OF LEBANON HOSPITAL DIVISION	B. M. KAGAN	37	1,930	8,762	033	04	003	12,600	103080
CHILDRENS HOSPITAL OF LOS ANGELES	J. S. APTHORP	126	6,884	32,496		03	035	10,200	103180
KAISER FOUNDATION	E. GOLDENBERG	2	801	72,954	040	04	005	12,000	
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	J. P. ALLEN	131	6,868	57,367	140	26	041	14,340	103380
MARTIN LUTHER KING, JR. GENERAL	R. E. GREENBERG					08	016	14,340	205780
U. C. L. A.	A. J. MOSS	45	2,602	23,821	024	08	016	10,200	195680
WHITE MEMORIAL MEDICAL CENTER	N. S. NATION	24	1,219	13,759	027	02	005	10,800	104060
OAKLAND									
CHILDREN'S HOSPITAL MEDICAL CENTER OF NORTHERN CALIFORNIA	R. GERDSEN, E. DUFFIE, JR.	99	7,184	64,591	019	08	015		
HIGHLAND GENERAL	A. HATOFF	12	4,206	6,319					
KAISER FOUNDATION	E. SCHOEN	26	2,673	88,829	017	03	005	9,864	104280
ORANGE									
CHILDRENS HOSPITAL OF ORANGE COUNTY	UNIVERSITY OF CALIFORNIA (IRVINE) AFFIL. HOSPS., IRVINE								
ORANGE COUNTY MEDICAL CENTER	UNIVERSITY OF CALIFORNIA (IRVINE) AFFIL. HOSPS., IRVINE								
RIVERSIDE									
RIVERSIDE GENERAL	SEE LOMA LINDA UNIVERSITY AFFILIATED HOSPS., LOMA LINDA								
SACRAMENTO									
SACRAMENTO MEDICAL CENTER	SEE UNIV. OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS, DAVIS								
SAN DIEGO									
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	W. L. NYHAN	29	2,340	7,200	030	08	020	10,200	104980
SAN FRANCISCO									
CHILDREN'S HOSPITAL AND ADULT MEDICAL CENTER	S. T. GIAMMONA	30	2,190	10,834	026	05	011	9,700	105080
KAISER FOUNDATION	H. K. SHINEFIELD	21	1,504	87,163	029	02	005	9,500	
MOUNT ZION HOSPITAL AND MEDICAL CENTER	R. T. GROSS	14	1,056	8,016	018	03	006	9,780	105480
UNIVERSITY OF CALIFORNIA PROGRAM	M. M. GRUMBACH					12	020		
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	M. M. GRUMBACH	58	2,877	17,120				9,400	
SAN FRANCISCO GENERAL	M. GROSSMAN	13	701	22,394	015			9,924	
SAN JOSE									
SANTA CLARA VALLEY MEDICAL CENTER	J. R. MALONEY	31	1,435	16,251	014			11,045	
SANTA CLARA									
KAISER FOUNDATION	B. L. DONG	11	691	124,425	032	02	002	9,480	
STANFORD									
STANFORD UNIVERSITY	P. SUNSHINE	60	2,564	20,370	044	12	022	9,700	
STOCKTON									
SAN JOAQUIN GENERAL	W. WEST	12	515	5,785	018	01	002	7,836	102180
TORRANCE									
LOS ANGELES COUNTY HARBOR GENERAL	J. W. ST. GEME	52	2,699	14,216	070	08	016	14,340	106780
COLORADO									
DENVER									
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	C. H. KEMPE					25	068	9,200	107680
UNIVERSITY OF COLORADO MEDICAL CENTER	C. H. KEMPE	65	4,072	40,000	024				
CHILDREN'S	A. SILVERMAN	116	7,011	11,507	025			9,800	
DENVER GENERAL	H. J. UMLAUF, JR.	24	1,371	18,572	030				
CONNECTICUT									
BRIDGEPORT									
BRIDGEPORT	L. LANDWIRTH	33	2,968	3,692		04	006	10,920	107980

22A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	A. D. C. Newborn Premature	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CONNECTICUT - CONTINUED									
HARTFORD									
HARTFORD	L. CHAMEIDES	46	7,398	7,656	052	04	009	10,500	
NEWINGTON CHILDREN'S (NEWINGTON)	F. J. FLYNN, JR.	19	130	760					
ST. FRANCIS	W. E. HART	35	2,616	10,136	036	03	007	7,800	
UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS	M. MARKOWITZ					05	008	10,800	
NEW BRITAIN GENERAL (NEW BRITAIN)	J. JURKOIC	19	1,786	1,290					
NEW BRITAIN									
NEW BRITAIN GENERAL	SEE UNIV. OF CONNECTICUT AFFIL. HOSPS., HARTFORD								
NEW HAVEN									
HOSPITAL OF ST. RAPHAEL	W. LATTANZI, L. KRASSNER	20	1,958	1,435	017	03	007	10,450	109080
YALE-NEW HAVEN MEDICAL CENTER									
YALE-NEW HAVEN	C. D. COOK	66	4,064	18,068	066	12	016	10,450	108980
NEWINGTON									
NEWINGTON CHILDREN'S HOSPITAL	HARTFORD HOSPITAL, HARTFORD								
DELAWARE									
WILMINGTON									
WILMINGTON MEDICAL CENTER	H. ROSENBLUM	65	5,245	11,005	079	06	014	10,250	109980
DISTRICT OF COLUMBIA									
WASHINGTON									
DISTRICT OF COLUMBIA GENERAL	T. E. REICHELDERFER	56	1,700	42,158	079	07	021	11,300	
FREEDMEN'S	R. B. SCOTT	26	1,172	3,917	034	04	012	11,342	
GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS	C. E. HOLLERMAN					10	020	10,550	
GEORGETOWN UNIVERSITY		23	1,370	6,803	025				
COLUMBIA HOSPITAL FOR WOMEN					054				
PROVIDENCE		23	2,206	3,062	027				
ARLINGTON (ARLINGTON, VA.)		12	1,337	601	014				
GEORGE WASHINGTON UNIVERSITY AFFILIATED HOSPITALS									
CHILDREN'S HOSP. OF THE DISTRICT OF COLUMBIA	D. W. DELANEY	65	3,624	63,567	083	18	022	10,500	107080
FLORIDA									
GAINESVILLE									
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS	G. E. BLOOM	60	4,663	11,209	017	08	012	8,400	182480
JACKSONVILLE									
JACKSONVILLE HOSPITALS EDUCATIONAL PROGRAM	S. LEVIN					10	020	8,600	110180
BAPTIST MEMORIAL	J. J. TOWNSEND	36	2,997	647	020				
UNIVERSITY HOSPITAL OF JACKSONVILLE	S. LEVIN	28	1,390	45,262	041				
MIAMI									
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS									
JACKSON MEMORIAL	W. W. CLEVELAND	80	2,337	15,538		07	015	9,950	110480
VARIETY CHILDREN'S	R. B. LAWSON	61	3,800	1,557		05	011	9,750	111080
PENSACOLA									
PENSACOLA EDUCATIONAL PROGRAM	J. C. PICKENS, R. BELL					02	004	10,200	182680
BAPTIST		11	1,077	220	014				
SACRED HEART		79	3,615	11,715	016				
UNIVERSITY			19	3,258	010				
TAMPA									
TAMPA GENERAL	S. L. WOLFSON	48	3,068	1,370	058	03	006	8,925	
GEORGIA									
ATLANTA									
EMORY UNIVERSITY AFFILIATED HOSPITALS	R. W. BLUMBERG					10	021	8,880	111380
GRADY MEMORIAL		42	1,631	9,418	115				
HENRIETTA EGLESTON HOSPITAL FOR CHILDREN									
AUGUSTA									
MEDICAL COLLEGE OF GEORGIA HOSPITALS	A. F. ROBERTSON, JR.					03	011	9,500	198580
EUGENE TALMADGE MEMORIAL		21	694	13,879	020				
UNIVERSITY		31	2,395	2,453	023				
HAWAII									
HONOLULU									
KAUIKEOLANI CHILDREN'S	S. J. BINTLIFF	43	3,676	8,016	057	02	011	10,500	172480
ILLINOIS									
CHICAGO									
CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS									
MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO	A. GROSSMAN		2,561	8,281	020	02	006	9,700	114480
COOK COUNTY	I. ROSENTHAL	271	11,404	106,973	177	17	049	10,900	112780
ILLINOIS MASONIC MEDICAL CENTER	J. L. BRAUDO	26	1,792	2,878	023	04	008	11,200	
MERCY HOSPITAL AND MEDICAL CENTER	V. M. LO PRIORE	48	2,562	11,047	026	04	011	10,200	114180
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	L. D. ELEGANT	61	6,989	77,883	064	11	022	11,100	
NORTHWESTERN UNIVERSITY-MC GAW MEDICAL CENTER	H. L. NADLER					22	064		
CHILDREN'S MEMORIAL	H. L. NADLER	90	3,707	25,308	034			10,500	
EVANSTON (EVANSTON)	D. INGALL	17	2,576	1,420	028			11,000	
PRESBYTERIAN-ST. LUKE'S	J. R. CHRISTIAN	64	3,089	54,295	054	04	010	9,946	

22A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	A. D. C. Newborn Premature	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
ILLINOIS, CHICAGO - CONTINUED									
ST. JOSEPH	H. JACOBS	30	1,994	6,879	025	02	004	10,600	
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	A. DORFMAN	88	2,059	12,775	042	10	017	10,800	
UNIVERSITY OF ILLINOIS	I. SCHULMAN	49	2,088	21,693	038	08	017	10,560	
EVANSTON									
EVANSTON	NORTHWESTERN UNIV. - MC GAW MEDICAL CENTER, CHICAGO								
MAYWOOD									
LOYOLA UNIVERSITY	G. SMITH	19	682	6,459	011	03	005	10,600	
PARK RIDGE									
LUTHERAN GENERAL	S. METRICK	28	2,534	1,004		01	002		
PEORIA									
ST. FRANCIS	W. H. ALBERS	65	4,608	15,525	059	02	004	10,750	
INDIANA									
INDIANAPOLIS									
INDIANA UNIVERSITY MEDICAL CENTER	M. GREEN					09	017		
INDIANA UNIVERSITY HOSPITALS		56	2,195	6,512				9,500	
MARION COUNTY GENERAL			720	13,926				10,000	
METHODIST HOSPITAL OF INDIANA	G. ROSENBERG	96	3,684	6,062	062	04	007	10,605	118680
IOWA									
DES MOINES									
IOWA METHODIST (RAYMOND BLANK MEMORIAL HOSPITAL FOR CHILDREN)	L. WINTERMEYER			2,164	016	03	006		
IOWA CITY									
UNIVERSITY OF IOWA HOSPITALS	D. L. DUNPHY	50	2,268	17,465	036	06	012	9,500	
KANSAS									
KANSAS CITY									
UNIVERSITY OF KANSAS MEDICAL CENTER	H. C. MILLER	29	1,827	15,089	020	08	016	10,000	
KENTUCKY									
LEXINGTON									
UNIVERSITY	W. E. WHEELER	52	2,606	20,635	033	04	011		
LOUISVILLE									
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	D. R. MAC MILLAN					08	021		
CHILDREN'S		65	3,638	10,444	035			8,600	
LOUISVILLE GENERAL		10	487	6,466	035			8,600	
LOUISIANA									
NEW ORLEANS									
CHARITY HOSPITAL OF LOUISIANA LOUISIANA STATE UNIVERSITY DIVISION	R. L. FOWLER	88	3,270	7,344	063	07	019	7,800	
TULANE UNIVERSITY DIVISION	H. C. SHIRKEY	92	3,109	7,333	061	10	020	7,800	
SHREVEPORT									
CONFEDERATE MEMORIAL MEDICAL CENTER	J. A. LITTLE	52	1,940	5,786	043	03	006	7,800	123280
MAINE									
PORTLAND									
MAINE MEDICAL CENTER	G. W. HALLETT	28	556	4,426	025	02	003	8,505	
MARYLAND									
BALTIMORE									
BALTIMORE CITY HOSPITALS	H. E. HARRISON	45	1,640	17,543	027	06	015		123780
JOHNS HOPKINS	R. E. COOKE	93	3,117	94,018	033	10	032	10,000	124280
JOHN F. KENNEDY INSTITUTE	R. H. A. HASLAM	29	258	4,595					
MERCY	S. H. WALKER	22	1,180	5,412		03	007	10,500	124580
SINAI HOSPITAL OF BALTIMORE	E. J. KAPLAN	24	1,253	12,617	046	04	011		
UNIVERSITY OF MARYLAND	M. CORNBLATH	32	1,112	15,429	033	10	035	10,700	125280
MASSACHUSETTS									
BOSTON									
BOSTON CITY	N. P. ROSMAN	44	2,356	15,561	054	12	020	9,600	125780
CHILDREN'S HOSPITAL MEDICAL CENTER	C. A. JANEWAY	85	3,274	24,014		08	042	9,700	125980
MASSACHUSETTS GENERAL	N. B. TALBOT	68	3,048	40,757		09	016	10,200	126180
NEW ENGLAND MEDICAL CENTER HOSPITALS	S. S. GELLIS	78	3,532	26,454	88	08	016	10,165	
ST. ELIZABETH'S HOSPITAL OF BOSTON	J. T. BOWERS	22	1,626	5,228	023	03	006	10,200	
PITTSFIELD									
BERKSHIRE MEDICAL CENTER	A. N. DRESCHER	30	2,642	3,021	025	01	002	10,600	128180
SPRINGFIELD									
SPRINGFIELD HOSPITAL MEDICAL CENTER	M. MEDALIE	41	1,865	6,345	077	02	004	11,606	
WORCESTER									
ST. VINCENT	J. A. DUGGAN	24	1,224	1,559	014	02	005	10,200	
WORCESTER CITY	J. BREM	49	2,937	8,577	014	04	008	9,645	129180
MICHIGAN									
ANN ARBOR									
UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS	W. J. OLIVER					16	028		129380
UNIVERSITY	W. J. OLIVER	72	2,365	28,550	018			10,000	
WAYNE COUNTY GENERAL (ELOISE)	R. H. STRANG	16	745	14,750	026			10,924	
DETROIT									
CHILDREN'S HOSPITAL OF MICHIGAN	P. V. WOOLLEY, JR.	193	9,347	129,516		16	042	10,500	184380
HENRY FORD	R. H. HIGH	40	2,189	40,376	029	04	009	10,300	130060
MOUNT CARMEL MERCY	W. C. MONTGOMERY	42	2,993	4,037	040	04	009	10,800	130280
WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS DETROIT GENERAL	L. E. HEIDEMAN	58	2,222	34,277	067	06	013		

22A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	A.D.C. Newborn Premature	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MICHIGAN - CONTINUED									
EAST LANSING									
MICHIGAN STATE UNIVERSITY ASSOCIATED HOSPITALS	F. MATTHIES					02	006	10,600	243680
MICHIGAN STATE UNIVERSITY HEALTH CENTER	W. WEIL	1	41	399	000				
EDWARD W. SPARROW (LANSING)	F. MATTHIES	37	2,945		048				
ST. LAWRENCE (LANSING)	H. C. COMSTOCK	26	2,087		023				
ELOISE									
WAYNE COUNTY GENERAL	SEE UNIV. OF MICHIGAN AFFIL. HOSPITALS, ANN ARBOR								
FLINT									
HURLEY	W. W. NICHOLLS	50	3,050	31,000	033	03	009	8,900	
GRAND RAPIDS									
BUTTERWORTH-BLODGETT MEMORIAL HOSPITALS	D. F. REARDON					04	008	9,492	
BUTTERWORTH	D. F. REARDON	53	3,234	3,645	048				
BLODGETT MEMORIAL	D. F. WATERMAN	43	2,498	1,264	045				
LANSING									
EDWARD W. SPARROW	MICHIGAN STATE UNIV. ASSOC. HOSPS., EAST LANSING								
ST. LAWRENCE	MICHIGAN STATE UNIV. ASSOC. HOSPS., EAST LANSING								
PONTIAC									
PONTIAC AFFILIATED HOSPITALS	N. HAQUE					06	012		
OAKLAND MEDICAL CENTER		7	100						
PONTIAC GENERAL		46	3,828	1,839					
ST. JOSEPH MERCY	N. HAQUE	34	2,942	1,944	021			10,800	
ROYAL OAK									
WILLIAM BEAUMONT	R. KURNETZ	73	5,279	2,549	051	04	008	11,000	197880
MINNESOTA									
MINNEAPOLIS									
UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS	J. A. ANDERSON					18	036		133480
HENNEPIN COUNTY GENERAL	R. B. RAILE	21	1,300	16,806	031			9,250	
UNIVERSITY OF MINNESOTA HOSPITALS	J. A. ANDERSON	103	3,593	13,461	130			10,000	
ST. PAUL-RAMSEY (ST. PAUL)	H. O. VENTERS	20	732	7,887	008			8,750	
ROCHESTER									
MAYO GRADUATE SCHOOL OF MEDICINE	G. B. STICKLER	68	3,320	42,454	019	08	016	10,500	
ST. PAUL									
CHILDRENS	K. M. SAXENA	68	3,720	16,051	028	02	004	10,000	
ST. PAUL-RAMSEY	SEE UNIVERSITY OF MINNESOTA AFFILIATED HOSPS., MINNEAPOLIS								
MISSISSIPPI									
JACKSON									
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER UNIVERSITY	B. E. BATSON	36	1,399	8,918	043	06	012	9,500	
MISSOURI									
COLUMBIA									
UNIVERSITY OF MISSOURI MEDICAL CENTER	R. JACKSON, C. WOODRUFF	29	2,048	8,080	016	04	010	9,000	
KANSAS CITY									
CHILDREN'S MERCY	N. W. SMULL	98	4,387	81,957	022	06	012	9,500	
ST.LOUIS									
ST. LOUIS CHILDREN'S	P. R. DODGE	141	7,023	54,357	035	01	031	10,000	
ST. LOUIS CITY	A. E. BANNON	27	1,707	6,393	028	02	006		136380
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS									
CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN	A. E. MC ELFRESH	153	8,647	75,780	036	08	018	9,600	
NEBRASKA									
OMAHA									
CREIGHTON UNIVERSITY AFFILIATED HOSPITALS	F. M. SHEPARD					03	006		
CREIGHTON MEMORIAL ST. JOSEPH'S		19	1,585	14,757	015				
CHILDRENS MEMORIAL		63	4,907	626					
UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS	M. JENKINS					08	020	9,000	137680
UNIVERSITY OF NEBRASKA		44	1,754	39,487	021				
CHILDRENS MEMORIAL									
NEW HAMPSHIRE									
HANOVER									
MARY HITCHCOCK MEMORIAL	R. C. STORRS	4	363	8,500	004	01	003	9,100	
NEW JERSEY									
CAMDEN									
COOPER	R. BERNARDIN	22	1,366	1,850	036	01	002	10,000	138080
JERSEY CITY									
JERSEY CITY MEDICAL CENTER	J. P. CURRAN	50	2,500	16,000	U/ 100	10	015	10,500	
LONG BRANCH									
MONMOUTH MEDICAL CENTER	W. C. ELLIS	29	3,792	6,476	035	03	010	11,000	139280
NEPTUNE									
JERSEY SHORE MEDICAL CENTER - FITKIN	A. DE SPIRITO, J. RAFFETTO	30	3,004	1,853	006	02	004	8,545	
NEWARK									
MARTLAND	F. C. BEHRLE	51	1,879	26,409	079	14	033	10,800	139880
NEWARK BETH ISRAEL MEDICAL CENTER	J. TITLEBAUM	44	1,925	19,081	028	03	010	11,300	
ST. MICHAEL'S MEDICAL CENTER	F. DESPOSITO	47	2,326	5,936	025	05	009	11,300	139980
UNITED HOSPITALS MEDICAL CENTER - CHILDREN'S HOSPITAL OF NEWARK	R. H. RAPKIN	70	3,489	8,108	018	07	015	11,300	
PLAINFIELD									
MUHLENBERG	P. A. WINOKUR	30	2,152	3,360	027	02	006	10,975	140780

22A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	A. D. C. Newborn Pre-mature	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW MEXICO									
ALBUQUERQUE									
UNIVERSITY OF NEW MEXICO									
AFFILIATED HOSPITALS	E. A. MORTIMER, JR.					06	012	8,400	
BATAAN MEMORIAL	P. M. EICHER	8	927	21,420	004				
BERNALILLO COUNTY MEDICAL CENTER	E. A. MORTIMER, JR.	23	1,484	201,490	021				
NEW YORK									
ALBANY									
ALBANY MEDICAL CENTER	I. H. PORTER	29	1,256	4,384	024	04	013	10,600	
BUFFALO									
S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS	J. A. CORTNER					13	024	10,000	196580
CHILDREN'S HOSPITAL OF BUFFALO	J. A. CORTNER								
EDWARD J. MEYER MEMORIAL	H. P. STAUB								
EAST MEADOW									
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV.	P. J. COLLIPP	47	1,821	38,900	031	10	027	10,112	
MANHASSET									
NORTH SHORE	SEE CORNELL COOPERATING HOSPITALS, NEW YORK CITY								
NEW HYDE PARK									
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER PROGRAM	P. LANZKOWSKY					09	021	13,300	
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER	P. LANZKOWSKY	51	3,145	9,500	049				
QUEENS HOSPITAL CENTER (NEW YORK CITY)	A. ABALLI	54	3,326	20,661	030				
NEW YORK CITY									
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	L. M. FRAAD					18	031		193180
BRONX MUNICIPAL HOSPITAL CENTER	L. M. FRAAD	83	4,005	30,000					
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE	I. GREIFER	31	1,800	5,000	025				
LINCOLN	H. RODRIGUEZ-TRIAS	52	38	94,754	046			12,300	
BETH ISRAEL MEDICAL CENTER	S. BLATMAN	37	1,480	74,261	047	12	023	12,300	
BRONX-LEBANON HOSPITAL CENTER	M. DAVIDSON	44	1,775	35,310	052	07	019	13,750	147180
BROOKDALE HOSPITAL CENTER	R. GOLINKO	37	1,702	21,246	051	07	015	13,300	141980
BROOKLYN - CUMBERLAND MEDICAL CENTER	P. R. SCAGLIONE	68	1,815	24,743	102	10	023	13,300	
CORNELL COOPERATING HOSPITALS									
NEW YORK	W. W. MC CRORY	80	2,240	30,000	070	10	018	13,000	146680
NORTH SHORE (MANHASSET)		26	1,958	10,345	031	03	007	12,200	146780
FRENCH AND POLYCLINIC MEDICAL SCHOOL-ST. CLARE'S	E. M. DI TOLLA					02	008		147580
POLYCLINIC DIVISION		10	463	3,429	015			13,750	
ST. CLARE'S HOSPITAL AND HEALTH CENTER		18	795	4,212	006			13,300	
HARLEM HOSPITAL CENTER	E. J. KAHN	63	2,804	33,002	059	12	022		147880
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	C. V. PRYLES	56	2,190	55,143	079	10	024	13,300	
GREENPOINT	C. V. PRYLES	18	611	36,075	024			13,300	
LENOX HILL	E. A. DAVIES	27	1,502	9,533	026	04	007	13,300	
LONG ISLAND COLLEGE	J. R. BONGIORNO	42	2,171	25,800	036	04	008	13,300	
LUTHERAN MEDICAL CENTER	N. J. CHIARA	20	1,279	20,841	022	03	006	12,600	143080
MAIMONIDES MEDICAL CENTER TRAINING PROGRAM	H. JOOS					04	012		
MAIMONIDES MEDICAL CENTER	H. JOOS	38	1,739	9,217	063			13,300	142880
CONEY ISLAND	F. FELDMAN	32	983	12,800	018			13,300	
METHODIST HOSPITAL OF BROOKLYN	H. GHAOIMI	33	1,811	10,064	072	06	016	13,000	142980
MISERICORDIA - FORDHAM TRAINING PROGRAM	W. R. STANKEWICK					06	016	13,300	148680
MISERICORDIA		35	1,919	4,652					
FORDHAM		61	2,160	84,900					
MONTEFIORE HOSPITAL TRAINING PROGRAM	L. FINBERG					12	030	13,300	
MONTEFIORE HOSPITAL AND MEDICAL CENTER		56	2,301	26,511					
MORRISANIA CITY		43	1,734	77,832	029				
MOUNT SINAI HOSPITAL TRAINING PROGRAM									
MOUNT SINAI	H. L. HODES	65	2,866	54,073	078	06	011	13,000	149080
CITY HOSPITAL CENTER AT ELMHURST	A. R. RAUSEN	39	1,349	48,443	038	05	012	13,300	
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	E. WASSERMAN					10	018	13,300	
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS		51	2,652	3,711	036				
UNIT 2 - METROPOLITAN HOSPITAL CENTER		56	4,171	69,000	040				
NEW YORK UNIVERSITY MEDICAL CENTER	S. KRUGMAN					12	035		146480
BELLEVUE HOSPITAL CENTER	S. KRUGMAN, S. N. COHEN	84	1,838	61,174	029				
UNIVERSITY	S. KRUGMAN, S. Q. COHLAN	43	1,987	473	021				
PRESBYTERIAN (BABIES)	R. E. BEHRMAN	179	5,323	55,044	081	12	020	13,000	
QUEENS HOSPITAL CENTER	LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER PROGRAM								
ROOSEVELT	A. ANASTASIADES	45	1,574	58,000	030	06	016	11,800	149680
ST. LUKE'S HOSPITAL CENTER	S. S. STEVENSON	45	1,679	41,478	055	05	009	13,000	149960
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	V. J. FONTANA	31	2,981	5,522	031	04	008	11,600	150080
ST. VINCENT'S MEDICAL CENTER OF RICHMOND	A. A. CLAPS	42	2,064	5,401	034	02	004	13,500	
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	J. LANMAN					20	056		
KINGS COUNTY HOSPITAL CENTER		201	4,716	175,000	100			13,300	
STATE UNIVERSITY		19	552	14,649	020			11,800	
STATEN ISLAND	F. X. GIUSTRA	22	1,129	4,369	019	02	005	13,600	151560
ROCHESTER									
UNIVERSITY OF ROCHESTER COMMUNITY PEDIATRICS PROGRAM	R. J. HAGGERTY					11	020	10,000	151180
GENESEE	C. B. LILLIBRIDGE	31	3,216	5,434	027				

22A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	A. D. C. Newborn Premature	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK, ROCHESTER - CONTINUED									
ROCHESTER GENERAL	G. MILLER	17	1,194	4,216	035				
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	R. J. HAGGERTY	50	3,689	17,895	041				
SYRACUSE									
S.U.N.Y. UPSTATE MEDICAL CENTER	M. L. VOORHESS, G. A. LAMB				057	10	025	10,400	151680
CROUSE IRVING-MEMORIAL	W. D. KOPEL	11	775						
STATE UNIVERSITY	M. L. VOORHESS, G. A. LAMB	27	1,390	10,538	000				
VALHALLA									
GRASSLANDS	P. B. FARNSWORTH	36	613	5,145	003	03	006	11,850	
NORTH CAROLINA									
CHAPEL HILL									
NORTH CAROLINA MEMORIAL	F. W. DENNY	27	1,026	13,593	019	07	014		
CHARLOTTE									
CHARLOTTE MEMORIAL	J. C. PARKE	22	948	13,764	053	02	004	9,300	
DURHAM									
DUKE UNIVERSITY MEDICAL CENTER	S. L. KATZ	42	1,701	19,123	026	09	016	9,250	152980
WINSTON-SALEM									
BOWMAN GRAY SCHOOL OF MEDICINE AFFILIATED HOSPITALS									
NORTH CAROLINA BAPTIST	W. M. KELSEY	14	775	3,356	019	08	016	9,000	
OHIO									
AKRON									
CHILDREN'S HOSPITAL OF AKRON	J. D. KRAMER	90	5,109	13,232	022	08	022	9,600	189580
CINCINNATI									
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	E. L. PRATT					23	049		154880
CHILDREN'S		97	5,045	6,209	030			8,800	
CINCINNATI GENERAL		24	1,088	11,869	064			9,700	
GOOD SAMARITAN HOSPITAL-COMMUNITY PEDIATRIC PROGRAM	D. J. FRANK	76	4,627	7,482	063	05	011	9,480	
CLEVELAND									
CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS	L. W. MATTHEWS					17	034	10,500	
CLEVELAND METROPOLITAN GENERAL	R. SCHWARTZ	68	2,950	55,294	062				
UNIVERSITY HOSPITALS OF CLEVELAND	L. W. MATTHEWS	59	2,850	23,113	056				
CLEVELAND CLINIC	R. D. MERCER	30	1,927	5,665		02	004	10,000	
MOUNT SINAI HOSPITAL OF CLEVELAND	E. E. SMITH	25	1,382	3,961	034	03	006	10,500	
ST. LUKE'S	J. E. KASTELIC	25	1,770	5,483	036	02	004	10,000	156080
COLUMBUS									
OHIO STATE UNIVERSITY COLLEGE OF MEDICINE									
CHILDREN'S	B. D. GRAHAM	229	14,690	94,334	035	14	037	8,190	
TOLEDO									
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS	M. REJENT					16	020	10,200	157980
HOSPITAL OF MEDICAL COLLEGE OF OHIO AT TOLEDO	M. REJENT								
MERCY	E. G. BROOKFIELD	34	2,530	4,024	025				
ST. VINCENT HOSPITAL AND MEDICAL CENTER	E. J. PIKE	54	3,452	11,067	032				
TOLEDO	J. C. ROBERTS	36	2,957	2,810	054			10,200	
OKLAHOMA									
OKLAHOMA CITY									
UNIVERSITY OF OKLAHOMA HOSPITALS	H. D. RILEY, JR.	90	4,500	34,420	048	09	020	9,000	
TULSA									
TULSA PEDIATRIC EDUCATIONAL TRUST	G. A. LUGO					06	012	9,708	272980
HILLCREST MEDICAL CENTER	S. J. ADELSON	22	1,668	4,000	027				
ST. FRANCIS	G. A. LUGO	457	13,128		034				
ST. JOHN'S	I. BRAVERMAN	34	2,651	2,014	028				
OREGON									
PORTLAND									
UNIVERSITY OF OREGON AFFILIATED HOSPITALS									
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	R. W. OLMSTED	55	3,068	23,771	025	08	021	8,600	
PENNSYLVANIA									
DARBY									
FITZGERALD MERCY DIVISION	SEE MERCY CATHOLIC MED. CTR., PHILADELPHIA								
HARRISBURG									
HARRISBURG	R. D. BALTZ	27	1,739	3,927	035	02	006	10,380	161480
HARRISBURG POLYCLINIC	J. M. GARFUNKEL	31	2,608	7,015	023	02	004	11,500	
HERSHEY									
MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY	N. M. NELSON			600	005	03	007	10,224	
PHILADELPHIA									
ALBERT EINSTEIN MEDICAL CENTER	A. W. ROOT	17	1,520	4,373	046	02	005	10,100	
CHILDREN'S HOSPITAL OF PHILADELPHIA	R. KAYE	117	6,463	65,617		17	033	9,200	
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	E. SHAHEEN	32	544	12,188	026	04	008	9,500	
HOSPITAL OF THE MEDICAL COLLEGE OF PENNSYLVANIA	D. A. HOWELL	25	1,398	24,000	036	06	017	10,650	
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	W. J. MELLMAN	17	486	10,574	039	01	002	10,969	
MERCY CATHOLIC MEDICAL CENTER	A. R. HERVADA					02	004	10,000	
MISERICORDIA DIVISION		21	1,130	4,347	009				
FITZGERALD MERCY DIVISION (DARBY)		28	2,601	1,278	028				
PHILADELPHIA GENERAL	W. S. WARREN	41	1,226	30,197	027	02	010	10,150	164080

22A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	A.D.C. Newborn Premature	Positions Offered 1973-1974 1st Yr.	Positions Offered 1973-1974 All Yrs.	Annual Salary (Min.)	NIRMP Number
PENNSYLVANIA, PHILADELPHIA - CONTINUED									
TEMPLE UNIVERSITY AFFILIATED HOSPITALS	V. C. VAUGHN, 3D.	115	6,821	94,453	028	12	073	9,600	
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN									
TEMPLE UNIVERSITY									
THOMAS JEFFERSON UNIVERSITY	R. L. BRENT	25	869	11,570	051	05	013	10,300	163080
PITTSBURGH									
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	T. K. OLIVER, JR.					17	033	10,000	
CHILDREN'S HOSPITAL OF PITTSBURGH	T. K. OLIVER, JR.	186	8,888	52,962	115				
MAGEE-WOMENS	P. M. TAYLOR	115	7,284		115				
PUERTO RICO									
MAYAGUEZ									
MAYAGUEZ MEDICAL CENTER	G. CARODNA	40	1,546	9,734	031	05	013	6,600	
PONCE									
PONCE DISTRICT GENERAL	M. A. LOPEZ-RODRIGUEZ	116	3,228	12,352	043	04	008	6,600	278880
SAN JUAN									
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA	J. F. JIMENEZ	64	2,841	7,910	091	12	026	7,872	
UNIVERSITY DISTRICT	A. LEON	60	1,200	13,479	067	10	034	7,875	
RHODE ISLAND									
PROVIDENCE									
RHODE ISLAND PROVIDENCE LYING-IN	J. T. BARRETT	44	1,961	6,969		10	020	10,100	167760
SOUTH CAROLINA									
CHARLESTON									
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS									
MEDICAL UNIVERSITY OF SOUTH CAROLINA	M. C. WESTPHAL	31	1,011	7,188	020	05	010		168080
COLUMBIA									
RICHLAND MEMORIAL	T. L. AUSTIN	16	948	2,540	016	03	003	8,400	
GREENVILLE									
GREENVILLE GENERAL	R. C. BROWNLEE, JR.	14	903	5,077	060	02	004		168380
TENNESSEE									
CHATTANOOGA									
S. E. TENNESSEE MEDICAL EDUCATION CENTER									
T. C. THOMPSON CHILDREN'S	H. MASSOUD	52	4,344	23,020	026	03	006	9,300	
KNOXVILLE									
UNIVERSITY OF TENNESSEE MEMORIAL RESEARCH CENTER AND HOSPITAL	H. S. CHRISTIAN	39	1,955	2,645	023	02	004		
MEMPHIS									
ST. JUDE CHILDREN'S RESEARCH	D. PINKEL	20	782	17,235	021	06	012	6,000	169880
ST. JOSEPH	H. D. JOHNSON	11	930	1,353	021			7,800	
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS	J. G. HUGHES					10	021	7,752	184480
CITY OF MEMPHIS HOSPITALS		72	2,643	26,224	065			7,752	
LE BONHEUR CHILDREN'S		72	6,807	7,304					
NASHVILLE									
BAPTIST	L. J. KOENIG	7	691	708	037	02	003	10,200	
GEORGE W. HUBBARD HOSPITAL OF THE MEHARRY MEDICAL COLLEGE	E. P. CRUMP	18	870	8,697		02	006	8,760	
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	D. T. KARZON					06	011	8,500	170280
NASHVILLE METROPOLITAN GENERAL	J. S. PRICE	5	282	5,303					
VANDERBILT UNIVERSITY	D. T. KARZON	32	1,544	10,944	022				
TEXAS									
CORPUS CHRISTI									
DRISCOLL FOUNDATION CHILDREN'S	J. M. SLOAN	68	3,406	25,423	003	06	014	9,600	
DALLAS									
CHILDREN'S MEDICAL CENTER	H. F. EICHENWALD			42,551		14	026	8,100	
GALVESTON									
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	C. W. DAESCHNER	88	2,944	21,520	030	08	016	9,000	171460
HOUSTON									
BAYLOR COLLEGE OF MEDICINE AFFILIATED HOSPITALS	R. J. BLATTNER					18	033	9,000	171680
BEN TAUB GENERAL	R. J. BLATTNER	41	1,670	58,361					
JEFFERSON DAVIS	R. J. BLATTNER	4	42	5,348	131				
METHODIST	E. B. GRANDES		3						
TEXAS CHILDREN'S	R. J. BLATTNER	112	8,187	25,103					
UNIVERSITY OF TEXAS AT HOUSTON AFFILIATED HOSPITALS	R. R. HOWELL					03	006		
HERMANN	R. J. BLATTNER, J. STOOL	6	415	4,348	040				
UNIVERSITY OF TEXAS M.D. ANDERSON HOSPITAL AND TUMOR INSTITUTE	J. R. WILBUR	25	802	3,625					
SAN ANTONIO									
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS	S. E. CRAWFORD					06	014	9,000	172280
BEXAR COUNTY TEACHING		62	2,303	10,644	063				
SANTA ROSA MEDICAL CENTER									
TEMPLE									
SCOTT AND WHITE MEMORIAL	N. G. LAWYER	13	1,235	15,816	009	01	003	9,400	172580
UTAH									
SALT LAKE CITY									
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	L. GLASGOW					06	013		173280
UNIVERSITY	L. GLASGOW	22	1,333	8,427	020			9,200	
LATTER-DAY SAINTS					048				
PRIMARY CHILDREN'S	L. G. VEASY	99	7,779	9,095				9,400	
SHRINERS HOSPITAL FOR CRIPPLED CHILDREN	F. A. ZITER	48	321	1,697					

22A. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	A. D. C. Newborn Premature	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
VERMONT									
BURLINGTON									
MEDICAL CENTER HOSPITAL OF VERMONT	R. J. MC KAY, JR.	35	2,967	11,018	030	03	005	8,100	
VIRGINIA									
ARLINGTON									
ARLINGTON	SEE GEORGETOWN UNIV. AFFIL. HOSPITALS, WASHINGTON, D.C.								
CHARLOTTESVILLE									
UNIVERSITY OF VIRGINIA	W. G. THURMAN	23	1,194	13,323	020	06	018	8,900	
NORFOLK									
CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS	M. A. WARFIELD	62	4,154	26,213	038	03	010	10,000	173880
RICHMOND									
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS MEDICAL COLLEGE OF VIRGINIA HOSPITALS	W. E. LAUPUS	84	3,483	47,917	078	10	025	8,900	
WASHINGTON									
SEATTLE									
UNIVERSITY OF WASHINGTON									
AFFILIATED HOSPITALS	R. WEDGWOOD					13	029		199080
CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER	J. DOCTER, R. WEDGWOOD	112	8,579	65,462	010			8,700	
HARBORVIEW MEDICAL CENTER	N. J. SMITH		471	8,280					
UNIVERSITY	R. WEDGWOOD	19	1,208	16,530	027			8,700	
WEST VIRGINIA									
CHARLESTON									
CHARLESTON AREA MEDICAL CENTER MEMORIAL DIVISION	H. H. POMERANCE	21	1,202	5,601	031	02	004	7,860	
MORGANTOWN									
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	W. G. KLINGBERG	37	1,823	9,061	014	04	016	9,000	183780
WISCONSIN									
MADISON									
UNIVERSITY OF WISCONSIN									
AFFILIATED HOSPITALS	C. C. LOBECK					08	016		177980
UNIVERSITY HOSPITALS	C. C. LOBECK	30	953	14,439				9,785	
MADISON GENERAL	H. MOFFET								
ST. MARYS HOSPITAL MEDICAL CENTER	S. GRAVEN	23	2,152		038				
MILWAUKEE									
MEDICAL COLLEGE OF WISCONSIN									
AFFILIATED HOSPITALS	J. C. PETERSON					09	020		
MILWAUKEE CHILDREN'S		85	5,273	56,956				10,000	
MILWAUKEE COUNTY GENERAL			337	6,960	041			10,068	

22B. PEDIATRICS

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Academy of Pediatrics and the American Board of Pediatrics, through the Residency Review Committee for Pediatrics as offering full training through affiliation with a fully approved program. See also List 22A.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	A. D. C. Newborn Premature	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NONFEDERAL AND VETERANS ADMINISTRATION									
CONNECTICUT									
NORWALK									
NORWALK	J. P. ROSSI	20	2,236	1,460	020	02	005	9,000	
LOUISIANA									
BATON ROUGE									
EARL K. LONG MEMORIAL	R. E. FOWLER	31	911	5,755	027	02	002		
MARYLAND									
BALTIMORE									
ST. AGNES	F. J. HELDRICH	26	2,635	3,933	031	03	009	10,500	
MICHIGAN									
KALAMAZOO									
BRONSON METHODIST	W. P. BRISTOL	42	1,843	6,985	038	02	002	9,300	
NEW YORK									
ALBANY									
ST. PETER'S	A. MAC COLLAM	27	1,841	2,484	041	04	009	11,000	
COOPERSTOWN									
MARY IMOGENE BASSETT	J. H. CANNON	5	304	11,981	005	02	002		
NEW YORK CITY									
FLUSHING HOSPITAL AND MEDICAL CENTER	J. N. DE HOFF	26	3,120	3,184	026	03	006	11,800	144580
JAMAICA	M. L. BLUMBERG	22	1,153	2,294	020	02	005	13,050	
JEWISH MEMORIAL	A. T. GOALWIN	13	706	3,261	023	02	004	9,500	
NEW YORK INFIRMARY	M. W. WEBER	17	916	3,386	022	05	007	12,800	

22B. PEDIATRICS—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	A. D. C. Newborn Premature	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK, NEW YORK CITY - CONTINUED									
ST. JOHN'S EPISCOPAL	B. H. SHULMAN, R. GARCIA	31	1,436	6,811	024	02	004	13,600	143280
WYCKOFF HEIGHTS	A. N. EDEN	29	972	8,250	033	03	006	10,000	143580
WISCONSIN									
LA CROSSE									
LA CROSSE LUTHERAN HOSPITAL AND GUNDERSEN CLINIC	R. K. SLUNGAARD	19	1,664	20,465	009	01	001	7,500	177480

22C. PEDIATRIC ALLERGY

Residency programs in the following hospitals have been approved for ONE or TWO years of training by the Council on Medical Education, the American Academy of Pediatrics, the American Board of Pediatrics, and the Sub-Specialty Board of Pediatric Allergy, through the Residency Review Committee for Pediatrics. Applicants intending to qualify for examination by the Sub-Specialty Board of Pediatric Allergy of the American Board of Pediatrics, should refer to the Board requirements.

	Chief of Service or Program Director	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
UNITED STATES AIR FORCE						
TEXAS						
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	M. I. MICHELS	250	52,000	01	002	
UNITED STATES ARMY						
COLORADO						
FITZSIMONS GENERAL, DENVER	J. E. SHIRA	39	1,620	03	006	
NONFEDERAL AND VETERANS ADMINISTRATION						
ARKANSAS						
LITTLE ROCK						
UNIVERSITY	V. H. GORDON	85	2,900	01	002	8,400
CALIFORNIA						
IRVINE						
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS	T. L. NELSON			01	002	
CHILDRENS HOSPITAL OF ORANGE COUNTY (ORANGE)	L. CUMMINS	123	1,461			
ORANGE COUNTY MEDICAL CENTER (ORANGE)	T. L. NELSON	78	1,976			15,630
LOS ANGELES						
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	Z. H. HADDAD			01	002	
U. C. L. A.	E. R. STIEHM, S. C. SIEGEL		1,934	02	004	10,200
ORANGE						
CHILDRENS HOSPITAL OF ORANGE COUNTY	UNIVERSITY OF CALIFORNIA (IRVINE) AFFIL. HOSPS., IRVINE					
ORANGE COUNTY MEDICAL CENTER	UNIVERSITY OF CALIFORNIA (IRVINE) AFFIL. HOSPS., IRVINE					
SAN DIEGO						
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	R. N. HAMBURGER	126	1,550	02	004	12,150
SAN FRANCISCO						
KAISER FOUNDATION	D. F. GERMAN	3	129,181	01	002	10,680
UNIVERSITY OF CALIFORNIA PROGRAM						
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	W. C. DEAMER, D. L. FRICK		2,288	01	002	9,400
STANFORD						
STANFORD UNIVERSITY	V. A. MARINKOVICH	137	1,644	02	004	9,700
TORRANCE						
LOS ANGELES COUNTY HARBOR GENERAL	D. C. HEINER	432	3,840	02	004	14,340
COLORADO						
DENVER						
CHILDREN'S ASTHMA RESEARCH INSTITUTE AND HOSPITAL	R. W. NEWCOMB	73	1,037	03	006	8,000
UNIVERSITY OF COLORADO						
AFFILIATED HOSPITALS	D. PEARLMAN, E. ELLIS			05	010	
UNIVERSITY OF COLORADO MEDICAL CENTER	D. PEARLMAN, E. ELLIS	126	2,561			9,900
NATIONAL JEWISH HOSPITAL AT DENVER	E. ELLIS	225	270			10,000
DISTRICT OF COLUMBIA						
WASHINGTON						
CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA	W. A. HOWARD	327	5,053	01	002	10,500
GEORGETOWN UNIVERSITY	C. E. HOLLERMAN	420	1,032	01	002	10,550
HOWARD UNIVERSITY AFFILIATED HOSPITALS	R. B. SCOTT			01	002	
FREEDMEN'S		1,172	1,350			
DISTRICT OF COLUMBIA GENERAL		984	1,854			

22C. PEDIATRIC ALLERGY—Continued

	Chief of Service or Program Director	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
FLORIDA						
GAINESVILLE						
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS	H. J. WITTIG	42	2,684	02	003	10,000
ILLINOIS						
CHICAGO						
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	A. ROSENBLUM		1,893	01	001	12,300
NORTHWESTERN UNIVERSITY-MC GAW MEDICAL CENTER	R. PATTERSON	500	12,000	01	002	11,250
CHILDREN'S MEMORIAL	R. PATTERSON	15	2,288			
PRESBYTERIAN-ST. LUKE'S	J. S. HYDE	102	1,978	01	001	11,198
KANSAS						
KANSAS CITY						
UNIVERSITY OF KANSAS MEDICAL CENTER-CHILDREN'S MERCY	F. SPEER			02	004	
UNIVERSITY OF KANSAS MEDICAL CENTER			3,276			9,000
CHILDREN'S MERCY (KANSAS CITY, MO.)			6,980			7,400
KENTUCKY						
LOUISVILLE						
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	N. I. HANDELMAN			01	002	
LOUISVILLE GENERAL			339			8,100
CHILDREN'S		183	7,786			8,000
LOUISIANA						
NEW ORLEANS						
CHARITY HOSPITAL OF LOUISIANA-LOUISIANA STATE UNIVERSITY DIVISION	R. L. FOWLER	65	4,265	01	002	8,400
MASSACHUSETTS						
BOSTON						
CHILDREN'S HOSPITAL MEDICAL CENTER	H. L. MUELLER		3,804	01	001	10,300
MICHIGAN						
ANN ARBOR						
UNIVERSITY	K. P. MATHEWS			02	003	11,000
DETROIT						
HENRY FORD	J. A. ANDERSON	170	10,000	01	002	10,900
MINNESOTA						
ROCHESTER						
MAYO GRADUATE SCHOOL OF MEDICINE ST. MARY'S	G. B. STICKLER			02	004	11,000
MISSOURI						
KANSAS CITY						
CHILDREN'S MERCY	SEE U. KANS. MED. CNTR.-CHILDREN'S MERCY, KANS. CITY, KANS.					
NEBRASKA						
OMAHA						
UNIVERSITY OF NEBRASKA	R. A. HADLEY	50	934	01	002	10,200
NEW YORK						
BUFFALO						
CHILDREN'S HOSPITAL OF BUFFALO	C. E. ARBESMAN	150	7,500	02	004	10,000
EAST MEADOW						
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV.	N. S. WEISS	84	3,025	01	002	11,301
NEW YORK CITY						
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	D. MERKSAMER			01	001	
LONG ISLAND COLLEGE	L. T. CHIARAMONTE	78	4,395	01	002	14,700
PRESBYTERIAN (BABIES)	W. R. KESSLER			01	001	12,200
ROOSEVELT	S. FINE, J. CONNELL	140	4,500	03	006	14,000
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	V. J. FONTANA	125	2,307	02	002	12,800
ROCHESTER						
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	R. SCHWARTZ, D. JOHNSTONE	125	3,853	01	002	
NORTH CAROLINA						
DURHAM						
DUKE UNIVERSITY MEDICAL CENTER	S. C. DEES	151	4,175	02	004	9,250
OHIO						
CINCINNATI						
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	J. E. GHORY			01	002	8,000
CHILDREN'S			942			
CINCINNATI GENERAL						
CONVALESCENT HOSPITAL FOR CHILDREN		97	689			8,000
PENNSYLVANIA						
PHILADELPHIA						
CHILDREN'S HOSPITAL OF PHILADELPHIA	H. I. LECKS	365	3,422	01	001	10,000
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	L. S. GIRSH	416	5,200	01	002	11,000
THOMAS JEFFERSON UNIVERSITY	H. C. MANSMANN, JR.	122	2,667	02	004	11,500

22C. PEDIATRIC ALLERGY—Continued

	Chief of Service or Program Director	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
PENNSYLVANIA - CONTINUED						
PITTSBURGH						
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH CHILDREN'S HOSPITAL OF PITTSBURGH	P. FIREMAN	232	6,736	01	002	12,000
RHODE ISLAND						
PROVIDENCE						
RHODE ISLAND	H. B. FREYE	1,900	2,410	01	002	
TENNESSEE						
MEMPHIS						
CITY OF MEMPHIS HOSPITALS (FRANK TOBEY MEMORIAL CHILDREN'S HOSPITAL)	L. V. CRAWFORD			01	002	
TEXAS						
GALVESTON						
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	A. S. GOLDMAN		521	02	004	9,600
VIRGINIA						
RICHMOND						
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS MEDICAL COLLEGE OF VIRGINIA HOSPITALS	F. S. MASSIE	250	5,600	01	002	9,900
WASHINGTON						
SEATTLE						
UNIVERSITY OF WASHINGTON						
AFFILIATED HOSPITALS	P. VAN ARSDEL, C. BIERMAN	175		02	002	
UNIVERSITY	P. VAN ARSDEL, C. BIERMAN	30	6,250			6,000
CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER	C. BIERMAN		1,604			
HARBORVIEW MEDICAL CENTER						
WISCONSIN						
MADISON						
UNIVERSITY HOSPITALS	C. E. REED		645	01	003	9,765
MILWAUKEE						
MEDICAL COLLEGE OF WISCONSIN						
AFFILIATED HOSPITALS	R. R. WELLER, J. FINK			02	002	
MILWAUKEE CHILDREN'S	R. R. WELLER	229	1,338			
MILWAUKEE COUNTY GENERAL	J. A. ARKINS	21	1,955			10,068

23. PEDIATRIC CARDIOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Academy of Pediatrics, and the American Board of Pediatrics and the Sub-Specialty Board of Pediatric Cardiology, through the Residency Review Committee for Pediatrics, as offering TWO years of training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
NONFEDERAL AND VETERANS ADMINISTRATION							
ARIZONA							
PHOENIX							
GOOD SAMARITAN	M. E. MOLTHAN	5	258	760	01	002	11,400
CALIFORNIA							
LOS ANGELES							
CHILDRENS HOSPITAL OF LOS ANGELES	P. R. LURIE	11	558	1,559	01	002	10,000
U. C. L. A.	F. H. ADAMS	10	250	1,409	02	005	10,200
OAKLAND							
CHILDREN'S HOSPITAL MEDICAL CENTER OF NORTHERN CALIFORNIA	S. M. HIGASHINO	16	590	2,050	01	002	9,900
SAN DIEGO							
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	W. F. FRIEDMAN	6	240	1,500	01	003	9,000
SAN FRANCISCO							
UNIVERSITY OF CALIFORNIA PROGRAM H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	A. M. RUDOLPH			199	03	006	9,400
STANFORD							
STANFORD UNIVERSITY AFFILIATED HOSPITALS							
STANFORD UNIVERSITY	D. BAUM	2	97	487	01	002	9,700

23. PEDIATRIC CARDIOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
COLORADO							
DENVER							
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	J. J. NORA				02	003	8,000
UNIVERSITY OF COLORADO MEDICAL CENTER	J. J. NORA	10	260	1,550			
CHILDREN'S	C. R. HAWES		198	1,357			
CONNECTICUT							
NEW HAVEN							
YALE-NEW HAVEN MEDICAL CENTER YALE-NEW HAVEN	N. S. TALNER	12	547	2,947	03	005	8,000
DISTRICT OF COLUMBIA							
WASHINGTON							
CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA	L. SCOTT	9	398	2,450	01	002	10,500
FLORIDA							
GAINESVILLE							
WILLIAM A. SHANDS TEACHING HOSPITAL AND CLINICS	I. H. GESSNER	10	770	953	02	004	9,000
GEORGIA							
ATLANTA							
GRADY MEMORIAL	D. BRINSFIELD			1,201	01	002	6,000
AUGUSTA							
EUGENE TALMADGE MEMORIAL	W. B. STRONG				02	004	10,500
ILLINOIS							
CHICAGO							
CHILDREN'S MEMORIAL	M. H. PAUL	19	720	2,962	02	003	
COOK COUNTY	R. A. MILLER	9	298	2,994	03	005	12,100
PRESBYTERIAN-ST. LUKE'S	H. G. BUCHELERES	10	376	1,258	01	001	11,198
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	D. E. CASSELS	24	498	1,713	02	004	11,500
UNIVERSITY OF ILLINOIS	A. R. HASTREITER	6	412	1,665	01	003	10,560
INDIANA							
INDIANAPOLIS							
INDIANA UNIVERSITY HOSPITALS	O. GIROD	13	780	1,475	01	002	10,500
IOWA							
IOWA CITY							
UNIVERSITY OF IOWA HOSPITALS	R. M. LAUER	8	372	3,510	02	002	10,500
KANSAS							
KANSAS CITY							
UNIVERSITY OF KANSAS MEDICAL CENTER	A. M. DIEHL	10	397	1,340	01	003	11,000
KENTUCKY							
LOUISVILLE							
CHILDREN'S	K. MINHAS	11	436	2,365	02	004	9,100
MARYLAND							
BALTIMORE							
JOHNS HOPKINS	R. D. ROWE			2,075	01	002	
MASSACHUSETTS							
BOSTON							
CHILDREN'S HOSPITAL MEDICAL CENTER	A. S. NADAS	26	1,305	3,412	04	012	8,500
MICHIGAN							
ANN ARBOR							
UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS	A. M. STERN				03	005	
UNIVERSITY	A. M. STERN	12	438	1,700			10,500
WAYNE COUNTY GENERAL (ELOISE)	R. H. STRANG	2	150	335			10,924
ELOISE							
WAYNE COUNTY GENERAL	UNIVERSITY OF MICHIGAN AFFILIATED HOSPS., ANN ARBOR						
MINNESOTA							
MINNEAPOLIS							
UNIVERSITY OF MINNESOTA HOSPITALS	R. V. LUCAS, JR.	15	689	1,670	02	006	7,500
ROCHESTER							
MAYO GRADUATE SCHOOL OF MEDICINE	J. W. DU SHANE			2,581	02	006	11,000
ST. MARY'S		10	419				
MISSOURI							
KANSAS CITY							
CHILDREN'S MERCY	J. R. SASANO, JR.	10	117	2,017	01	002	9,500
ST. LOUIS							
ST. LOUIS CHILDREN'S	D. GOLDRING	11	402	2,179	02	002	10,000
NEBRASKA							
OMAHA							
UNIVERSITY OF NEBRASKA	P. K. MOORING	9	460	1,134	01	002	10,200
NEW YORK							
ALBANY							
ALBANY MEDICAL CENTER	R. SHAHER	2	422	856	01	001	10,600
BUFFALO							
CHILDREN'S HOSPITAL OF BUFFALO	J. A. CORTNER				01	003	

23. PEDIATRIC CARDIOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admis-sions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
NEW YORK - CONTINUED							
NEW HYDE PARK							
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER PROGRAM	N. GOOTMAN				01	002	
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER		10	450	450			13,300
QUEENS HOSPITAL CENTER (NEW YORK CITY)		8	350	484			14,700
NEW YORK CITY							
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	G. HAIT				00	004	
BRONX MUNICIPAL HOSPITAL CENTER							
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE	G. HAIT						
LINCOLN							
MONTEFIORE HOSPITAL TRAINING PROGRAM	D. YOUNG				01	001	14,000
MONTEFIORE HOSPITAL AND MEDICAL CENTER		7	328	1,968			
MORRISANIA CITY		1	35	824			
NEW YORK	M. A. ENGLE	12	301	1,955	02	004	13,300
NEW YORK UNIVERSITY MEDICAL CENTER	E. F. DOYLE				02	003	
BELLEVUE HOSPITAL CENTER				1,905			
UNIVERSITY				227			
PRESBYTERIAN (BABIES)	W. M. GERSONY	20		2,000	02	002	12,000
QUEENS HOSPITAL CENTER	LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER PROGRAM						
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	R. RODRIQUEZ-TORRES				03	005	
KINGS COUNTY HOSPITAL CENTER				3,981			14,700
STATE UNIVERSITY				1,497			13,200
ROCHESTER							
UNIVERSITY OF ROCHESTER SCHOOL OF MEDICINE							
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	J. A. MANNING	15	250	2,215	01	002	
SYRACUSE							
S.U.N.Y. UPSTATE MEDICAL CENTER	G. S. HUSSON				02	002	9,900
CROUSE IRVING-MEMORIAL		1	13				
STATE UNIVERSITY		7	401	4,000			
NORTH CAROLINA							
CHAPEL HILL							
UNIVERSITY OF NORTH CAROLINA SCHOOL OF MEDICINE							
NORTH CAROLINA MEMORIAL	H. S. HARNED, JR.	7	225	1,292	01	001	7,500
DURHAM							
DUKE UNIVERSITY MEDICAL CENTER	M. S. SPACH	15	430	1,977	02	005	9,250
OHIO							
CINCINNATI							
UNIVERSITY OF CINCINNATI HOSPITAL GROUP							
CHILDREN'S	S. KAPLAN			1,313			
CLEVELAND							
UNIVERSITY HOSPITALS OF CLEVELAND	J. LIEBMAN			657	02	004	11,500
OKLAHOMA							
OKLAHOMA CITY							
UNIVERSITY OF OKLAHOMA HOSPITALS	W. M. THOMPSON, JR.			691	01	002	9,000
OREGON							
PORTLAND							
UNIVERSITY OF OREGON AFFILIATED HOSPITALS							
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	M. H. LEES	7	375	2,200	01	002	8,000
PENNSYLVANIA							
PHILADELPHIA							
CHILDREN'S HOSPITAL OF PHILADELPHIA	S. FRIEDMAN	20	4	1,500	02	004	7,500
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	C. R. E. WELLS	14	396	1,800	02	004	11,000
PITTSBURGH							
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH							
CHILDREN'S HOSPITAL OF PITTSBURGH	J. R. ZUBERBUHLER	20	361	2,708	02	003	11,000
SOUTH CAROLINA							
CHARLESTON							
MEDICAL UNIVERSITY OF SOUTH CAROLINA	A. R. HOHN	10	575	1,524	01	002	9,900
TENNESSEE							
MEMPHIS							
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS							
CITY OF MEMPHIS HOSPITALS	R. C. TIERNEY	7	300	1,500	01	003	
TEXAS							
DALLAS							
CHILDREN'S MEDICAL CENTER	W. W. MILLER	12	556	600	01	003	
GALVESTON							
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	L. C. HARRIS			578	01	002	9,600
HOUSTON							
TEXAS CHILDREN'S	D. G. MC NAMARA	31	1,164	2,718	02	006	9,000

23. PEDIATRIC CARDIOLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
UTAH							
SALT LAKE CITY							
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	H. D. RUTTENBERG				01	002	
UNIVERSITY	H. D. RUTTENBERG		130	540			
PRIMARY CHILDREN'S	L. G. VEASY	6	400	880			
VIRGINIA							
CHARLOTTESVILLE							
UNIVERSITY OF VIRGINIA	M. A. CARPENTER	15	382	1,380	01	002	8,900
RICHMOND							
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS MEDICAL COLLEGE OF VIRGINIA HOSPITALS	C. M. MC CUE	18	619	2,455	01	002	8,900
WASHINGTON							
SEATTLE							
UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS UNIVERSITY	W. G. GUNTHEROTH	2	156	694	02	003	8,000
WISCONSIN							
MILWAUKEE							
MILWAUKEE CHILDREN'S	W. J. GALLEN	7	500	1,553	01	002	10,000

24. PHYSICAL MEDICINE AND REHABILITATION

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Physical Medicine and Rehabilitation, through the Residency Review Committee for Physical Medicine and Rehabilitation, as offering three years of acceptable training in the specialty.

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES ARMY								
CALIFORNIA								
LETTERMAN GENERAL, SAN FRANCISCO	J. L. ROTH	5,805	90,355	15,441	02	006		100481
KAISER FOUNDATION HOSPITAL AND REHABILITATION CENTER (VALLEJO)	H. B. LIEBGOLD	297	44,302	1,919			10,680	
UNITED STATES PUBLIC HEALTH SERVICE								
WASHINGTON								
U. S. PUBLIC HEALTH SERVICE, SEATTLE	SEE UNIV OF WASH AFFILIATED HOSP, SEATTLE							
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
UNIVERSITY OF ALABAMA MEDICAL CENTER	J. M. MILLER, 3D.				02	006	9,400	
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS	J. M. MILLER, 3D.	4,113	68,035	3,459				
VETERANS ADMIN.	W. C. FLEMING	2,575	14,761	555				
ARIZONA								
PHOENIX								
GOOD SAMARITAN	J. B. FENGER	5,424	146,998	27,760	03	006	10,200	
CALIFORNIA								
DAVIS								
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS	W. M. FOWLER, JR.				01	003	10,837	
SACRAMENTO MEDICAL CENTER (SACRAMENTO)		3,972	21,181	5,294				
IRVINE								
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS	J. TOBIS				03	003		
ORANGE COUNTY MEDICAL CENTER (ORANGE)	J. TOBIS		13,852	600			13,546	
MEMORIAL HOSPITAL OF LONG BEACH (LONG BEACH)	B. J. MICHELA	44,169	95,922	16,239			11,200	
LONG BEACH								
MEMORIAL HOSPITAL OF LONG BEACH	SEE UNIV OF CALIFORNIA (IRVINE) AFFILIATED HOSP, ORANGE							
VETERANS ADMIN.	P. E. PAGE	3,509	159,729	23,117	04	012	13,878	
LOS ANGELES								
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	E. AUSTIN	71,346	170,134	8,115	01	003		
VETERANS ADMIN. CENTER, WADSWORTH	K. H. HAASE, R. D. FUSFELD	3,630	120,873	9,868	03	009	13,878	

24. PHYSICAL MEDICINE & REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CALIFORNIA - CONTINUED								
ORANGE								
ORANGE COUNTY MEDICAL CENTER	SEE UNIVERSITY OF CALIFORNIA (IRVINE) AFF. HOSPS. IRVINE							
PALO ALTO								
VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
SACRAMENTO								
SACRAMENTO MEDICAL CENTER	SEE UNIV. OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS, DAVIS							
SAN MATEO								
CRYSTAL SPRINGS REHABILITATION CENTER	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
STANFORD								
STANFORD UNIVERSITY AFFILIATED HOSPITALS	J. C. MONTERO				02	004		
VETERANS ADMIN. (PALO ALTO)	K. E. CARLSON	3,573	93,122	2,943				
SANTA CLARA VALLEY MEDICAL CENTER (SAN JOSE)	G. G. REYNOLDS	2,797	41,066	760			11,045	
CRYSTAL SPRINGS REHABILITATION CENTER (SAN MATEO)	J. C. MONTERO	399	38,576					
VALLEJO								
KAISER FOUNDATION HOSPITAL AND REHABILITATION CENTER	SEE LETTERMAN GENERAL HOSPITAL, SAN FRANCISCO							
COLORADO								
DENVER								
UNIVERSITY OF COLORADO MEDICAL CENTER	J. GERSTEN, F. CENKOVICH	5,025	37,716	37,716	02	006	9,700	
DISTRICT OF COLUMBIA								
WASHINGTON								
GEORGE WASHINGTON UNIVERSITY	M. MOURAD			5,189	03	008		
FLORIDA								
MIAMI								
VETERANS ADMIN.	H. A. FREYTES	8,158	237,506	45,128	03	008	10,050	
GEORGIA								
ATLANTA								
EMORY UNIVERSITY AFFILIATED HOSPITALS	M. PESZCZYNSKI				04	012	8,880	
GRADY MEMORIAL	M. PESZCZYNSKI	3,524	31,384	28,048				
EMORY UNIVERSITY	M. PESZCZYNSKI	7,374	8,745	4,309				
VETERANS ADMIN. (DECATUR)	G. O. BERN							
WARM SPRINGS								
GEORGIA WARM SPRINGS FOUNDATION	R. L. BENNETT, E. D. HAAK	1,220	60,069	4,389	04	012	6,000	222981
GEORGIA REHABILITATION CENTER				2,046				
ILLINOIS								
CHICAGO								
CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS	A. M. ROSENTHAL				02	006		223561
MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO		852	10,419	1,652			9,300	
SCHWAB REHABILITATION		424	58,500	1,880			9,700	
HOLY CROSS	SEE LOYOLA UNIVERSITY AFFILIATED HOSPITALS, MAYWOOD							
NORTHWESTERN UNIVERSITY-MC GAW MEDICAL CENTER	H. B. BETTS				03	006	10,750	
REHABILITATION INSTITUTE OF CHICAGO	H. B. BETTS	1,203	45,767	7,337				
VETERANS ADMIN. RESEARCH	J. S. STRATIGOS	3,527	42,310	6,926				
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS	R. R. WASSERMAN				02	006		
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	K. H. KOHN	3,453	42,537	4,839			11,100	
UNIVERSITY OF ILLINOIS	D. A. ABRAMSON	2,199	28,463	21,454				
VETERANS ADMIN. (WEST SIDE)	R. R. WASSERMAN	2,045	84,789	6,482				
HINES								
VETERANS ADMIN.	SEE LOYOLA UNIVERSITY AFFILIATED HOSPITALS, MAYWOOD							
MAYWOOD								
LOYOLA UNIVERSITY AFFILIATED HOSPITALS	A. A. RODRIQUEZ				03	010		117061
LOYOLA UNIVERSITY		3,944	47,966	5,522			10,600	
HOLY CROSS (CHICAGO)		3,958	49,653	6,051				
VETERANS ADMIN (HINES)		3,942	293,880	4,956			10,100	
PEORIA								
INSTITUTE OF PHYSICAL MEDICINE AND REHABILITATION	R. D. MC MORRIS	5,010	92,028	15,015	03	003	10,500	
KANSAS								
KANSAS CITY								
UNIVERSITY OF KANSAS MEDICAL CENTER	D. L. ROSE	13,539	27,922	4,247	02	006	9,000	
VETERANS ADMIN. (KANSAS CITY, MO.)	R. R. BEATTY	3,751	78,213	2,042			9,500	
KENTUCKY								
LOUISVILLE								
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS REHABILITATION CENTER	T. A. KELLEY, JR.	425	35,296	5,746	02	004	7,000	
LOUISIANA								
NEW ORLEANS								
CHARITY HOSPITAL OF LOUISIANA	N. S. GILBERT				02	006		
VETERANS ADMIN. CENTER (BILOXI, MISS.)	J. TANNER							

24. PHYSICAL MEDICINE & REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MARYLAND								
BALTIMORE								
UNIVERSITY OF MARYLAND								
AFFILIATED HOSPITALS	P. F. RICHARDSON				03	008		125281
UNIVERSITY OF MARYLAND	P. F. RICHARDSON	1,047	23,051	6,600			10,700	
MONTEBELLO STATE								
SINAI HOSPITAL OF BALTIMORE	B. S. COHEN	2,571	133,592	41,660			11,250	
MASSACHUSETTS								
BOSTON								
NEW ENGLAND MEDICAL CENTER HOSPITALS (REHABILITATION INSTITUTE)	C. V. GRANGER	1,605	39,566	10,390	03	005	10,165	
UNIVERSITY	M. M. FREED	2,184	56,103	5,884	02	005	10,100	126281
VETERANS ADMIN.	F. FRIEDLAND	3,100	90,000	1,950	02	006	10,690	
MICHIGAN								
ANN ARBOR								
UNIVERSITY	J. W. RAE	16,514	79,413	14,245	03	009	10,000	129381
DETROIT								
WAYNE STATE UNIV AFFILIATED HOSPITALS								
REHABILITATION INSTITUTE	H. O. INGBERG	3,215	88,963	47,839	04	012	10,800	243581
MINNESOTA								
MINNEAPOLIS								
UNIVERSITY OF MINNESOTA								
AFFILIATED HOSPITALS	F. KOTTKE				06	024		133481
UNIVERSITY OF MINNESOTA HOSPITALS	F. KOTTKE	3,997	155,314	68,993			8,500	
KENNY REHABILITATION INSTITUTE	F. P. MALONEY	441		6,021				
VETERANS ADMIN.	B. S. TROEDSSON	4,457	241,576	3,365			9,800	
ROCHESTER								
MAYO GRADUATE SCHOOL OF MEDICINE	G. M. MARTIN	11,966	38,140	38,140	04	012	10,500	
ROCHESTER METHODIST		3,010	32,184					
ST. MARY'S		4,303	64,728					
MISSISSIPPI								
BILOXI								
VETERANS ADMIN. CENTER	SEE CHARITY HOSPITAL OF LOUISIANA, NEW ORLEANS							
MISSOURI								
COLUMBIA								
UNIVERSITY OF MISSOURI MEDICAL CENTER	R. W. ALLEN	13,709	29,092	13,332	02	006	9,000	
KANSAS CITY								
VETERANS ADMIN.	SEE UNIVERSITY OF KANSAS MEDICAL CENTER, KANSAS CITY, KANSAS							
ST. LOUIS								
JEWISH HOSPITAL OF ST. LOUIS	F. U. STEINBERG	4,660	50,416	5,437	01	003	10,700	
ST. LOUIS CHILDREN'S	F. U. STEINBERG	108	692				10,700	
NEW JERSEY								
EAST ORANGE								
VETERANS ADMIN.	L. STEFANIWSKY	2,723	84,854	2,521	01	003	10,500	
NEW YORK								
ALBANY								
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	B. J. PAUL				02	006		
ALBANY MEDICAL CENTER	B. J. PAUL	2,491	30,024	4,083			10,600	
VETERANS ADMIN.	B. J. PAUL	7,752	71,184	5,915			12,300	
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER (SCHENECTADY)	R. S. HOFFMAN			14,609				
BUFFALO								
EDWARD J. MEYER MEMORIAL	J. R. O' CONNOR	2,971	65,398	1,375	01	003	10,000	
VETERANS ADMIN.	K. H. LEE	2,530	132,262	15,795	01	004		
EAST MEADOW								
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIVISION	R. F. CANE	2,904	37,167	14,569	02	004	10,112	
NEW HYDE PARK								
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER PROGRAM	A. A. WEISS				01	003	13,300	
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER		1,029	11,343	1,657				
QUEENS HOSPITAL CENTER (NEW YORK CITY)		9,313	183,920	12,231				
NEW YORK CITY								
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	A. S. ABRAMSON				04	012		
BRONX MUNICIPAL HOSPITAL CENTER		7,714	84,547	9,975				
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE		4,123	4,123	6,076				
LINCOLN								
COLUMBIA UNIVERSITY AFFILIATED HOSPITALS	R. C. DARLING				04	010	13,000	
PRESBYTERIAN	R. C. DARLING	6,555	127,320	8,695				
BLYTHEDALE CHILDREN'S (VALHALLA)								
NEW YORK STATE REHABILITATION (WEST HAVERSTRAW)	L. S. W. CHU	612	82,476	4,367				
CORNELL COOPERATING HOSPITALS	W. NAGLER				01	003		
NEW YORK	W. NAGLER	6,314	29,807	2,827			13,300	
HOSPITAL FOR SPECIAL SURGERY	L. ROOT	26,151	34,629	7,396				
BURKE REHABILITATION CENTER (WHITE PLAINS)	E. J. LORENZE, 3D.							
KINGSBROOK JEWISH MEDICAL CENTER	B. SANDLER	1,444	115,686	6,648	05	010	13,750	
VETERANS ADMIN. (BROOKLYN)	L. C. Y. CHEN	2,120	106,594	3,521			13,878	

24. PHYSICAL MEDICINE & REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK, NEW YORK CITY - CONTINUED								
MONTEFIORE HOSPITAL TRAINING PROGRAM	S. BLUESTONE				01	004	13,300	
MONTEFIORE HOSPITAL AND MEDICAL CENTER		2,583	47,249	11,605				
MORRISANIA CITY		809	19,651	4,978				
MOUNT SINAI HOSPITAL TRAINING PROGRAM	L. H. WISHAM				04	011	13,300	149181
MOUNT SINAI	L. H. WISHAM	21,257	30,340	7,585				
CITY HOSPITAL CENTER AT ELMHURST	L. KAPLAN	37,073	77,863	10,881				
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	C. HINTERBUCHNER				04	014	13,300	
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS		904	15,992	3,744				
UNIT 2 - METROPOLITAN HOSPITAL CENTER		6,264	71,766	9,911				
UNIT 3 - BIRD S. COLER MEMORIAL HOSPITAL AND HOME		8,910	148,300					
NEW YORK UNIVERSITY MEDICAL CENTER	H. A. RUSK				19	045		
INSTITUTE OF REHABILITATION MEDICINE	H. A. RUSK	4,328	70,557	42,447			14,080	
BELLEVUE HOSPITAL CENTER	H. A. RUSK	4,019	83,748	7,201				
GOLDWATER MEMORIAL	M. LEE	2,501	90,884					
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	S. S. SVERDLIK	24,392	30,666	8,552				
VETERANS ADMIN. (MANHATTAN)	E. L. KRISTELLER	3,922	308,486	43,093			13,878	
GRASSLANDS (VALHALLA)	E. MOSKOWITZ	3,386	76,942	4,349			11,850	
QUEENS HOSPITAL CENTER	SEE L. I. JEWISH MED. CENTER TRAINING PROGRAM, NEW HYDE PARK							
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	J. G. BENTON				06	014		
KINGS COUNTY HOSPITAL CENTER		7,449	76,792	14,610			13,300	
STATE UNIVERSITY		2,389	30,645	5,108			11,800	
VETERANS ADMIN. (BRONX)	H. J. LINDENAUER	2,390	196,875	6,870	03	005	13,878	
ROCHESTER								
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER MONROE COMMUNITY	R. H. JONES				01	003		
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	SEE ALBANY MEDICAL CENTER AFF. HOSPS., ALBANY							
SCHENECTADY								
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER	SEE ALBANY MEDICAL CENTER AFF. HOSPS., ALBANY							
VALHALLA								
BLYTHEDALE CHILDREN'S	SEE COLUMBIA UNIVERSITY AFFILIATED HOSPITALS, N Y CITY							
GRASSLANDS	SEE NEW YORK UNIVERSITY MEDICAL CENTER, NEW YORK CITY							
WEST HAVERSTRAW								
NEW YORK STATE REHABILITATION	SEE COLUMBIA UNIVERSITY AFFILIATED HOSPITALS, N Y CITY							
WHITE PLAINS								
BURKE REHABILITATION CENTER	SEE CORNELL COOPERATING HOSPITALS, NEW YORK CITY							
OHIO								
CINCINNATI								
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	R. H. JEBSEN				02	006		154881
CHILDREN'S	E. R. GRIFFITH	288	1,652					
CINCINNATI GENERAL	R. H. JEBSEN	3,393	46,412	5,525			9,700	
DANIEL DRAKE MEMORIAL	M. L. STEIN	202	20,212	84				
VETERANS ADMIN.	R. H. JEBSEN	2,000	80,880	3,744			10,590	
CLEVELAND								
CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS	C. LONG, 2D.				03	008	10,500	
CLEVELAND METROPOLITAN GENERAL	N. COYNE	2,891	125,301	12,046				
HIGHLAND VIEW	C. LONG, 2D.	7,851	181,967	2,538				
COLUMBUS								
OHIO STATE UNIVERSITY HOSPITALS	E. W. JOHNSON	6,069	78,958	5,723	04	012	6,000	156681
OREGON								
PORTLAND								
VETERANS ADMIN.	E. W. FOWLKS	4,011	241,989	2,630	02	007	9,371	
PENNSYLVANIA								
PHILADELPHIA								
PHILADELPHIA GENERAL	D. A. BOYLE	2,327	74,172	14,664	02	004	10,150	
TEMPLE UNIVERSITY AFFILIATED HOSPITALS	D. D. GLASS				05	015	10,200	
ALBERT EINSTEIN MEDICAL CENTER MOSS REHABILITATION		1,654	54,071	8,838				
TEMPLE UNIVERSITY		5,609	82,120	13,600				
UNIVERSITY OF PENNSYLVANIA AFFILIATED HOSPITALS	J. F. DITUNNO, JR.	2,500	24,584	2,837	02	007		
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	W. J. ERDMAN, 2D.	47,266	94,488	7,143			10,969	
VETERANS ADMIN.	D. A. TULL	3,826	30,527	2,254			11,125	
PITTSBURGH								
ST. FRANCIS GENERAL	T. C. HOHMANN	5,127	77,484	7,560	02	006	11,500	188181
PUERTO RICO								
SAN JUAN								
UNIVERSITY OF PUERTO RICO AFFILIATED HOSPITALS	C. T. ARMSTRONG-RESSY				02	006	7,875	
UNIVERSITY DISTRICT		1,696	41,283	19,911				
PUERTO RICO REHABILITATION CENTER								
VETERANS ADMIN. CENTER	H. J. FLAX	10,595	214,678	33,688	02	006	8,211	
TEXAS								
DALLAS								
BAYLOR UNIVERSITY MEDICAL CENTER	E. M. KRUSEN	68,960	143,101	41,376	01	003	8,680	
PARKLAND MEMORIAL	A. D. RAPTOU	6,417	62,562	8,868			7,893	

24. PHYSICAL MEDICINE & REHABILITATION—Continued

	Chief of Service or Program Director	Number of Patients Treated	Number of Treatments	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
TEXAS - CONTINUED								
HOUSTON								
BAYLOR COLLEGE OF MEDICINE								
AFFILIATED HOSPITALS	L. A. LEAVITT				04	012	9,000	
BEN TAUB GENERAL	L. A. LEAVITT	13,046	18,467	5,640				
JEFFERSON DAVIS	L. A. LEAVITT	13,350	14,859					
METHODIST	L. A. LEAVITT	6,184	32,253	4,663				
ST. LUKE'S EPISCOPAL	V. J. KITOWSKI	8,513	24,749	136				
TEXAS CHILDREN'S	V. J. KITOWSKI	907	1,442	337				
TEXAS INSTITUTE FOR REHABILITATION AND RESEARCH	L. A. LEAVITT	1,654	12,426	9,932				
VETERANS ADMIN.	W. P. BLOCKER, JR.	3,234	241,058	788				
SAN ANTONIO								
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS								
BEXAR COUNTY TEACHING	A. E. GRANT	7,352	63,820	19,469	01	001		
UTAH								
SALT LAKE CITY								
UNIVERSITY OF UTAH AFFILIATED HOSPITALS								
UNIVERSITY	J. R. SWENSON	1,550	24,812	841	01	002	9,200	
VIRGINIA								
RICHMOND								
VETERANS ADMIN.	C. W. LA FRATTA	1,209	186,500	1,968	02	004		
VIRGINIA COMMONWEALTH UNIVERSITY								
M.C.V. AFFILIATED HOSPITALS								
MEDICAL COLLEGE OF VIRGINIA HOSPITALS	A. BUSZA	6,818	74,892	3,641	02	004	8,900	
WASHINGTON								
SEATTLE								
UNIVERSITY OF WASHINGTON								
AFFILIATED HOSPITALS	J. F. LEHMANN				05	020		191881
CHILDREN'S ORTHOPEDIC HOSP AND MEDICAL CENTER	N. TAYLOR	1,878	11,119	2,259				
HARBORVIEW MEDICAL CENTER	B. DE LATEUR		21,284	497				
U. S. PUBLIC HEALTH SERVICE	J. E. STANWOOD	1,078	11,253	1,076			7,700	
UNIVERSITY	J. F. LEHMANN	1,914	22,703	2,733			8,200	
VETERANS ADMIN.	J. F. LEHMANN	2,333	38,525	9,827			8,700	
WISCONSIN								
MILWAUKEE								
MEDICAL COLLEGE OF WISCONSIN								
AFFILIATED HOSPITALS	D. MATTARELLA, R. W. BOYLE				02	006		
MILWAUKEE COUNTY GENERAL	R. W. BOYLE	4,659	49,143	10,500			10,068	
VETERANS ADMIN. CENTER (WOOD)	D. MATTARELLA	3,325	186,757	12,687			10,413	

25A. PLASTIC SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Plastic Surgery and the American College of Surgeons, through the Residency Review Committee for Plastic Surgery, as offering acceptable training in the specialty. See also List 25B.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
UNITED STATES AIR FORCE								
TEXAS								
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	O. G. BOWERS	33	829	4,953	2	02	004	
UNITED STATES ARMY								
DISTRICT OF COLUMBIA								
WALTER REED GENERAL, WASHINGTON	R. W. PARSONS	44	487	2,871	2	02	004	
TEXAS								
BROOKE GENERAL	SEE UNIV. OF TEX.-SAN ANTONIO TEACHING HOSPS., SAN ANTONIO							
UNITED STATES NAVY								
MARYLAND								
NAVAL, BETHESDA	W. D. LATHAM	26	460	5,169	2	01	002	
MASSACHUSETTS								
NAVAL, CHELSEA	G. W. ANASTASI	18	450	2,400	2	01	002	
UNITED STATES PUBLIC HEALTH SERVICE								
LOUISIANA								
U. S. PUBLIC HEALTH SERVICE, NEW ORLEANS	SEE TULANE UNIVERSITY AFFILIATED HOSPITALS, NEW ORLEANS							

25A. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
NONFEDERAL AND VETERANS ADMINISTRATION								
ARIZONA								
PHOENIX								
ARIZONA CRIPPLED CHILDREN'S	R. A. PETERSON	10	368	1,434	2	02	004	11,500
GOOD SAMARITAN	H. LAWRENCE	6	308	60				
MARICOPA COUNTY GENERAL	R. A. PETERSON	8	303	773				10,795
TUCSON								
UNIVERSITY OF ARIZONA AFFILIATED HOSPITALS	W. C. TRIER				2	02	004	9,850
UNIVERSITY		12	72	517				
VETERANS ADMIN.		7	280	727				
PIMA COUNTY GENERAL DIVISION								
U. S. A. F. REGIONAL								
CALIFORNIA								
FRESNO								
VALLEY MEDICAL CENTER OF FRESNO	SEE STANFORD UNIVERSITY AFFIL. HOSPITALS, STANFORD							
IRVINE								
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS	D. W. FURNAS				2	02	004	
ORANGE COUNTY MEDICAL CENTER (ORANGE)		3	193	841				16,672
VETERANS ADMIN. (LONG BEACH)		20	282	670				13,878
LONG BEACH								
VETERANS ADMIN.	UNIV. OF CALIF. (IRVINE) AFFIL. HOSPS., IRVINE							
LOS ANGELES								
U.C.L.A. AFFILIATED HOSPITALS	F. L. ASHLEY				3	02	006	
U. C. L. A.	F. L. ASHLEY	6	510	3,231				10,200
VETERANS ADMIN. CENTER-WADSWORTH	F. L. ASHLEY	15	333	805				19,442
HUNTINGTON MEMORIAL (PASADENA)	G. V. WEBSTER	7	243	6,379				13,400
LOS ANGELES COUNTY HARBOR GENERAL (TORRANCE)		3	96	1,225				19,128
ORANGE								
ORANGE COUNTY MEDICAL CENTER	UNIV. OF CALIF. (IRVINE) AFFIL. HOSPS., IRVINE							
PALO ALTO								
VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
PASADENA								
HUNTINGTON MEMORIAL	SEE U. C. L. A. AFFILIATED HOSPITALS, LOS ANGELES							
SAN FRANCISCO								
ST. FRANCIS MEMORIAL	V. PENNISI	15	1,089	551	3	02	006	8,400
UNIVERSITY OF CALIFORNIA PROGRAM	H. BLACKFIELD, W. MORRIS				2	02	005	
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	H. BLACKFIELD, W. MORRIS	5	338	2,697				11,600
FRANKLIN								
SAN FRANCISCO GENERAL	W. MORRIS	6	235	788				9,924
VETERANS ADMIN.	J. Q. OWSLEY	4	89	275				9,400
STANFORD								
STANFORD UNIVERSITY AFFILIATED HOSPITALS	D. R. LAUB				2	03	006	
STANFORD UNIVERSITY	D. R. LAUB	8	348	3,935				9,700
VALLEY MEDICAL CENTER OF FRESNO (FRESNO)	N. TAKAYAMA	5	119	877				16,328
VETERANS ADMIN. (PALO ALTO)	L. M. VISTNES	8	145	674				
TORRANCE								
LOS ANGELES COUNTY HARBOR GENERAL	U. C. L. A. AFFIL. HOSPITALS, LOS ANGELES							
COLORADO								
DENVER								
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	R. J. HOEHN				2	02	004	
UNIVERSITY OF COLORADO MEDICAL CENTER		11	1,900	1,100				9,800
CHILDREN'S		9		200				9,800
DENVER GENERAL								8,968
VETERANS ADMIN.		10	100					9,620
CONNECTICUT								
NEW HAVEN								
YALE-NEW HAVEN MEDICAL CENTER	T. J. KRIZEK				2	01	002	11,550
YALE-NEW HAVEN		18	714	2,616				
VETERANS ADMIN. (WEST HAVEN)		5	124	370				
WEST HAVEN								
VETERANS ADMIN.	SEE YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN							
DELAWARE								
WILMINGTON								
WILMINGTON MEDICAL CENTER	D. E. SAUNDERS	10	429	513	2	01	002	11,750
DISTRICT OF COLUMBIA								
WASHINGTON								
GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS	A. F. FLEURY				2	01	002	
GEORGETOWN UNIVERSITY		12	578	234				11,605
VETERANS ADMIN.								10,022
GEORGE WASHINGTON UNIVERSITY	L. W. THOMPSON	6	247	315	2	01	002	10,550
FLORIDA								
GAINESVILLE								
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	L. T. FURLOW				2	02	002	
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS		13	758	3,392				12,000
VETERANS ADMIN.		19	512	1,788				12,225
JACKSONVILLE								
JACKSONVILLE HOSPITALS EDUCATIONAL PROGRAM	B. MORGAN				2	02	004	9,500
ST. VINCENT'S								
UNIVERSITY HOSPITAL OF JACKSONVILLE		5	164	3,253				

25A. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
FLORIDA - CONTINUED								
MIAMI								
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS					2	03	006	
JACKSON MEMORIAL	D. R. MILLARD	21	1,278	3,164				11,950
ORLANDO								
ORANGE MEMORIAL	J. E. O' MALLEY	33	1,633	9,144	2	02	004	11,400
GEORGIA								
ATLANTA								
EMORY UNIVERSITY AFFILIATED HOSPITALS	M. J. JURKIEWICZ				2	02	004	10,600
EMORY UNIVERSITY		1	19					
GRADY MEMORIAL		25	200	200				
HENRIETTA EGLESTON HOSPITAL FOR CHILDREN		1	76					
VETERANS ADMIN. (DECATUR)		6	195	350				
DECATUR								
VETERANS ADMIN.	EMORY UNIV. AFFIL. HOSPS., ATLANTA							
ILLINOIS								
CHICAGO								
NORTHWESTERN UNIVERSITY-MC GAW MEDICAL CENTER	B. H. GRIFFITH	75	2,795	7,132	2	04	008	13,250
CHICAGO WESLEY MEMORIAL	J. HINES, B. H. GRIFFITH							
CHILDREN'S MEMORIAL	C. MONROE							
COOK COUNTY	O. H. STUTEVILLE	34	865	3,018				12,700
PASSAVANT MEMORIAL	B. H. GRIFFITH							
VETERANS ADMIN. RESEARCH	B. H. GRIFFITH							
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	H. A. ZAREM	9	482	2,736	2	01	002	12,900
PRESBYTERIAN-ST. LUKE'S	J. W. CURTIN	20	656	653	2	01	002	12,342
ST. JOSEPH	LOYOLA UNIV. AFFIL. HOSPS., MAYWOOD							
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS	R. C. SCHULTZ				2	02	004	
UNIVERSITY OF ILLINOIS		12	326	2,513				13,200
LUTHERAN GENERAL (PARK RIDGE)		5	585	156				9,600
VETERANS ADMIN. (WEST SIDE)		5		200				13,200
EVANSTON								
ST. FRANCIS	SEE LOYOLA UNIVERSITY AFFIL. HOSPS., MAYWOOD							
MAYWOOD								
LOYOLA UNIVERSITY AFFILIATED HOSPITALS	O. H. STUTEVILLE				2	02	004	
LOYOLA UNIVERSITY	O. H. STUTEVILLE	4	178					13,008
ST. JOSEPH (CHICAGO)	O. H. STUTEVILLE	4	172					12,400
ST. FRANCIS (EVANSTON)	W. B. SLAUGHTER	6	490	217				11,100
VETERANS ADMIN. (HINES)	W. B. SLAUGHTER	17	328	905				12,500
HINES								
VETERANS ADMIN. (HINES)	SEE LOYOLA UNIVERSITY AFFIL. HOSPS., MAYWOOD							
PARK RIDGE								
LUTHERAN GENERAL	SEE UNIV. OF ILLINOIS AFFIL. HOSPS., CHICAGO							
INDIANA								
INDIANAPOLIS								
INDIANA UNIVERSITY MEDICAL CENTER	J. E. BENNETT				2	03	006	
INDIANA UNIVERSITY HOSPITALS	J. E. BENNETT	26	728	2,753				11,500
MARION COUNTY GENERAL	J. L. GLOVER		279	1,909				10,000
VETERANS ADMIN.	J. E. BENNETT	14	243	633				11,750
KANSAS								
KANSAS CITY								
UNIVERSITY OF KANSAS MEDICAL CENTER	D. W. ROBINSON	17	971	7,610	2	02	004	11,000
KENTUCKY								
LEXINGTON								
UNIVERSITY OF KENTUCKY MEDICAL CENTER	A. M. MOORE				2	02	004	
UNIVERSITY	A. M. MOORE	12	566	1,300				
ST. JOSEPH		4	310					
VETERANS ADMIN.	W. GRIFFEN	3	45	208				6,300
LOUISIANA								
NEW ORLEANS								
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS	G. W. HOFFMAN				3	02	004	
CHARITY HOSPITAL OF LOUISIANA		4	131	1,141				8,400
SOUTHERN BAPTIST		6	265					7,600
VETERANS ADMIN.		6	76	648				10,037
TULANE UNIVERSITY AFFILIATED HOSPITALS	R. F. RYAN				2	02	004	
CHARITY HOSPITAL OF LOUISIANA	R. F. RYAN	6	172	1,812				8,400
OCHSNER FOUNDATION	D. M. MC KEE	7	321	2,739				10,500
TOURO INFIRMARY	C. C. CRAIGHEAD	11	363	69				10,044
U. S. PUBLIC HEALTH SERVICE	G. A. COLON	5	249	1,202				
MARYLAND								
BALTIMORE								
JOHNS HOPKINS	J. E. HOOPES	35	762	3,647	2	02	004	
BALTIMORE CITY HOSPITALS	C. T. SU			1,832				
MASSACHUSETTS								
BOSTON								
MASSACHUSETTS GENERAL	B. CANNON	30	550	3,200	2	01	002	10,200
PETER BENT BRIGHAM HOSPITAL-CHILDREN'S HOSPITAL MEDICAL CENTER	J. E. MURRAY			731	2	01	002	
PETER BENT BRIGHAM	J. E. MURRAY	11	394					11,800
CHILDREN'S HOSPITAL MEDICAL CENTER	D. W. MAC COLLUM			1,658				9,000

25A. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
MASSACHUSETTS - CONTINUED								
CAMBRIDGE								
CAMBRIDGE	M. ALIAPOULIOS, F. WOLFORT	1	202	450	2	01	002	9,600
MICHIGAN								
ALLEN PARK								
VETERANS ADMIN.	SEE WAYNE STATE UNIV. AFFIL. HOSPS., DETROIT							
ANN ARBOR								
UNIVERSITY OF MICHIGAN								
AFFILIATED HOSPITALS	R. O. DINGMAN				2	03	006	
ST. JOSEPH MERCY	R. O. DINGMAN	8	635	19				12,300
UNIVERSITY	R. O. DINGMAN	8	409	1,967				12,000
VETERANS ADMIN.	R. O. DINGMAN, W. C. GRABB			115				12,500
WAYNE COUNTY GENERAL (ELOISE)	R. O. DINGMAN	1	71	524				10,924
DETROIT								
HENRY FORD	A. P. KELLY, JR.	11	712	12,551	2	01	002	11,300
MOUNT CARMEL MERCY	PROVIDENCE, PROVIDENCE							
SINAI HOSPITAL OF DETROIT	PROVIDENCE, PROVIDENCE							
WAYNE STATE UNIVERSITY								
AFFILIATED HOSPITALS	P. ZAMICK	7	119	259	2	02	004	
VETERANS ADMIN. (ALLEN PARK)								
CHILDREN'S HOSPITAL OF MICHIGAN	W. G. MC EVITT							
DETROIT GENERAL	P. ZAMICK	7	119	259				11,680
GRACE	W. A. LANGE	5	292	8				11,700
HARPER	L. JAFFE	4	533					11,100
ELOISE								
WAYNE COUNTY GENERAL	SEE UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS, ANN ARBOR							
GRAND RAPIDS								
BUTTERWORTH-BLODGETT MEMORIAL								
HOSPITALS	R. BLOCKSMA				2	01	002	10,440
BUTTERWORTH	R. BLOCKSMA	6	323	2,215				
BLODGETT MEMORIAL	W. D. SIMPSON	4	214	2,672				
SOUTHFIELD								
PROVIDENCE	B. NEWBY	5	520	588	2	01	002	13,500
MOUNT CARMEL MERCY (DETROIT)			268	350				
SINAI HOSPITAL OF DETROIT (DETROIT)			155	672				
MINNESOTA								
ROCHESTER								
MAYO GRADUATE SCHOOL OF MEDICINE	J. N. SIMONS			6,456	2	02	004	12,000
ROCHESTER METHODIST		14	502					
ST. MARY'S		11	393					
MISSISSIPPI								
JACKSON								
UNIVERSITY OF MISSISSIPPI								
MEDICAL CENTER	H. E. ETHRIDGE				2	02	002	
MISSISSIPPI BAPTIST		9	661	913				
UNIVERSITY		8	447	2,235				13,630
VETERANS ADMIN. CENTER		7	156	587				13,071
MISSOURI								
COLUMBIA								
UNIVERSITY OF MISSOURI MEDICAL CENTER	H. G. BINGHAM	11	486	2,518	2	01	002	11,000
KANSAS CITY								
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER	F. J. MC COY	5	294	1,556	2	02	004	9,285
ST.LOUIS								
BARNES HOSPITAL GROUP	P. M. WEEKS	19	1,023	1,479	2	02	004	11,500
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS	F. X. PALETTA				2	03	006	11,600
CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN		18						
FIRMIN DESLOGE GENERAL								
VETERANS ADMIN.	R. C. DONALDSON	23	395	1,960				
NEW JERSEY								
EAST ORANGE								
VETERANS ADMIN.	SEE NEW JERSEY COLLEGE OF MED. AFFILIATED HOSPITALS, NEWARK							
JERSEY CITY								
JERSEY CITY MEDICAL CENTER	SEE NEW JERSEY COLLEGE OF MED. AFFILIATED HOSPITALS, NEWARK							
LIVINGSTON								
ST. BARNABAS MEDICAL CENTER	J. C. WALKER	21	1,224	1,546	2	02	004	11,900
NEWARK								
CMDNJ-NEW JERSEY MEDICAL SCHOOL								
AFFILIATED HOSPITALS	D. M. MAYER, S. R. LOVERME				2	03	006	
MARTLAND		4	149	1,010				
VETERANS ADMIN. (EAST ORANGE)		20	120	800				12,900
JERSEY CITY MEDICAL CENTER (JERSEY CITY)		12	384	1,294				13,400
NEW MEXICO								
ALBUQUERQUE								
UNIVERSITY OF NEW MEXICO								
AFFILIATED HOSPITALS	R. A. GOODING				2	02	005	
BERNALILLO COUNTY MEDICAL CENTER		6	108	230				10,600
PRESBYTERIAN HOSPITAL CENTER								
VETERANS ADMIN.		4	150	365				10,100
NEW YORK								
ALBANY								
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	W. B. MACOMBER				2	03	005	
ALBANY MEDICAL CENTER		22	631	7,337				15,600
CHILD'S		6	425					
MEMORIAL		4	257					
ST. PETER'S								
VETERANS ADMIN.		4	180	530				15,000

25A. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
NEW YORK – CONTINUED								
BUFFALO								
MERCY	J. CONNELLY	17	526	6,647	2	01	002	10,300
EAST MEADOW								
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV.	L. RUBIN	15	320	7,800	2	01	003	12,491
NEW YORK CITY								
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	D. L. WEINER				3	02	004	
BRONX MUNICIPAL HOSPITAL CENTER		42	950	4,900				
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE		20	520	4,500				
LINCOLN								
HARLEM HOSPITAL CENTER	A. L. GARNES	20	327	2,013	2	01	002	15,792
LENOX HILL	E. P. BERRY	15	512	1,331	2	01	002	15,400
MONTEFIORE HOSPITAL TRAINING PROGRAM	M. LEWIN				2	02	004	15,400
MONTEFIORE HOSPITAL AND MEDICAL CENTER		25	503	2,500				
MORRISANIA CITY		16	240	3,178				
MOUNT SINAI HOSPITAL TRAINING PROGRAM	A. E. KARK, B. E. SIMON				3	00	003	
MOUNT SINAI	A. E. KARK, B. E. SIMON	15	550	1,300				14,700
BETH ISRAEL MEDICAL CENTER	S. KAHN	8	398	1,197				
CITY HOSPITAL CENTER AT ELMHURST	D. R. WESSER	2	145	1,488				16,100
VETERANS ADMIN. (BRONX)	B. E. SIMON	14	304	800				13,878
NEW YORK	D. GOULIAN, JR.	22	535	1,763	2	03	006	13,300
NEW YORK UNIVERSITY MEDICAL CENTER	J. M. CONVERSE				2	04	008	
BELLEVUE HOSPITAL CENTER	J. M. CONVERSE	17	265	2,951				
MANHATTAN EYE, EAR AND THROAT	J. M. CONVERSE	9	1,014	913				
UNIVERSITY	J. M. CONVERSE	21	1,041	1,798				
VETERANS ADMIN. (MANHATTAN)	R. CAMPBELL	31	445					13,878
PRESBYTERIAN	G. F. CRIKELAIR	32		4,248	2	02	004	15,100
ST. LUKE'S HOSPITAL CENTER	H. F. FITZPATRICK	10	380	774	2	01	001	14,500
STATE UNIVERSITY – KINGS COUNTY HOSPITAL CENTER	B. E. BROMBERG				2	02	006	
KINGS COUNTY HOSPITAL CENTER	B. E. BROMBERG	38	1,197	4,212				15,400
STATE UNIVERSITY	B. E. BROMBERG	1	45	52				13,900
VETERANS ADMIN. (BROOKLYN)	I. C. SONG			75				13,878
ROCHESTER								
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	R. M. MC CORMACK	14	577	768	2	02	004	11,500
SYRACUSE								
S.U.N.Y. UPSTATE MEDICAL CENTER	D. B. STARK				2	01	002	11,900
CROUSE IRVING-MEMORIAL	E. DUNN	3	252					
STATE UNIVERSITY	D. B. STARK	11	320	1,132				
VETERANS ADMIN.	D. B. STARK	6	102	494				
NORTH CAROLINA								
CHAPEL HILL								
NORTH CAROLINA MEMORIAL	A. G. BEVIN	18	727	4,543	2	02	004	13,000
DURHAM								
DUKE UNIVERSITY AFFILIATED HOSPITALS	K. L. PICKRELL				3	02	006	9,250
DUKE UNIVERSITY MEDICAL CENTER	K. L. PICKRELL	33	1,544	12,347				
VETERANS ADMIN.	L. W. THOMPSON, JR.	22	590	1,813				
OHIO								
AKRON CITY	J. W. EWING	9	447	13	2	01	002	11,600
AKRON GENERAL								
CHILDREN'S HOSPITAL OF AKRON								
CINCINNATI								
CHRIST	J. J. LONGACRE	14	489	68	2	01	002	11,445
CLEVELAND								
CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS	C. L. KIEHN				2	02	004	
UNIVERSITY HOSPITALS OF CLEVELAND		15	694					
CLEVELAND METROPOLITAN GENERAL								
VETERANS ADMIN.		10	143	212				
CLEVELAND CLINIC	R. ANDERSON	21	1,022	7,634	2	01	002	12,000
ST. LUKE'S HOSPITAL – ST. VINCENT CHARITY	D. T. SHAW				2	01	002	12,000
ST. LUKE'S	D. G. RICHEY	7	384	224				
ST. VINCENT CHARITY	D. T. SHAW	7	259	486				
COLUMBUS								
OHIO STATE UNIVERSITY AFFILIATED HOSPITALS	R. B. BERGGREN				2	01	002	7,500
OHIO STATE UNIVERSITY HOSPITALS		20	750	2,496				
CHILDREN'S		4	320	453				
RIVERSIDE METHODIST	J. C. TRABUE	11	781	52	2	01	002	8,900
KETTERING								
CHARLES F. KETTERING MEMORIAL	T. C. GRAUL	10	317		2	01	002	11,580
TOLEDO								
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS	J. C. KELLEHER				2	02	004	10,200
HOSPITAL OF THE MEDICAL COLLEGE OF OHIO AT TOLEDO								
ST. VINCENT HOSPITAL AND MEDICAL CENTER		12	701	362				12,600
OREGON								
PORTLAND								
GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER	W. D. ROWLAND	7	1,526		2	01	002	10,020
PENNSYLVANIA								
ALLENTOWN								
ALLENTOWN	A. E. TREVASKIS	15	800	1,274	2	01	001	12,800

25A. PLASTIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
PENNSYLVANIA - CONTINUED								
ERIE								
HAMOT	PENNSYLVANIA STATE UNIV. AFFIL. HOSPS., HERSHEY							
HARRISBURG								
HARRISBURG	PENNSYLVANIA STATE UNIV. AFFIL. HOSPS., HERSHEY							
HARRISBURG POLYCLINIC	PENNSYLVANIA STATE UNIV. AFFIL. HOSPS., HERSHEY							
HERSHEY								
PENNSYLVANIA STATE UNIVERSITY AFFILIATED HOSPITALS	W. P. GRAHAM, 3D.				2	02	004	
MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY	W. P. GRAHAM, 3D.	5	237	1,710				10,224
HAMOT (ERIE)	R. J. DEMUTH	15	300	5,360				11,500
HARRISBURG (HARRISBURG)	R. L. HARDING	15	458	1,500				10,380
HARRISBURG POLYCLINIC (HARRISBURG)	R. L. HARDING	6	384	1,500				12,000
PHILADELPHIA								
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	H. B. LEHR	14	692	916	2	02	004	13,287
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	H. B. LEHR	2	144	1,346				11,180
PHILADELPHIA GENERAL	H. B. LEHR	9	245	1,000				11,350
PENNSYLVANIA	H. A. LIPSHUTZ	8	319	461	2	01	002	10,500
TEMPLE UNIVERSITY	G. P. ROSEMOND			1,633	2	02	004	10,700
PITTSBURGH								
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	W. L. WHITE				2	03	006	
CHILDREN'S HOSPITAL OF PITTSBURGH	W. L. WHITE	8	400	1,656				
PRESBYTERIAN-UNIVERSITY	W. L. WHITE	21	1,018	856				
VETERANS ADMIN.	I. KAPLAN	15	345	1,030				
WESTERN PENNSYLVANIA	D. C. HANNA	22	793	357	2	02	004	13,000
RHODE ISLAND								
PROVIDENCE								
RHODE ISLAND	R. P. SEXTON	10	805	1,225	2	01	002	12,400
SOUTH CAROLINA								
CHARLESTON								
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS	J. S. HARVIN				2	02	010	
MEDICAL UNIVERSITY OF SOUTH CAROLINA	J. S. HARVIN	9	217	901				8,400
CHARLESTON COUNTY	J. S. HARVIN	1	27					
ST. FRANCIS XAVIER								
VETERANS ADMIN.	F. D. SCHUH	10	154	2,053				10,277
TENNESSEE								
CHATTANOOGA								
S. E. TENNESSEE MEDICAL EDUCATION CENTER								
BARONESS ERLANGER	J. W. DAVIS	30	2,351	5,098	2	02	004	11,700
MEMPHIS								
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS	J. H. HENDRIX, JR.				2	02	004	
BAPTIST MEMORIAL								
CITY OF MEMPHIS HOSPITALS	A. P. JEROME	4	172	748				9,226
VETERANS ADMIN.								
NASHVILLE								
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	G. RICKETSON				2	01	002	10,000
VANDERBILT UNIVERSITY	G. RICKETSON	3	117	60				
NASHVILLE METROPOLITAN GENERAL	J. L. SAWYERS							
VETERANS ADMIN.	G. RICKETSON							
TEXAS								
DALLAS								
UNIVERSITY OF TEXAS SOUTHWESTERN MED. SCH. AFFILIATED HOSPITALS	K. E. SALYER				2	03	006	
PARKLAND MEMORIAL	K. E. SALYER	3	184	870				9,391
BAYLOR UNIVERSITY MEDICAL CENTER	D. C. KIPP	4	550					9,780
PRESBYTERIAN HOSPITAL OF DALLAS		2	303					
VETERANS ADMIN.	K. E. SALYER			121				8,546
GALVESTON								
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	S. R. LEWIS	69	1,809	6,666	3	03	009	11,400
HOUSTON								
BAYLOR COLLEGE OF MEDICINE AFFILIATED HOSPITALS	S. B. HARDY				3	03	009	10,800
BEN TAUB GENERAL	S. B. HARDY	14	388	4,044				
METHODIST	S. B. HARDY	13	862					
TEXAS CHILDREN'S	T. D. CRONIN	1	48					
VETERANS ADMIN.	S. B. HARDY	20	312	1,776				
HERMANN	R. J. WISE	9	697	448	2	01	002	10,200
ST. JOSEPH	T. D. CRONIN	15	1,100	8,972	2	01	002	7,800
SAN ANTONIO								
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS	T. S. WILKINSON				2	02	004	11,400
BAPTIST MEMORIAL	J. R. SMITH	5	422					10,000
BEXAR COUNTY TEACHING	T. S. WILKINSON	5	200	1,100				
SANTA ROSA MEDICAL CENTER	W. SCHLATTNER							
BROOKE GENERAL HOSPITAL								
UTAH								
SALT LAKE CITY								
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	C. C. SNYDER				2	02	004	11,200
LATTER-DAY SAINTS	T. BROADBENT, R. WOOLF	8	497	156				11,200
PRIMARY CHILDREN'S	T. R. BROADBENT	7	467	306				
UNIVERSITY	C. C. SNYDER	5	364	1,049				
VETERANS ADMIN.								

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
VIRGINIA								
CHARLOTTESVILLE								
UNIVERSITY OF VIRGINIA	M. T. EDGERTON	35	1,082	1,465	2	02	004	10,900
HAMPTON								
VETERANS ADMIN.	NORFOLK GENERAL, NORFOLK							
NORFOLK								
NORFOLK GENERAL	C. HORTON, R. A. MLADICK	45	1,750	1,973	2	02	004	11,700
VETERANS ADMIN. CENTER (HAMPTON)								
WISCONSIN								
MADISON								
UNIVERSITY HOSPITALS	F. D. BERNARD, J. R. BELL	16	650	1,850	2	02	004	11,645
MILWAUKEE								
MEDICAL COLLEGE OF WISCONSIN								
AFFILIATED HOSPITALS	R. P. GINGRASS				2	02	004	
MILWAUKEE COUNTY GENERAL	R. P. GINGRASS	11	434	3,268				12,078
MILWAUKEE CHILDREN'S	J. TEASLEY	5	346	309				
VETERANS ADMIN. CENTER (WOOD)	R. P. GINGRASS	13	203	1,292				11,913

25B. PLASTIC SURGERY

Programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Plastic Surgery, and the American College of Surgeons, through the Residency Review Committee for Plastic Surgery, as offering training which may compliment or supplement that provided by approved residency programs. See also List 25A.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
NON-FEDERAL AND VETERANS ADMINISTRATION							
NEW YORK							
BUFFALO							
ROSWELL PARK MEMORIAL INSTITUTE	D. SHEDD, V. BAKAMJIAM	23	300	2,589	00	003	8,330

27. PREVENTIVE MEDICINE

AEROSPACE MEDICINE

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

School	Location	Director		Length of Approved Program (Years)	Beginning Salary (Year)
UNITED STATES AIR FORCE					
U.S. Air Force School of Aerospace Medicine 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.	Brooks Air Force Base, Texas	S. J. Brewer	For information regarding program write to:* AFMPC/SGE Randolph AFB, Texas 78148 *Program open only to members of the armed forces and employees of the federal government. Medical officers of the U.S. Army interested in this residency should write to the Director of Personnel and Training, Office of the Surgeon General, Department of the Army, Washington, D.C. 20314. Employees of the Federal Aviation Agency interested in this residency should address the Civil Air Surgeon, Federal Aviation Agency, Washington, D.C. 20553. National Aeronautics and Space Administration (NASA) physicians should address Director of Center Medical Programs, NASA Manned Spacecraft Center, 2101 Webster-Seabrook Road, Houston, Texas 77058	3	...
UNITED STATES NAVY					
U.S. Naval Aerospace Medical Institute, U.S. Naval Aerospace Medical Center 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	Pensacola, Florida	G. E. Balyeat	For information regarding program write to: Chief, Bureau of Medicine & Surgery (Code 5) Department of the Navy Washington, D.C. 20390	3	...
NONFEDERAL					
Harvard School of Public Health Other affiliated training sites for the third year are: NASA Manned Spacecraft Center, Houston, Tex.; Mayo Clinic, Rochester, Minn.; Lovelace Foundation, Albuquerque, N.M.	Boston, Mass.	J. D. Dougherty	For information regarding program write to: J. D. Dougherty, M.D., Guggenheim Center for Aerospace Health and Safety, Harvard School of Public Health, 665 Huntington Ave., Boston, Mass. 02115	3	...
Ohio State University Medical Center Other affiliated training sites for the third year are: North American Rockwell Corp., Los Angeles; NASA Manned Spacecraft Center, Houston, Tex.; Lovelace Foundation, Albuquerque, N.M.	Columbus, Ohio	C. E. Billings	For information regarding program write to: C. E. Billings, M.D., Dept. of Preventive Medicine, 410 W. 10th Avenue, Columbus, Ohio 43210	3	6,000

GENERAL PREVENTIVE MEDICINE

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

Institution or Agency	Physician in Charge	Areas of Emphasis
UNITED STATES AIR FORCE		
TEXAS		
Brooks Air Force Base		
U.S. Air Force School of Aerospace Medicine	A. K. Cheng	Military Preventive Medicine, Epidemiology
UNITED STATES ARMY		
DISTRICT OF COLUMBIA		
Washington		
Walter Reed Army Institute of Research	T. H. Lamson	Military Preventive Medicine, Epidemiology
MARYLAND		
Edgewood Arsenal		
U.S. Army Environmental Hygiene Agency	M. V. Ranadive	Environmental Health
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE		
CALIFORNIA		
San Francisco		
Health Services and Mental Health Administration	J. R. Brown	Health Services Administration
GEORGIA		
Atlanta		
Center for Diseases Control, Health Services and Mental Health Administration	D. J. Sencer	Epidemiology
NONFEDERAL		
ALABAMA		
Birmingham		
University of Alabama Medical Center	A. Oberman	General Preventive Medicine, Epidemiology
ARIZONA		
Tucson		
University of Arizona College of Medicine, Department of Community Medicine	A. R. Leonard	Health Services Administration, Epidemiology
CALIFORNIA		
Berkeley		
University of California School of Public Health Division of Epidemiology	H. L. Blum	Epidemiology, Health Services Administration, Maternal and Child Health, Environmental Health
Los Angeles		
University of California School of Medicine and School of Public Health	P. Torrens	Epidemiology, Medical Care Administration

27. PREVENTIVE MEDICINE—Continued

GENERAL PREVENTIVE MEDICINE—Continued

Institution or Agency	Physician in Charge	Areas of Training
CONNECTICUT		
New Haven		
Yale University Department of Epidemiology and Public Health	J. W. Meigs	Epidemiology, Clinical Preventive Medicine
HAWAII		
Honolulu		
University of Hawaii School of Public Health	E. O'Rourke	Epidemiology, International Health
KENTUCKY		
Lexington		
University of Kentucky College of Medicine, Department of Community Medicine	T. F. Whayne	Community Medicine
LOUISIANA		
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
MARYLAND		
Baltimore		
Johns Hopkins University School of Hygiene and Public Health	J. C. Hume	Clinical Preventive Medicine, Epidemiology, International Health, Maternal and Child Health, Health Services Administration, Population Dynamics
University of Maryland School of Medicine	G. Entwisle	Epidemiology
MASSACHUSETTS		
Boston		
Harvard University, School of Public Health	B. MacMahon	Epidemiology
	R. H. Daggy	International Health
	A. S. Yerby	Health Services Administration
MICHIGAN		
Ann Arbor		
University of Michigan School of Public Health	M. E. Wegman	Community Health Services, Epidemiology, Environmental Medicine, Maternal and Child Health, Medical Care Administration, Population Dynamics
MISSOURI		
Columbia		
University of Missouri School of Medicine, Department of Community Health and Medical Practice	W. C. Allen	Community Medicine
NEW YORK		
New York City		
Mount Sinai School of Medicine of the City University of New York, Dept. of Community Medicine	A. E. Miller	Epidemiology, Environmental Health, Community Medicine
NORTH CAROLINA		
Chapel Hill		
University of North Carolina School of Medicine and School of Public Health	W. P. Richardson	Epidemiology, Community Medicine
OHIO		
Columbus		
Ohio State University College of Medicine, Department of Preventive Medicine	C. E. Billings	Epidemiology, Community Environmental Health
OKLAHOMA		
Oklahoma City		
University of Oklahoma Health Sciences Center, Department of Community Health	T. N. Lynn	Clinical Preventive Medicine
PENNSYLVANIA		
Philadelphia		
Jefferson Medical College, Dept. of Community Health and Preventive Medicine	E. B. Byrne	Clinical Preventive Medicine
WASHINGTON		
Seattle		
University of Washington School of Medicine, Department of Preventive Medicine	J. P. Fox	Epidemiology, Community Medicine
WISCONSIN		
Milwaukee		
Medical College of Wisconsin Department of Preventive Medicine	S. Shindell	Epidemiology, Community Medicine, Health Services Administration

27. PREVENTIVE MEDICINE—Continued

OCCUPATIONAL MEDICINE (Academic)

The following educational institutions have been approved by the Council on Medical Education and the American Board of Preventive Medicine, through the Residency Review Committee for Preventive Medicine, for TWO years of training in Occupational Medicine. The academic portion of these residencies will be given in the institutions listed. The in-plant training is being arranged, and a separate listing of such programs is published in this issue immediately following the list of institutions giving the academic portion.

Institution or Agency	Physician in Charge	Residencies Offered 1973-1974: 1st Year	2nd Year	Total All Years
CALIFORNIA				
Los Angeles				
University of California School of Public Health	L. Breslow	4	4	8
MASSACHUSETTS				
Boston				
Harvard University, School of Public Health	J. L. Whittenberger	4	4	8
MICHIGAN				
Ann Arbor				
University of Michigan Institute of Environmental and Industrial Health	B. D. Dinman	4	4	8
NEW YORK				
Rochester				
University of Rochester School of Medicine and Dentistry	T. S. Ely	2	2	4
OHIO				
Cincinnati				
University of Cincinnati Department of Environmental Health, Kettering Laboratory	L. B. Tepper, R. R. Suskind	8	8	16
Columbus				
Ohio State University College of Medicine, Department of Preventive Medicine	C. E. Billings	3	3	6
OKLAHOMA				
Oklahoma City				
University of Oklahoma Health Sciences Center, Institute of Environmental Health	C. A. Nau	2	2	4
PENNSYLVANIA				
Pittsburgh				
University of Pittsburgh, Graduate School of Public Health	D. Minard	4	4	8

OCCUPATIONAL MEDICINE (In-Plant)

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

	Physician In Charge	Residencies Offered 1973-1974 Total All Years
NATIONAL AERONAUTICS AND SPACE ADMINISTRATION		
DISTRICT OF COLUMBIA		
National Aeronautics and Space Administration Division of Occupational Medicine	L. B. Arnoldi	1
UNITED STATES AIR FORCE		
OHIO		
Headquarters, Air Force Logistics Command, Wright-Patterson Air Force Base, Dayton	H. W. Dietz	2
UNITED STATES ARMY		
MARYLAND		
U.S. Army Environmental Hygiene Agency, Edgewood Arsenal	M. V. Ranadive	4
UNITED STATES ATOMIC ENERGY COMMISSION		
IDAHO		
U.S. Atomic Energy Commission, Idaho Operations Office, Idaho Falls	J. H. Spickard	1
UNITED STATES NAVY		
OHIO		
Cincinnati		
Naval Ordnance Environmental Health Center	W. A. Redman, Jr.	1
UNITED STATES PUBLIC HEALTH SERVICE		
OHIO		
Cincinnati		
U.S. Public Health Service, Environmental Health Service, Bureau of Occupational Safety and Health	M. M. Key	1
UNITED STATES TENNESSEE VALLEY AUTHORITY		
TENNESSEE		
Tennessee Valley Authority Division of Medical Services, Chattanooga	J. L. Craig	1
NONFEDERAL		
CALIFORNIA		
Fontana		
Kaiser Steel Corporation	H. A. Lewis	1
DELAWARE		
Wilmington		
E. I. duPont de Nemours & Company	C. A. D'Alonzo	0
MASSACHUSETTS		
Cambridge		
Harvard University Health Services, Division of Environmental Health and Safety	B. G. Ferris, Jr.	1
MICHIGAN		
Dearborn		
Ford Motor Company	D. L. Block	0
Detroit		
General Motors Corporation	S. D. Steiner	2
Midland		
Dow Chemical Company	H. L. Gordon	1
NEW YORK		
New York City		
American Telephone & Telegraph Company and Subsidiaries	E. J. Schowalter	1
Rochester		
Eastman Kodak Company	H. A. Hanson	2
PENNSYLVANIA		
Harrisburg		
Commonwealth of Pennsylvania Department of Health, Division of Occupational Health	S. Tanaka	1
Pittsburgh		
Jones & Laughlin Steel Corporation, Pittsburgh Works Division	R. J. Halen	1

27. PREVENTIVE MEDICINE—Continued

OCCUPATIONAL MEDICINE (In-Plant)—Continued

VIRGINIA		
Newport News		
Newport News Ship Building and Dry Dock Company	C. W. Stallard, Jr.	1
WASHINGTON		
Richland		
Hanford Environmental Health Foundation	P. A. Fuqua	1
Seattle		
Boeing Company	S. M. Williamson	2
WISCONSIN		
Milwaukee		
Allis-Chalmers Manufacturing Company	C. Zenz	2

PUBLIC HEALTH

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

Department of Health	Location	Director	Local Areas	Population	Length of Approved Program (Years)	Minimum Annual Salary
U.S. Army	U.S. Army Hospital Specialized Treatment Facility, Fort Ord, California	J. Einarson	Military Post—Fort Ord	110,000*	1	.....
	Walson Army Hospital, Fort Dix, N.J.	R. Park	Fort Dix Military Reservation, N.J.	150,000*	2	.....
	U.S. Army Womack Army Hospital, Specialized Treatment Center, Fort Bragg, N.C.	R. B. Austin, III	Fort Bragg and environs	.....	1	.....
State of Arizona	Phoenix, Arizona	H. Randel	Arizona State Department of Health	.....	2	6,000
			Maricopa County Health Department	600,000*	...	.....
			Pima County Health Department	250,000*	...	.....
State of California	Berkeley, California	W. H. Clark	Alameda County	1,073,184	2	6,000
			Berkeley City	116,716	...	.....
			Contra Costa County	558,389	...	.....
			Los Angeles County	7,032,075	...	.....
			Orange County	1,420,386	...	.....
			Riverside County	4,459,074	...	.....
			Sacramento County	631,498	...	.....
			San Bernardino County	684,072	...	.....
			San Diego County	1,357,854	...	.....
			San Francisco County	715,674	...	.....
			San Mateo County	556,234	...	.....
			Santa Clara County	1,064,714	...	.....
			Santa Cruz	123,790	...	.....
			Yolo County	91,788	...	.....
Government of the District of Columbia	Washington, D.C.	C. R. Hayman	District of Columbia	756,510	2	19,500
State of Florida	Jacksonville, Florida	M. J. Ford	Dade-Miami	1,267,792	2	16,042
			Hillsborough-Tampa	490,265	...	.....
			Palm Beach-West Palm Beach	348,753	...	.....
			Pinellas-St. Petersburg	522,329	...	.....
			Florida State Division of Health	.....	...	.....
State of Georgia	Atlanta, Georgia	J. H. Venable	District VI (N. Central)	328,904	2	11,568
			District VII (E. Central)	319,512	...	.....
			District VIII (W. Central)	275,784	...	.....
			District X (East)	287,351	...	.....
			District XI (S.E.)	201,334	...	.....
			Metro West	332,241	...	.....
			Metro East	627,655	...	.....
			Fulton County	607,592	...	.....
State of Illinois	Springfield, Illinois	F. D. Yoder	Cook County	1,842,128*	2	15,960
			DuPage County	491,882*	...	.....
State of Kentucky	Frankfort, Kentucky	W. P. McElwain	Lexington-Fayette County	176,400	2	17,700
			Louisville-Jefferson County	707,300	...	.....
			Allegany County	90,500	...	.....
State of Maryland	Baltimore, Maryland	J. R. Stifler	Anne Arundel County	299,810	...	15,100
			Baltimore County	624,290	...	.....
			Baltimore City	911,500	...	.....
			Montgomery County	527,360	...	.....
			Prince George's County	668,150	...	.....
			Washington County	104,140	...	.....
State of Massachusetts	Boston, Massachusetts	M. Herman	Boston City	626,326	2	12,706
			Brookline Town	53,608	...	.....
			Cambridge City	94,667	...	.....
			Central District	743,530	...	.....
			Newton City	88,514	...	.....
			Northeastern District	1,554,983	...	.....
			Southeastern District	1,406,948	...	.....
			Western District	735,988	...	.....
State of Michigan	Lansing, Michigan	M. S. Reizen	.....	.....	...	18,000
State of Minnesota	Minneapolis, Minnesota	W. R. Lawson	.....	.....	2	13,608
State of Mississippi	Jackson, Mississippi	S. W. Mitchell	Mississippi State Board of Health	.....	2	14,820
State of New Jersey	Trenton, New Jersey	M. S. Gottlieb	Northern District	4,244,113	2	17,909
			Southern District	2,924,051	...	.....
New York City	New York City	L. Bergner	New York City	7,896,000*	2	15,000

27. PREVENTIVE MEDICINE—Continued

PUBLIC HEALTH—Continued

Department of Health	Location	Director	Local Areas	Population	Length of Approved Program (Years)	Minimum Annual Salary
State of North Carolina	Raleigh, North Carolina	I. C. Grant	Charlotte-Mecklenburg County	500,000	2	6,500
			Guilford County (Greensboro)	350,000	...	.....
			Orange-Person-Chatham-Lee-Caswell District Health Dept.	185,000	...	.....
			Gaston County	175,000	...	.....
			North Carolina State Board of Health	.....	...	.....
State of Oklahoma	Oklahoma City, Oklahoma	T. N. Lynn	Oklahoma University Med. Center	.....	2	6,000
			Cleveland County	51,000	...	.....
			Oklahoma State Dept. of Health	.....	...	.....
State of Oregon	Portland, Oregon	C. A. Jenike	Clackamas County	174,900*	2	6,000
			Lane County	222,850*	...	.....
			Marion County	155,900*	...	.....
			Multnomah County	559,700*	...	.....
			State of Oregon	2,091,385	...	.....
Commonwealth of Pennsylvania	Harrisburg, Pennsylvania	C. L. Leedham	Allentown-Bethlehem	182,213*	...	.....
			Bucks County	415,056*	2	12,075
			Chester County	278,311*	...	.....
			Erie County	263,654*	...	.....
			Norristown	3,865,810*	...	.....
			Philadelphia City	1,948,609*	...	.....
State of Tennessee	Nashville, Tennessee	E. W. Fowinkle	Chattanooga-Hamilton County	242,782	2	15,000
			Memphis-Shelby County	718,777	...	.....
			Nashville-Davidson County	444,469	...	.....
State of Texas	Austin, Texas	J. E. Peavy	.....	.....	2	18,500
State of Utah	Salt Lake City	E. A. Isaacson	.....	.....	...	14,700
State of Virginia	Richmond, Virginia	M. I. Shanholtz	Richmond and selected rural areas	.....	2	13,128
State of Washington	Olympia, Washington	J. A. Beare	Benton-Franklin	89,200	2	12,432
			Seattle-King	1,134,000	...	.....
			Tacoma-Pierce	405,000	...	.....
			Washington State	.....	...	.....
University of Washington School of Public Health and Community Medicine	Seattle, Washington	R. W. Day	.....	.....	2	6,000
State of Wisconsin	Madison, Wisconsin	R. W. Biek	.....	.....	...	20,136

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.

27A. PSYCHIATRY

Residency programs in the following hospitals have been approved for THREE years of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, 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 Lists 27B and 27C.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE								
TEXAS								
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	J. C. SPARKS	79	962	30,109	04	012		
UNITED STATES ARMY								
CALIFORNIA								
LETTERMAN GENERAL, SAN FRANCISCO	B. L. LIVINGSTONE	71	893	34,107	07	023		100462
DISTRICT OF COLUMBIA								
WALTER REED GENERAL, WASHINGTON	A. W. JOHNSON, JR., F. D. JONES	144	830	21,089	10	030		100482
UNITED STATES NAVY								
CALIFORNIA								
NAVAL, OAKLAND	V. M. HOLM	121	1,312	6,851	03	009		181382
MARYLAND								
NAVAL, BETHESDA	T. H. LEWIS	68	564	7,798	04	012		182382
PENNSYLVANIA								
NAVAL, PHILADELPHIA	R. E. STRANGE	249	1,379	8,562	04 01	012 003		183182
DEPARTMENT OF HEALTH, EDUCATION AND WELFARE								
DISTRICT OF COLUMBIA								
ST. ELIZABETHS, WASHINGTON	D. D. COWELL	6,034	4,621	34,536	12	036		180482
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
UNIVERSITY OF ALABAMA MEDICAL CENTER	P. H. LINTON				05	015		
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS		78	1,245	1,580			12,000	
VETERANS ADMIN.		29	418	4,068			9,400	
ARIZONA								
PHOENIX								
ARIZONA STATE	H. E. WULSIN	1,042	1,817	13,256	06	018	11,340	
GOOD SAMARITAN	L. S. COHN	28	665	11,460	04	012	10,200	
TUCSON								
UNIVERSITY OF ARIZONA AFFILIATED HOSPITALS	A. I. LEVENSON				06	024	9,850	
UNIVERSITY								
PALO VERDE		27	390					
VETERANS ADMIN.		28	260	5,480				
ARKANSAS								
LITTLE ROCK								
ARKANSAS STATE	R. R. NOLEN	415	2,963	11,875	04	012	13,700	
UNIVERSITY OF ARKANSAS MEDICAL CENTER	R. F. SHANNON				04	012		101882
UNIVERSITY	R. F. SHANNON	11	177	7,787			7,800	
VETERANS ADMIN. CONSOLIDATED (NORTH LITTLE ROCK DIVISION)	R. H. HARRISON	1,076	4,279	20,323			13,878	
NORTH LITTLE ROCK								
VETERANS ADMIN. CONSOLIDATED (NORTH LITTLE ROCK DIVISION)	R. H. HARRISON	1,076	4,279		03	007	13,878	
CALIFORNIA								
BERKELEY								
HERRICK MEMORIAL	J. SIMON	50	1,488	14,623	03	009	9,300	
CAMARILLO								
CAMARILLO STATE	R. E. MOEBIUS	3,082	5,800		06	019	8,112	
DAVIS								
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS	D. G. LANGSLEY				10	026	10,837	
SACRAMENTO MEDICAL CENTER (SACRAMENTO)		33	1,496	31,446				
IMOLA								
NAPA STATE	M. J. ORTEGA	1,965	6,355		10	030	9,852	204182
IRVINE								
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS	L. A. GOTTSCHALK				12	036		
ORANGE COUNTY MEDICAL CENTER (ORANGE)	L. A. GOTTSCHALK	56	957	24,998			13,546	
METROPOLITAN STATE (NORWALK)								
LOMA LINDA								
LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS	H. S. EVANS				12	032		
LOMA LINDA UNIVERSITY	H. S. EVANS	15	280	7,000			10,465	
PATTON STATE (PATTON)	B. KOVITZ	1,742	3,875	751			8,518	

27A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CALIFORNIA - CONTINUED								
LONG BEACH								
VETERANS ADMIN.	G. KOL	113	1,331	12,405	05	012	13,878	
LOS ANGELES								
CEDARS-SINAI MEDICAL CENTER	D. SANDERS				06	018	12,600	
CEDARS OF LEBANON HOSPITAL DIVISION								
MOUNT SINAI HOSPITAL DIVISION		26	228	12,543				
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	S. M. WOODS	182	5,748	53,302	25	099	13,656	103382
U. C. L. A.	R. O. PASNAU	111	801	43,873	12	045	10,200	
VETERANS ADMIN., BRENTWOOD (PSYCHOSOCIAL MEDICINE)	R. O. PASNAU	668	3,206	36,390	08	024	13,878	
VETERANS ADMIN. (SEPULVEDA)	M. UNGER				04	012		
MARTINEZ								
VETERANS ADMIN.	SEE HIGHLAND GENERAL, OAKLAND							
NORWALK								
METROPOLITAN STATE	SEE UNIVERSITY OF CALIFORNIA (IRVINE) AFF. HOSPS., IRVINE							
OAKLAND								
HIGHLAND GENERAL	H. S. WEINSTEIN	40	1,658	25,280	04	012	9,612	
VETERANS ADMIN. (MARTINEZ)	P. E. MORENTZ	60	765	2,894			10,332	
ORANGE								
ORANGE COUNTY MEDICAL CENTER	SEE UNIVERSITY OF CALIFORNIA (IRVINE) AFF. HOSPS., IRVINE							
PALO ALTO								
VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
PATTON								
PATTON STATE	SEE LOMA LINDA UNIVERSITY AFF. HOSPS., LOMA LINDA							
SACRAMENTO								
SACRAMENTO MEDICAL CENTER	SEE UNIV. OF CALIFORNIA (DAVIS) AFFILIATED HOSPS. (DAVIS)							
SAN DIEGO								
SAN DIEGO COUNTY COMMUNITY MENTAL HEALTH SERVICES	O. G. ZAPPELLA	117	5,151	55,276	08	022	13,228	
UNIVERSITY OF CALIFORNIA (SAN DIEGO) AFFILIATED HOSPITALS								
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	A. J. MANDELL	77	1,135	13,350	14	030	9,000	104982
SAN FRANCISCO								
MOUNT ZION HOSPITAL AND MEDICAL CENTER	E. M. WEINSHEL	13	512	16,833	03	016	8,970	
PACIFIC MEDICAL CENTER - PRESBYTERIAN	M. FOLINSBEE	9	239	4,474	01	005	9,800	
ST. MARY'S HOSPITAL AND MEDICAL CENTER	M. T. KHLENTZOS	20	507	9,834	08	024	9,450	
SAN FRANCISCO COMMUNITY MENTAL HEALTH SERVICES	J. J. KATSURANIS	30	1,224	165,678	04	012	9,924	
UNIVERSITY OF CALIFORNIA PROGRAM	A. SIMON				12	045		
LANGLEY PORTER NEUROPSYCHIATRIC INSTITUTE	A. SIMON	65	611	22,589			8,900	
VETERANS ADMIN.	I. FEINBERG			14,134			9,400	
SAN JOSE								
AGNEWS STATE	J. E. JEFFRESS	1,454	4,102		08	024		
SAN MATEO								
SAN MATEO COMMUNITY MENTAL HEALTH SERVICES								
HAROLD D. CHOPE COMMUNITY								
STANFORD								
STANFORD UNIVERSITY AFFILIATED HOSPITALS	W. MILLER, J. TINKLENBERG				06	028	9,700	
STANFORD UNIVERSITY	W. MILLER, J. TINKLENBERG	14	261	14,217				
VETERANS ADMIN. (PALO ALTO)	B. S. KOPELL	278	2,373	7,500				
STOCKTON								
STOCKTON STATE	H. H. BREWSTER	987	2,434		04	012	9,652	
SYLMAR								
OLIVE VIEW MEDICAL CENTER	J. C. SHIPPER	75	1,750	45,000	05	015	15,060	
TORRANCE								
LOS ANGELES COUNTY HARBOR GENERAL	P. CASTELNUOVO-TEDESCO	22	295	18,026	07	018	14,340	
COLORADO								
DENVER								
DENVER GENERAL	J. F. YOST		850		02	006	9,012	107782
FORT LOGAN MENTAL HEALTH CENTER	W. F. REHG	447	2,759	16,969	03	009	9,000	
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	D. B. CARTER				15	060	11,000	107682
UNIVERSITY OF COLORADO MEDICAL CENTER	D. B. CARTER	57	1,009	48,690				
VETERANS ADMIN.	D. STARRETT	54	481	27,139			10,100	
PUEBLO								
COLORADO STATE	C. MEREDITH, D. CARTER	15	180	3,216	02	002		
CONNECTICUT								
HARTFORD								
INSTITUTE OF LIVING	W. W. ZELLER	380	552	13,037	12	036	12,000	216382
UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS	R. CANCRO				06	019		109482
UNIVERSITY OF CONNECTICUT HOSPITAL-MC COOK DIVISION	R. CANCRO	14	305	2,187			10,000	
HARTFORD	D. L. BROWN	38	940	7,000			10,500	
VETERANS ADMIN. (NEWINGTON)		15	133	4,488			10,000	
MIDDLETOWN								
CONNECTICUT VALLEY	S. A. PRINS	1,386	4,946	3,763	08	024	11,336	
NEW HAVEN								
YALE-NEW HAVEN MEDICAL CENTER	M. F. REISER				24	087		108982
YALE-NEW HAVEN	M. F. REISER	25	158	12,649			10,450	
CONNECTICUT MENTAL HEALTH CENTER		58	425	23,000				
YALE PSYCHIATRIC INSTITUTE		43	37					
YALE UNIVERSITY HEALTH SERVICE, DIV. OF MENTAL HYGIENE				8,195				
VETERANS ADMIN. (WEST HAVEN)	P. ERRERA	86	558	6,142			10,543	
NEWINGTON								
VETERANS ADMIN.	SEE UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS, HARTFORD							

27A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CONNECTICUT - CONTINUED								
NEWTOWN								
FAIRFIELD HILLS	D. W. THOMAS			2,560	08	024	11,336	
NORWICH								
NORWICH	M. MARTIN	1,338	4,507	9,208	08	024	11,336	
WEST HAVEN								
VETERANS ADMIN.	SEE YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN							
DELAWARE								
NEW CASTLE								
DELAWARE STATE	R. WINKELMAYER	1,073	1,736		03	009	12,120	
DISTRICT OF COLUMBIA								
WASHINGTON								
FREEDMEN'S	E. E. RICKMAN	25	335	2,844	06	012	11,342	
GEORGETOWN UNIVERSITY	R. A. STEINBACH			15,790	10	031	10,550	
GEORGE WASHINGTON UNIVERSITY	J. E. RANKIN	31	370	3,059	04	015	10,022	180282
FLORIDA								
GAINESVILLE								
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	W. C. RUFFIN, JR.				06	024		183482
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS	W. C. RUFFIN, JR.	24	271	4,865			8,400	
ANCLOTE MANOR (TARPON SPRINGS)	R. L. MEADOWS	74	59	5,686			11,000	
VETERANS ADMIN.	H. R. LYONS	59	381	2,884			9,000	
MIAMI								
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	J. N. SUSSEX				12	044		110482
JACKSON MEMORIAL		145	1,790	17,500			12,590	
VETERANS ADMIN.		155	1,391	21,505			12,690	
TAMPA								
UNIVERSITY OF SOUTH FLORIDA AFFILIATED HOSPITALS	W. AFIELD				02	008		222082
TAMPA GENERAL		65	1,534	217			8,925	
ST. JOSEPH'S		19	291	50			9,500	
VETERANS ADMIN.								
TARPON SPRINGS								
ANCLOTE MANOR	SEE UNIVERSITY OF FLORIDA AFF. HOSPS., GAINESVILLE							
GEORGIA								
ATLANTA								
EMORY UNIVERSITY AFFILIATED HOSPITALS	B. C. HOLLAND				20	060	8,880	111782
EMORY UNIVERSITY	B. C. HOLLAND	15	217					
GRADY MEMORIAL	B. C. HOLLAND	28	1,175	30,262				
GEORGIA MENTAL HEALTH INSTITUTE	B. C. HOLLAND	68	2,999	35,809				
VETERANS ADMIN. (DECATUR)	T. E. FULMER	38	274	624,900				
AUGUSTA								
MEDICAL COLLEGE OF GEORGIA HOSPITALS								
EUGENE TALMADGE MEMORIAL	E. J. MC CRANIE	16	216	4,453	03	009	9,500	
VETERANS ADMIN.	N. M. MC FADYEN	882	2,597	8,798	03	009	18,737	
MILLEDGEVILLE								
CENTRAL STATE	L. J. JACOBS	8,041	12,027	4,495	10	030	11,298	
HAWAII								
HONOLULU								
UNIVERSITY OF HAWAII AFFILIATED HOSPITALS	J. F. MC DERMOTT				06	018	10,500	223182
HAWAII STATE (KANEOHE)		32		27,931				
QUEEN'S MEDICAL CENTER		18	695	4,708			10,500	
UNIVERSITY OF HAWAII, LEAHI		17	52					
KANEOHE								
HAWAII STATE	SEE UNIV. OF HAWAII AFFILIATED HOSPITALS, HONOLULU							
ILLINOIS								
CHICAGO								
CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS								
MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO	H. H. GARNER	20	230	2,839	05	015	9,700	114482
ILLINOIS STATE PSYCHIATRIC INSTITUTE	H. D. STRASSMAN	131	747	23,110	11	033	11,700	
CHICAGO-READ MENTAL HEALTH CENTER		1,298	7,886	17,050				
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	D. OFFER	67	489	20,003	07	026	11,100	114282
NORTHWESTERN UNIVERSITY-MC GAW MEDICAL CENTER	P. D. BARGLOW			7,194	10	030		
CHICAGO WESLEY MEMORIAL	H. M. VISOTSKY	48	388	6,818			11,250	
PASSAVANT MEMORIAL	H. M. VISOTSKY	30	605	6,818			11,250	
VETERANS ADMIN. RESEARCH	L. S. KUHS	28	250	128			11,250	
VETERANS ADMIN. (DOWNEY)	J. H. MASSERMAN, G. BOGEN	1,913	3,741	19,000			11,350	
EVANSTON (EVANSTON)	L. DIAMOND	34	539	504			11,250	
PRESBYTERIAN-ST. LUKE'S	P. E. EBENHOEH	53	638	6,563	06	016	9,946	
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	D. X. FREEDMAN	20	431	10,353	08	024	10,800	116082
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS								
UNIVERSITY OF ILLINOIS	G. H. BOROWITZ	21	180	16,720	08	025	9,900	115082
VETERANS ADMIN. (WEST SIDE)	B. RAPPAPORT	79	972	46,297				
DOWNEY								
VETERAN ADMIN.	SEE NORTHWESTERN UNIVERSITY-MCGAW MEDICAL CENTER, CHICAGO							
EVANSTON								
EVANSTON	SEE NORTHWESTERN UNIV.-MCGAW MEDICAL CENTER, CHICAGO							
HINES								
JOHN J. MADDEN ZONE CENTER	SEE LOYOLA UNIVERSITY AFF. HOSPS., MAYWOOD							
VETERANS ADMIN.	SEE LOYOLA UNIVERSITY AFF. HOSPS. MAYWOOD							

27A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
ILLINOIS – CONTINUED								
MAYWOOD								
LOYOLA UNIVERSITY AFFILIATED HOSPITALS	J. A. SMITH				08	024		117082
LOYOLA UNIVERSITY	J. A. SMITH	29	506	5,179			10,600	
JOHN J. MADDEN ZONE CENTER (HINES)	C. CASTELLANOS	161	1,873	18,809			10,600	
VETERANS ADMIN. (HINES)	E. K. MC DONALD	104	1,569	6,380			10,100	
INDIANA								
INDIANAPOLIS								
INDIANA UNIVERSITY MEDICAL CENTER	J. I. NURNBERGER				08	021		118782
INDIANA UNIVERSITY HOSPITALS	J. I. NURNBERGER			5,161			10,800	
LARUE D. CARTER MEMORIAL	O. F. MOORE	105	336	3,597			10,816	
MARION COUNTY GENERAL	J. J. WRIGHT		1,522	17,530				
VETERANS ADMIN.	J. I. NURNBERGER	71	556	264			10,320	
IOWA								
CHEROKEE								
MENTAL HEALTH INSTITUTE	E. A. KJENAAS	267	1,212	6,947	04	012	13,812	
INDEPENDENCE								
MENTAL HEALTH INSTITUTE	S. M. KORSON	306	1,825	3,148	04	012	13,812	
IOWA CITY								
STATE PSYCHOPATHIC	G. WINOKUR	52	477	8,865	08	024	10,000	228682
KANSAS								
KANSAS CITY								
UNIVERSITY OF KANSAS MEDICAL CENTER	J. T. BRAUCHI	42	657	23,169	08	032	10,000	
VETERANS ADMIN. (KANSAS CITY, MO.)	F. V. SMITH	61	546	1,346			11,500	
TOPEKA								
MENNINGER SCHOOL OF PSYCHIATRY	P. WOOLLCOTT, JR.				19	062		229382
C. F. MENNINGER MEMORIAL	P. WOOLLCOTT, JR.	143	255	45,069			11,000	
TOPEKA STATE	W. W. MENNINGER	637	1,329	11,316			8,500	
VETERANS ADMIN.	M. B. ARDIS	774	4,111	61,966			11,000	
KENTUCKY								
LEXINGTON								
UNIVERSITY OF KENTUCKY MEDICAL CENTER	G. M. HENRY				09	027		184882
UNIVERSITY	G. M. HENRY	23	277	4,694			7,500	
VETERANS ADMIN.	K. B. MOORE	497	2,800	2,177			8,300	
LOUISVILLE								
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	W. K. KELLER				07	024		121782
BINGHAM CHILD GUIDANCE CLINIC	W. K. KELLER	36	506	8,743			13,000	
CENTRAL STATE	W. K. KELLER	592	1,597	1,703			10,000	
JOHN N. NORTON MEMORIAL INFIRMARY	E. E. LANDIS	29	231	2,825			6,000	
LOUISVILLE GENERAL	N. KATERYNIUK	19	1,743	1,894			10,000	
VETERANS ADMIN.	N. S. RUSSINOVICH	43	688	1,260			8,370	
LOUISIANA								
MANDEVILLE								
SOUTHEAST LOUISIANA	SEE TULANE UNIVERSITY AFFILIATED HOSPITALS, NEW ORLEANS							
NEW ORLEANS								
CHARITY HOSPITAL OF LOUISIANA–LOUISIANA STATE UNIVERSITY DIVISION	W. VAN VEEN	48	951		05	016	7,800	
TULANE UNIVERSITY AFFILIATED HOSPITALS	R. G. HEATH				15	045	10,000	
CHARITY HOSPITAL OF LOUISIANA	R. G. HEATH	46	887	5,339				
DE PAUL	F. J. KANE, JR.	14	133					
VETERANS ADMIN.	W. W. WALLACE	37	422	9,066			12,119	
SOUTHEAST LOUISIANA (MANDEVILLE)	G. A. SNEED	382	2,260				7,800	
SHREVEPORT								
CONFEDERATE MEMORIAL MEDICAL CENTER	K. SHANNON, JR.	22	1,203	37,210	03	009	7,800	
MAINE								
PORTLAND								
MAINE MEDICAL CENTER	A. M. ELKINS	28	737	18,086	03	009	8,505	123682
MARYLAND								
BALTIMORE								
JOHNS HOPKINS	S. PERLIN	76	467	29,659	11	033	9,000	124282
SETON PSYCHIATRIC INSTITUTE	T. LYNCH	163	317	1,243	04	012	12,000	
SPRING GROVE STATE	R. A. BOZA	2,145	5,548	8,014	03	012	8,400	
UNIVERSITY OF MARYLAND	E. B. BRODY	53	461	9,752	11	028	10,700	
CROWNSVILLE								
CROWNSVILLE STATE	L. R. FLORES				04	012		
PERRY POINT								
VETERANS ADMIN.	W. M. HARRIS	864	1,452	9,062	02	006	10,500	
SYKESVILLE								
SPRINGFIELD STATE	O. G. PRADO	2,619	4,491		09	015	15,150	
TOWSON								
SHEPPARD AND ENOCH PRATT	I. H. COHEN	246	445	3,838	08	024	9,500	
MASSACHUSETTS								
BELMONT								
MC LEAN	H. M. SHEIN	214	423	26,580	12	035	10,200	
BOSTON								
BETH ISRAEL	A. KRAVITZ, J. NEMIAH	10	50	6,549	06	022	9,700	125682
BOSTON CITY	J. H. MENDELSON	27	468	9,329	05	015	9,600	125782
BOSTON STATE	F. J. DUHL	825	1,695	58,442	06	018	8,400	
MASSACHUSETTS GENERAL	J. E. SCHWARTZ	21	168	15,611	16	044	10,200	
MASSACHUSETTS MENTAL HEALTH CENTER	R. I. SHADER, E. V. SEMRAD	212	918	10,308	26	072	8,400	

27A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MASSACHUSETTS, BOSTON - CONTINUED								
NEW ENGLAND MEDICAL CENTER HOSPITALS	P. G. MYERSON	93	704	1,309	05	015	10,165	126382
TUFTS-NEW ENGLAND MEDICAL CENTER-VETERANS ADMIN.	P. G. MYERSON				02	006		
NEW ENGLAND MEDICAL CENTER HOSPITALS	P. G. MYERSON	93	704	1,309			10,165	
VETERANS ADMIN.	D. M. HOLMES	103	632	4,359				
UNIVERSITY	P. H. KNAPP	120		1,500	08	024	9,600	126282
VETERANS ADMIN.	D. M. HOLMES	103	632	4,359	06	016	10,690	
CAMBRIDGE								
CAMBRIDGE	J. E. MACK	21	250	10,000	06	018	9,500	
HARDING								
MEDFIELD STATE	N. S. MITTEL	680	992	15,560	04	012	14,214	
HATHORNE								
DANVERS STATE	E. A. CONBOY	1,350	1,500	4,000	02	006	13,410	
TAUNTON								
TAUNTON STATE	T. IIDA	1,117	990	3,316	04	013	14,212	
WALTHAM								
METROPOLITAN STATE	M. ASEKOFF	929	2,096	3,500	04	007	9,000	
WORCESTER								
WORCESTER STATE	J. E. L. PRUNIER	817	1,500	2,582	04	016	13,410	242582
MICHIGAN								
ANN ARBOR								
UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS	E. DRAPER				14	050		
UNIVERSITY	E. DRAPER	53	370	14,111			10,600	
VETERANS ADMIN.	A. SILVERMAN, R. GING	64	620	932			10,000	
DETROIT								
DETROIT PSYCHIATRIC INSTITUTE	M. MARGOLIS	69	1,589	23,731	06	020	12,500	243182
HENRY FORD	R. SCHOPBACH	25	500	7,000	01	003	10,300	
LAFAYETTE CLINIC	J. S. GOTTLIEB	46	273	13,488	15	048	13,500	243382
SINAI HOSPITAL OF DETROIT	N. ROSENZWEIG	34	518	15,522	06	018	12,500	192682
EAST LANSING								
MICHIGAN STATE UNIVERSITY ASSOCIATED HOSPITALS	C. WORBY				04	012		
MICHIGAN STATE UNIVERSITY HEALTH CENTER								
GENESEE COUNTY COMMUNITY MENTAL HEALTH SERVICES (FLINT)	P. A. CHAPMAN			18,000			12,000	
ST. LAWRENCE COMMUNITY MENTAL HEALTH CENTER (LANSING)	P. A. OJEDA	31	1,117	27,443			10,000	
OAKLAND MEDICAL CENTER (PONTIAC)	I. S. FINKELSTEIN	1,233	1,727	19,438			12,825	
ELOISE								
WAYNE COUNTY GENERAL	M. MINUI	1,613	2,069	32,946	05	014	12,529	
FLINT								
GENESEE COUNTY COMMUNITY MENTAL HEALTH SERVICES	SEE MICHIGAN STATE UNIV. ASSOCIATED HOSPS., EAST LANSING							
LANSING								
ST. LAWRENCE COMMUNITY MENTAL HEALTH CENTER	SEE MICHIGAN STATE UNIV. ASSOCIATED HOSPS., EAST LANSING							
NORTHVILLE								
NORTHVILLE STATE	E. S. MARTINOVSKY	940	2,396	35,000	06	018	12,823	
PONTIAC								
OAKLAND MEDICAL CENTER	I. S. FINKELSTEIN	1,233	1,727	19,438	06	018	12,825	
TRAVERSE CITY								
TRAVERSE CITY STATE	P. E. KAUFFMAN	1,654	1,480	8,722	07	021	12,215	
YPSILANTI								
YPSILANTI STATE	W. J. BOGARD	2,385	1,599	32,611	08	024	12,826	
MINNESOTA								
MINNEAPOLIS								
UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS	W. HAUSMAN				09	017		
UNIVERSITY OF MINNESOTA HOSPITALS	W. HAUSMAN	33	292	5,979			10,500	
HENNEPIN COUNTY GENERAL	W. W. JEPSON	23	702	31,750			9,250	
ST. PAUL-RAMSEY (ST. PAUL)	V. B. TUASON	40	1,404	32,334			8,750	
VETERANS ADMIN.	E. W. POSEY	91	1,123	7,975	04	012	12,050	133382
ROCHESTER								
MAYO GRADUATE SCHOOL OF MEDICINE	R. M. STEINHILBER			4,311	08	024	10,500	
ROCHESTER METHODIST				284				
ST. MARY'S		44	854					
ST. PAUL								
ST. PAUL-RAMSEY	SEE UNIV. OF MINN. AFFILIATED HOSPS., MINNEAPOLIS							
MISSISSIPPI								
BILOXI								
VETERANS ADMIN. CENTER	M. W. DAVIS, C. WATKINS	524	1,563	8,816	03	003	12,119	
JACKSON								
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	J. F. SUESS				04	012		195782
UNIVERSITY	J. F. SUESS	15	318	319			14,500	
VETERANS ADMIN. CENTER	S. C. RUSSELL	39	573	3,998			13,878	
MISSISSIPPI STATE (WHITFIELD)	A. G. ANDERSON	231	4,016				14,000	
WHITFIELD								
MISSISSIPPI STATE	SEE UNIV. OF MISSISSIPPI MEDICAL CENTER, JACKSON							
MISSOURI								
COLUMBIA								
UNIVERSITY OF MISSOURI MEDICAL CENTER	J. M. A. WEISS	83	1,053	13,439	08	030	12,000	199482
KANSAS CITY								
UNIVERSITY OF MISSOURI RESIDENCY IN PSYCHIATRY	R. K. HORNSTRA				08	024	12,000	
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER								
WESTERN MISSOURI MENTAL HEALTH CENTER	R. K. HORNSTRA	127	4,495	20,269				
VETERANS ADMIN.	SEE UNIVERSITY OF KANSAS MEDICAL CENTER, KANSAS CITY, KANSAS							

27A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MISSOURI - CONTINUED								
ST.LOUIS								
JEWISH HOSPITAL OF ST. LOUIS	N. M. SIMON	24	369	3,890	02	006	11,000	135882
MALCOLM BLISS MENTAL HEALTH CENTER	M. STRAHILEVITZ	158	2,254	37,171	18	058	12,000	
MISSOURI INSTITUTE OF PSYCHIATRY-ST. LOUIS STATE	I. W. SLETTEN	1,034	3,754	51,267	12	052	13,000	248382
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS	E. T. AUER, C. K. HOFLING				06	018		136582
CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN	R. J. CORDAY			898			13,242	
DAVID P. WOHL MEMORIAL MENTAL HEALTH INSTITUTE	E. T. AUER, C. K. HOFLING	41	630	5,433			13,000	
FIRMIN DESLOGE GENERAL VETERANS ADMIN.	R. L. BIDDY	355	1,574	12,120				
WASHINGTON UNIVERSITY AFFILIATED HOSPITALS								
BARNES HOSPITAL GROUP	E. ROBINS	350	3,800	20,000	18	068	12,000	135382
NEBRASKA								
OMAHA								
UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS	M. T. EATON				12	036		137682
NEBRASKA PSYCHIATRIC INSTITUTE	M. T. EATON	49	566	9,626			8,600	
VETERANS ADMIN.	G. W. BARTHOLOW	71	618	1,281			10,775	
NEW HAMPSHIRE								
HANOVER								
DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS								
MARY HITCHCOCK MEMORIAL	G. J. TUCKER	23	525	8,000	06	018	8,500	
NEW JERSEY								
CEDAR GROVE								
ESSEX COUNTY HOSPITAL CENTER	A. M. KALLEN				05	013		
FLEMINGTON								
HUNTERDON MEDICAL CENTER	SEE CMDNJ-RUTGERS MEDICAL SCHOOL AFF. HOSPS., PISCATAWAY							
GREYSTONE PARK								
GREYSTONE PARK PSYCHIATRIC	J. J. SMITH	3,016	1,875	1,487	04	012	12,200	
HACKENSACK								
HACKENSACK	D. L. GOLDSTEIN	19	478	13,625	01	003	10,600	
HAMMONTON								
ANCORA PSYCHIATRIC	L. L. SELL	1,308	3,538	7,726	05	015	12,200	
LONG BRANCH								
MONMOUTH MEDICAL CENTER	H. H. BRUNT	42	898	8,104	02	004	11,000	139282
MARLBORO								
MARLBORO PSYCHIATRIC	N. KIREMITCI	953	3,201	17,716	03	009	12,200	
NEWARK								
CMDNJ-NEW JERSEY MEDICAL SCHOOL AFFILIATED HOSPITALS								
MARTLAND	M. S. DENHOLTZ	70	2,000	6,540	18	028	11,300	
PARAMUS								
BERGEN PINES COUNTY	P. H. WALSH	127	2,905	20,700	06	018	9,500	
PISCATAWAY								
CMDNJ-RUTGERS MEDICAL SCHOOL AFFILIATED HOSPITALS	W. E. MC GOUGH				10	030	8,000	
RUTGERS PSYCHIATRIC INSTITUTE	W. E. MC GOUGH	79	1,280	20,200				
HUNTERDON MEDICAL CENTER (FLEMINGTON)	R. ADAMS	15	240	10,000				
PRINCETON								
NEW JERSEY NEUROPSYCHIATRIC INSTITUTE	E. H. SHORT	701	1,717	6,061	03	012	12,200	
TRENTON								
TRENTON PSYCHIATRIC	M. ROTOV	1,878	2,395	2,668	04	012	12,200	
NEW MEXICO								
ALBUQUERQUE								
UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS	W. W. WINSLOW				05	015	8,000	
BERNALILLO COUNTY MEDICAL CENTER	W. W. WINSLOW	34	1,299	189,519				
VETERANS ADMIN.	S. I. GLOVER	41	561	9,758				
NEW YORK								
ALBANY								
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	A. KRAFT				06	018		141482
ALBANY MEDICAL CENTER		56	1,188	7,337			10,000	
VETERANS ADMIN.		144	721	10,976			11,000	
BINGHAMTON								
BINGHAMTON STATE	G. PRIMANIS	1,580	1,333	5,241	01	007	11,966	
BUFFALO								
BUFFALO STATE	J. J. SCONZO, B. SALABAN	1,571	1,797	14,729	05	015	11,966	
S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS								
EDWARD J. MEYER MEMORIAL	Z. C. TAINTOR	72	2,099	28,482	06	019	11,908	143882
CENTRAL ISLIP								
CENTRAL ISLIP STATE	F. J. O' NEILL	6,023	5,291	2,423	10	030	12,000	
COOPERSTOWN								
MARY IMOGENE BASSETT	SEE COLUMBIA UNIVERSITY AFFILIATED HOSPITALS, NEW YORK CITY							
EAST MEADOW								
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV.	J. M. SEMER	51	2,660	17,349	06	018	10,112	144882
HARRISON								
ST. VINCENT'S HOSPITAL AND MED. CENTER OF NEW YORK, WESTCHESTER BRANCH	SEE ST. VINCENT'S HSP. & MED. CTR. OF NEW YORK, N.Y.C.							
KINGS PARK								
KINGS PARK STATE	G. V. LAURY	5,041	914	16,823	10	030	11,966	
MARCY								
MARCY STATE	N. J. BIGELOW	2,878	1,599	3,298	03	009	11,966	

27A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK - CONTINUED								
MIDDLETOWN								
MIDDLETOWN STATE	A. DEL GIUDICE	2,371	1,274	9,372	06	018	11,966	
NEW HYDE PARK								
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER PROGRAM					14	040	14,000	260582
HILLSIDE HOSPITAL DIVISION (NEW YORK CITY)	R. M. CHALFIN	194	838	33,333				
QUEENS HOSPITAL CENTER (NEW YORK CITY)	S. SHAPIRO, M. FLEISHER	44	332	34,233				
NEW YORK CITY								
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	I. ZWERLING				29	108	14,000	193182
BRONX MUNICIPAL HOSPITAL CENTER	J. F. WILDER	98	1,526	51,778				
BRONX STATE	I. ZWERLING, E. J. HORNICK	60	201					
LINCOLN	G. KOZ			12,000			14,000	
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE	I. ZWERLING							
BETH ISRAEL MEDICAL CENTER	M. PERKINS	323	8,796	199,602	12	036	12,300	147082
BROOKDALE HOSPITAL CENTER	J. FROSCH	25	348	12,661	06	024	14,000	141982
BROOKLYN STATE	M. B. WALLACH	1,833	1,898	2,658	16	024	11,966	
CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS	I. GREENBERG	227	57	59,571	02	004		145062
SOUTH SHORE-ROCKAWAY MENTAL HEALTH CENTER				24,433				
COLUMBIA UNIVERSITY AFFILIATED HOSPITALS	L. C. KOLB				14	043		
NEW YORK STATE PSYCHIATRIC INSTITUTE	L. C. KOLB	146	506	16,817				
PRESBYTERIAN								
MARY IMOGENE BASSETT (COOPERSTOWN)	H. GURIAN	15	194	2,331			11,720	
CREEDMOOR STATE	J. M. GREENBERG, G. SEAMAN	3,923	2,678	86,284	12	036	12,166	
HARLEM HOSPITAL CENTER	E. B. DAVIS	37	447	26,208	06	015		147882
HILLSIDE HOSPITAL DIVISION	SEE LONG ISLAND JEWISH-HILLSIDE MEDICAL CNTR., NEW HYDE PARK							
MAIMONIDES MEDICAL CENTER	A. FIASCHE	34	732	24,082	04	012	14,000	142882
MEYER MANHATTAN PSYCHIATRIC	I. KESSELBRENNER, J. TALBOTT	2,333	2,175		15	049	11,966	
MONTEFIORE HOSPITAL AND MEDICAL CENTER	H. WEINER	26	275	12,000	06	018	13,300	148782
MOUNT SINAI HOSPITAL TRAINING PROGRAM								
MOUNT SINAI	M. STEIN	89	957	9,604	12	030	14,000	149082
CITY HOSPITAL CENTER AT ELMHURST	H. WEINSTOCK	127	3,640	13,284	12	034	14,000	
NEW YORK (PAYNE WHITNEY PSYCHIATRIC CLINIC)	P. G. WILSON	87	500	16,907	09	028	13,300	
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	A. M. FREEDMAN	73	1,684	49,735	12	042	14,000	
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS								
UNIT 2 - METROPOLITAN HOSPITAL CENTER								
NEW YORK UNIVERSITY MEDICAL CENTER	M. HERMAN, A. ZITRIN				14	040		146482
UNIVERSITY		20	297					
BELLEVUE HOSPITAL CENTER		412	9,710	37,959				
QUEENS HOSPITAL CENTER	SEE LONG ISLAND JEWISH-HILLSIDE MEDICAL CNTR., NEW HYDE PARK							
ROOSEVELT	S. E. KATZ	42	501	35,432	07	021	11,800	149682
ST. LUKE'S HOSPITAL CENTER	J. M. COTTON	77	1,423	12,936	04	011	13,000	149982
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	H. J. TOMPKINS	74	986	19,100	09	026	11,800	150082
ST. VINCENT'S HSP. & M. C. OF N.Y., WESTCHESTER BR. (HARRISON)	E. HANIN	89	868	2,937			12,000	
STATEN ISLAND MNTL. HLTH. SOCIETY- ST. VINCENT'S MED. CTR. OF RICHMOND	R. M. SILBERSTEIN	920	2,232	14,964	03	007	13,500	
STATEN ISLAND MENTAL HEALTH SOCIETY								
ST. VINCENT'S MEDICAL CENTER OF RICHMOND								
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	R. DICKES				20	060		142682
KINGS COUNTY HOSPITAL CENTER		329	9,620	50,861			14,000	
STATE UNIVERSITY		22	237				11,800	
VETERANS ADMIN. (BRONX)	J. A. DAVID	92	580	5,305	05	015	13,363	
VETERANS ADMIN. (MANHATTAN)	R. M. DERMAN	157	1,275	6,295	07	019	13,363	
ODGENSBURG								
ST. LAWRENCE STATE	L. D. HANES	1,210	1,242	3,064	05	011	11,966	263182
ORANGEBURG								
ROCKLAND STATE	H. PLEASURE	4,127	1,897	4,817	05	015	11,966	263382
POMONA								
ROCKLAND COUNTY COMMUNITY MENTAL HEALTH CENTER	S. ZIMBERG		1,872		04	012		
POUGHKEEPSIE								
HUDSON RIVER STATE	H. B. SNOW	3,279	1,604	3,471	04	020	11,966	
ROCHESTER								
ROCHESTER GENERAL	W. T. HART	29	904	42,821	02	006	10,000	
ROCHESTER STATE	R. BARTON	2,501	1,597		04	012	11,965	
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	L. C. WYNNE	101	1,545	28,167	16	048	10,000	
SYRACUSE								
S.U.N.Y. UPSTATE MEDICAL CENTER	D. OKEN				08	024	9,700	151682
STATE UNIVERSITY	D. OKEN	15	106	4,988				
SYRACUSE PSYCHIATRIC	F. B. SOULTS	25	411	27,097				
VETERANS ADMIN.	J. J. DANEHY	78	526	743				
UTICA								
UTICA STATE	G. VOLOW				04	016		
VALHALLA								
GRASSLANDS	S. GAYLIN	93	2,466	13,669	06	019	11,850	152182

27A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK - CONTINUED								
WEST BRENTWOOD								
PILGRIM STATE	H. BRILL	8,240	2,682		05	025	11,966	
WHITE PLAINS								
NEW YORK HOSPITAL-CORNELL MEDICAL CENTER (WESTCHESTER DIVISION)	F. J. HAMILTON	251	738	5,277	08	026	9,040	
NORTH CAROLINA								
BUTNER								
JOHN UMSTEAD	A. VERWOERDT	1,174	3,095		05	015	13,092	
CHAPEL HILL								
NORTH CAROLINA MEMORIAL	W. E. BAKEWELL, JR.	54	730	19,320	10	028	10,000	19D082
DURHAM								
DUKE UNIVERSITY AFFILIATED HOSPITALS	E. W. BUSSE				12	044	9,250	
DUKE UNIVERSITY MEDICAL CENTER	E. W. BUSSE	50	798	3,842	12	044	9,250	
VETERANS ADMIN.	R. L. GREEN, JR.	64	1,219	1,866				
RALEIGH								
DOROTHEA DIX	P. A. WALKER	79	748	20,106	05	015	13,092	
WINSTON-SALEM								
BOWMAN GRAY SCHOOL OF MEDICINE AFFILIATED HOSPITALS								
NORTH CAROLINA BAPTIST	R. PROCTOR	9	229	1,541	06	015		153782
OHIO								
CINCINNATI								
ROLLMAN PSYCHIATRIC INSTITUTE	R. D. STEELE	89	932	15,106	12	030	14,414	
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	R. S. DANIELS				16	056		154682
CINCINNATI GENERAL		47	633	38,054			9,200	
VETERANS ADMIN.		61	627	2,442			10,590	
CLEVELAND								
CLEVELAND CLINIC	A. D. WEATHERHEAD	24	242	5,473	02	006	9,500	
CLEVELAND PSYCHIATRIC INSTITUTE	H. D. ARBUCKLE	151	1,662	17,386	08	024	9,214	
FAIRHILL MENTAL HEALTH CENTER	T. J. JOYNES	113	1,664	17,201	10	025	9,214	
UNIVERSITY HOSPITALS OF CLEVELAND	L. D. LENKOSKI	64	793	6,318	08	025	10,500	156282
VETERANS ADMIN.	H. S. SUDAK	33	217				10,850	
COLUMBUS								
COLUMBUS STATE	L. SZABO	1,320	1,737	29,421	08	024	9,214	
OHIO STATE UNIVERSITY HOSPITALS	I. W. GREGORY	100	1,333	14,000	08	022	9,600	156662
CUYAHOGA FALLS								
FALLSVIEW MENTAL HEALTH CENTER	P. M. JACKSON	89	1,767	23,448	06	020	8,965	
TOLEDO								
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS	M. E. GOTTLIEB				04	012	12,500	157982
HOSPITAL OF MEDICAL COLLEGE OF OHIO AT TOLEDO	M. E. GOTTLIEB			12,340				
ST. VINCENT HOSPITAL AND MEDICAL CENTER	W. J. KING	35	742	68				
TOLEDO MENTAL HEALTH CENTER	M. E. GOTTLIEB	1,877	2,586	13,664				
WORTHINGTON								
HARDING	G. T. HARDING, JR.	96	555	1,876	03	009	9,000	271982
OKLAHOMA								
NORMAN								
CENTRAL STATE GRIFFIN MEMORIAL	H. H. DONAHUE	540	2,541	6,190	05	015	14,360	
OKLAHOMA CITY								
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER	G. H. DECKERT				06	024	9,000	
UNIVERSITY OF OKLAHOMA HOSPITALS	G. H. DECKERT	13	31	6,398				
VETERANS ADMIN.	R. E. BULLARD	70	626	14,061				
OREGON								
PORTLAND								
UNIVERSITY OF OREGON AFFILIATED HOSPITALS								
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	G. SASLOW	31	1,274	4,865	06	016	8,600	159982
SALEM								
OREGON STATE	N. B. JETMALANI	897	2,684	501	03	009	13,124	
PENNSYLVANIA								
BRIDGEVILLE								
MAYVIEW STATE	R. ST. JOHN	1,950	839		04	012	11,501	
COATESVILLE								
VETERANS ADMIN.	J. C. SCOTT	1,147	1,888	4,572	05	006	12,000	
HERSHEY								
MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY	A. KALES				03	009	10,224	161782
NORRISTOWN								
NORRISTOWN STATE	R. M. CATTON	2,100	769	6,382	10	030	13,979	
PHILADELPHIA								
ALBERT EINSTEIN MEDICAL CENTER	M. D. PRESSMAN	27	537	2,637	03	010	10,100	163182
EASTERN PENNSYLVANIA PSYCHIATRIC INSTITUTE	A. LUBIZKA, P. MC DONOUGH	100	327	5,476	05	015	11,501	
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	E. LAGER, R. A. NEWMAN	1,493	3,173	36,077	12	036	9,700	
HOSPITAL OF THE MEDICAL COLLEGE OF PENNSYLVANIA	L. MADOW	50	164	3,147	06	015	10,650	184982
INSTITUTE OF THE PENNSYLVANIA HOSPITAL	J. M. MYERS	184	1,215	7,964	06	018	10,600	
PHILADELPHIA PSYCHIATRIC CENTER	J. ADLESTEIN			3,724	07	021	11,600	
PHILADELPHIA STATE	B. CAHN	2,300	966	2,863	10	030	13,301	
TEMPLE UNIVERSITY	M. C. PEPERNIK	22	413	3,563	06	019	10,200	
THOMAS JEFFERSON UNIVERSITY	F. S. CORNELISON, JR.	19	412	2,092	08	024	14,000	

27A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
PENNSYLVANIA, PHILADELPHIA - CONTINUED								
UNIVERSITY OF PENNSYLVANIA								
AFFILIATED HOSPITALS	S. S. HAMILTON				12	034		162882
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA		25	525	7,219			9,991	
PHILADELPHIA GENERAL		46	533	3,930			10,150	
VETERANS ADMIN.		35	394	450			11,125	
PITTSBURGH								
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH								
WESTERN PSYCHIATRIC INSTITUTE AND CLINIC	I. F. MALLOT	119	1,303	40,783	16	048	9,495	
WARREN								
WARREN STATE	A. Y. HOSHINO	1,870	917		10	027	9,923	
PUERTO RICO								
BAYAMON								
PUERTO RICO INSTITUTE OF PSYCHIATRY	V. J. BERNAL	412	1,518		06	006		
SAN JUAN								
UNIV. OF PUERTO RICO SCHOOL OF MEDICINE (DEPARTMENT OF PSYCHIATRY)	J. A. ROSELLO	939	3,675	56,612	10	022	7,500	
VETERANS ADMIN. CENTER	P. J. DURANO	208	1,577	21,055	04	012	8,211	
RHODE ISLAND								
HOWARD								
RHODE ISLAND MEDICAL CENTER-INSTITUTE OF MENTAL HEALTH	M. ROSS	1,757	1,995	1,420	05	019	9,840	278782
SOUTH CAROLINA								
CHARLESTON								
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS	L. MC CURDY				08	024		168082
MEDICAL UNIVERSITY OF SOUTH CAROLINA	L. MC CURDY	32	380	5,117			9,000	
VETERANS ADMIN.	J. D. SEXAUER	39	391	1,656			9,377	
COLUMBIA								
WILLIAM S. HALL PSYCHIATRIC INSTITUTE	J. E. FREED	72	427	8,522	08	022	11,358	280382
TENNESSEE								
MEMPHIS								
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS	G. H. AIVAZIAN				07	021		184462
CITY OF MEMPHIS HOSPITALS	G. H. AIVAZIAN	22	717	3,060			7,752	
TENNESSEE PSYCHIATRIC HOSPITAL AND INSTITUTE	G. H. AIVAZIAN	146	2,201	13,891			3	
VETERANS ADMIN.	J. H. DRUFF	159	1,314	8,402			8,120	
NASHVILLE								
GEORGE W. HUBBARD HOSPITAL OF THE MEHARRY MEDICAL COLLEGE	J. SPURLOCK	11	189	2,923	02	006	8,760	
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	M. H. HOLLENDER				07	020	8,500	170282
VANDERBILT UNIVERSITY	M. H. HOLLENDER	11	371	8,376				
VETERANS ADMIN.	J. H. FISHBEIN	45	501	3,041				
TEXAS								
AUSTIN								
AUSTIN STATE	A. P. ROUSOS	1,509	4,356	3,545	08	024	13,000	
DALLAS								
TIMBERLAWN PSYCHIATRIC	J. M. LEWIS	147	406	15,000	05	015	10,800	
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL AFFILIATED HOSPITALS	A. W. DE LOACH				08	040		283582
PARKLAND MEMORIAL	A. W. DE LOACH	43	434	5,371			7,893	
PRESBYTERIAN HOSPITAL OF DALLAS	A. W. DE LOACH	22	357	4,114			7,893	
VETERANS ADMIN.	I. KIMBELL, JR.	76	540	1,502			8,546	
TERRELL STATE (TERRELL)	L. M. COWLEY	2,528	4,321	4,171			13,000	
GALVESTON								
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	E. I. BRUCE, JR.	219	2,206	7,570	10	030	9,600	
HOUSTON								
BAYLOR COLLEGE OF MEDICINE AFFILIATED HOSPITALS	A. D. POKORNY				10	030	9,000	171682
BEN TAUB GENERAL	A. D. POKORNY	18	577	5,971				
METHODIST	W. A. CANTRELL	43	798					
TEXAS RESEARCH INSTITUTE OF MENTAL SCIENCES	N. R. BURCH	84	1,088	29,690				
VETERANS ADMIN.	A. D. POKORNY	343	2,072	9,422			8,500	
SAN ANTONIO								
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS BEXAR COUNTY TEACHING	S. ROSENTHAL	26	600	12,000	06	018	9,000	172282
TEMPLE								
SCOTT AND WHITE MEMORIAL	H. A. WILMER	17	496	7,303	04	012	9,400	172562
TERRELL								
TERRELL STATE	SEE UNIV. OF TEX. SOUTHWESTERN MED. SCH. AFF. HOSPS., DALLAS							
UTAH								
PROVO								
UTAH STATE	SEE UNIVERSITY OF UTAH AFFILIATED HOSPITALS, SALT LAKE CITY							
SALT LAKE CITY								
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	E. L. BLISS				06	017	9,600	173282
UNIVERSITY	E. L. BLISS	19	631	2,667				
VETERANS ADMIN.								
UTAH STATE (PROVO)	R. S. KIGER	312	825					

27A. PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
VERMONT								
BURLINGTON								
MEDICAL CENTER HOSPITAL OF VERMONT	F. P. MC KEGNEY	28	490	5,300	05	014	8,000	173482
VIRGINIA								
CHARLOTTESVILLE								
UNIVERSITY OF VIRGINIA	D. R. HAWKINS	39	479	16,552	06	024	11,400	173782
FALLS CHURCH								
NORTHERN VIRGINIA MENTAL HEALTH INSTITUTE	M. A. JACOBSON	96	639		03	009	15,000	
PETERSBURG								
CENTRAL STATE	H. SORMUS	2,467	2,584		03	010	15,000	
RICHMOND								
VIRGINIA COMMONWEALTH UNIVERSITY								
M.C.V. AFFILIATED HOSPITALS								
MEDICAL COLLEGE OF VIRGINIA HOSPITALS	D. S. ZALIS	44	2,419	7,850	06	015	14,400	174382
WILLIAMSBURG								
EASTERN STATE	F. D. MC KENNEY, JR.	2,313	2,038		04	014	15,000	
WASHINGTON								
FORT STEILACOOM								
WESTERN STATE	J. W. BOUDWIN	134	537	2,492	04	012	10,800	
SEATTLE								
UNIVERSITY OF WASHINGTON								
AFFILIATED HOSPITALS	J. L. HAMPSON				14	040		191882
HARBORVIEW MEDICAL CENTER	L. SATA		1,813	2,565				
UNIVERSITY	J. L. HAMPSON	35	220	7,420			8,700	
VETERANS ADMIN.	M. H. JOHNSON	67	562	9,957			8,700	
SEDRO WOOLLEY								
NORTHERN STATE	S. M. SPIRO	633	986	8,400	02	005	10,800	
WEST VIRGINIA								
MORGANTOWN								
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	W. W. SPRADLIN	25	1,249	7,610	04	012	10,000	183782
WISCONSIN								
MADISON								
UNIVERSITY OF WISCONSIN								
AFFILIATED HOSPITALS	W. F. FEY				12	039		177982
UNIVERSITY HOSPITALS	W. F. FEY	32	605	22,111			9,270	
MENDOTA STATE	L. I. STEIN	357	2,071	5,200				
MILWAUKEE								
MEDICAL COLLEGE OF WISCONSIN								
AFFILIATED HOSPITALS	D. J. CAREK, E. H. OLSEN				08	024		
MILWAUKEE PSYCHIATRIC (WAUWATOSA)	E. H. OLSON	83		3,303			10,000	
MILWAUKEE CHILDREN'S	H. D. SACKIN	3	160	13,811				
MILWAUKEE COUNTY MENTAL HEALTH CENTER	E. H. OLSEN	299	4,884	15,000			10,000	
VETERANS ADMIN. CENTER (WOOD)	T. H. LEITSCHUH	68	1,087	15,138			10,413	
WAUWATOSA								
MILWAUKEE PSYCHIATRIC	SEE MED. COLL. OF WIS. AFFILIATED HOSPS., MILWAUKEE							
WINNEBAGO								
WINNEBAGO STATE	G. O. LYSLOFF	590	2,236	282	04	012	15,700	291182

27B. PSYCHIATRY

Residency program in the following hospitals have been approved for TWO years of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology, 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 Lists 27A and 27C.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NONFEDERAL AND VETERANS ADMINISTRATION								
NEW YORK								
WILLARD								
WILLARD STATE	R. K. KARLSSON	1,382	304	4,406	02	006	11,966	265982
WINGDALE								
HARLEM VALLEY STATE	A. DRESNER	3,492	801	1,459	01	002	11,966	266182
PENNSYLVANIA								
DANVILLE								
DANVILLE STATE	L. R. ANGUS	1,748	552	3,643	03	006	11,501	

27C. PSYCHIATRY

Residency programs in the following hospitals have been approved for ONE year of training by the Council on Medical Education and the American Board of Psychiatry and Neurology, through the Residency Review Committee for Psychiatry and Neurology. Applicants intending to qualify for examination by the American Board of Psychiatry and Neurology, 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 Lists 27A and 27B.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES PUBLIC HEALTH SERVICE								
MARYLAND								
NATIONAL INSTITUTES OF HEALTH-CLINICAL CENTER, BETHESDA								
NONFEDERAL AND VETERANS ADMINISTRATION								
CONNECTICUT								
NEW CANAAN								
SILVER HILL FOUNDATION	J. G. KATIS	44	297	1,407	02	002	18,000	
MARYLAND								
ROCKVILLE								
CHESTNUT LODGE	J. L. CAMERON	86	43	2,880	03	005	13,000	
MASSACHUSETTS								
BOSTON								
PETER BENT BRIGHAM	P. REICH			995	02	002		
STOCKBRIDGE								
AUSTEN RIGGS CENTER	O. A. WILL, JR.	39	30	2,717	02	006	11,000	
WALTHAM								
WALTER E. FERNALD STATE SCHOOL	N. BERNSTEIN, J. RICE				01	001	6,000	
NEW YORK								
PORT CHESTER								
HIGH POINT	A. GRALNICK	40			02	002	16,500	
THIELLS								
LETCHWORTH VILLAGE	T. SMITH	3,547	43		02	002	13,163	

27D. CHILD PSYCHIATRY

The following residency training programs in Child Psychiatry are approved for TWO years of training in the sub-specialty of Child Psychiatry by the Council on Medical Education, the American Board of Psychiatry and Neurology and its Committee on Certification in Child Psychiatry, through the Residency Review Committee for Psychiatry and Neurology. 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 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
UNITED STATES ARMY							
CALIFORNIA							
LETTERMAN GENERAL, SAN FRANCISCO	C. K. CORDES			3,202	02	004	
DISTRICT OF COLUMBIA							
WALTER REED GENERAL, WASHINGTON	D. P. DEVARIS	16		4,200	04	008	
NONFEDERAL AND VETERANS ADMINISTRATION							
ALABAMA							
BIRMINGHAM							
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS	R. ESTOCK	24	169	1,989	02	004	13,000
CALIFORNIA							
BERKELEY							
CITY OF BERKELEY MENTAL HEALTH SERVICES	R. SHAW	15	175	3,950	04	008	8,196
CAMARILLO							
CAMARILLO STATE	N. I. RIEGER	170	175	340	04	005	8,112
DAVIS							
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS	D. G. LANGSLEY				04	004	11,960
SACRAMENTO MEDICAL CENTER (SACRAMENTO)		33	1,496	31,446			
IMOLA							
NAPA STATE	S. W. GRINNELL	125	108		02	004	16,044

27D. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
CALIFORNIA - CONTINUED							
IRVINE							
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS							
ORANGE COUNTY MEDICAL CENTER (ORANGE)	J. D. CALL	12	36	2,262	03	006	15,630
LOS ANGELES							
CEDARS-SINAI MEDICAL CENTER MOUNT SINAI HOSPITAL DIVISION	S. L. BROWN			16,212	03	005	14,700
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	J. D. TEICHER	60	524	18,581	06	012	
REISS - DAVIS CHILD STUDY CENTER	R. L. MOTTO	51	155		03	006	9,000
U. C. L. A.	R. D. PASNAU	62	226	15,310	08	008	12,150
ORANGE							
ORANGE COUNTY MEDICAL CENTER	SEE UNIVERSITY OF CALIFORNIA (IRVINE) AFF. HOSPS, IRVINE						
PASADENA							
PASADENA CHILD GUIDANCE CLINIC	J. M. MEAD	40	320	10,000	02	004	10,000
SACRAMENTO							
SACRAMENTO MEDICAL CENTER	SEE UNIVERSITY OF CALIFORNIA (DAVIS) AFF. HOSPS., DAVIS						
SAN DIEGO							
COMMUNITY MENTAL HEALTH SERVICES OF SAN DIEGO COUNTY	L. M. FOX	14	54	2,287	02	004	15,308
CHILD GUIDANCE CLINIC	T. L. TRUNNELL			12,801			7,400
SAN FRANCISCO							
CHILDREN'S HOSPITAL AND ADULT MEDICAL CENTER	R. A. KIMMICH			8,864	01	003	9,700
MOUNT ZION HOSPITAL AND MEDICAL CENTER	C. F. SETTLAGE			9,417	04	006	10,315
ST. MARY'S HOSPITAL AND MEDICAL CENTER	M. T. KHLENTZOS	25	457	6,230	04	008	
UNIVERSITY OF CALIFORNIA PROGRAM LANGLEY PORTER NEUROPSYCHIATRIC INSTITUTE	S. A. SZUREK	8		7,443	05	007	7,000
STANFORD							
STANFORD UNIVERSITY AFFILIATED HOSPITALS							
STANFORD UNIVERSITY	A. J. ROSENTHAL			2,875	03	006	9,700
TORRANCE							
LOS ANGELES COUNTY HARBOR GENERAL	P. CASTELNUOVO-TEDESCO	25	144	6,507	01	004	14,340
VAN NUYS							
SAN FERNANDO VALLEY CHILD GUIDANCE CLINIC	L. M. GOLDFINE		2,071	18,125	02	003	12,000
COLORADO							
DENVER							
UNIVERSITY OF COLORADO MEDICAL CENTER	G. E. BLOM				04	008	13,744
CONNECTICUT							
HARTFORD							
INSTITUTE OF LIVING-CHILDREN'S CLINIC	F. G. BUCKNAM	20	70	4,119	01	002	13,500
NEW HAVEN							
YALE UNIVERSITY CHILD STUDY CENTER	A. J. SOLNIT			9,258	05	007	10,000
DISTRICT OF COLUMBIA							
WASHINGTON							
CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA	R. LOURIE, L. COVE	1	26	6,009	06	012	10,500
GEORGETOWN UNIVERSITY MEDICAL CENTER	E. S. KESSLER			3,951	03	006	11,077
FLORIDA							
GAINESVILLE							
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS	P. L. ADAMS	19	7	4,436	04	008	9,600
MIAMI							
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS							
JACKSON MEMORIAL	J. N. SUSSEX	8	21	1,010	03	006	12,590
TAMPA							
UNIVERSITY OF SOUTH FLORIDA AFFILIATED HOSPITALS	W. AFIELD				02	004	
TAMPA GENERAL							8,925
ST. JOSEPH'S		1	26	838			11,500
GEORGIA							
ATLANTA							
EMORY UNIVERSITY AFFILIATED HOSPITALS	J. M. WEINER			5,000	03	006	12,000
GEORGIA MENTAL HEALTH INSTITUTE		8	166	6,257			
GRADY MEMORIAL							
HAWAII							
HONOLULU							
UNIVERSITY OF HAWAII AFFILIATED HOSPITALS	J. F. MC DERMOTT				03	006	11,700
UNIVERSITY OF HAWAII, LEAHI		11	37				
DIAMOND HEAD MENTAL HEALTH CLINIC							
ILLINOIS							
CHICAGO							
CHILDREN'S MEMORIAL	J. L. SCHULMAN			11,355	02	004	
INSTITUTE FOR JUVENILE RESEARCH	E. H. FUTTERMAN			786	04	008	
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	S. C. FEINSTEIN	13	36	4,484	03	006	11,100
PRESBYTERIAN-ST. LUKE'S	R. C. KOENIG	15	150	2,500	02	004	9,946

27D. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
ILLINOIS, CHICAGO - CONTINUED							
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	R. V. KAUFMAN	160	140	1,888	05	005	12,200
INDIANA							
INDIANAPOLIS							
INDIANA UNIVERSITY MEDICAL CENTER	J. SIMMONS				08	016	
INDIANA UNIVERSITY HOSPITALS	J. SIMMONS			3,079			9,500
LARUE D. CARTER MEMORIAL		46	54	1,764			12,844
IOWA							
IOWA CITY							
STATE PSYCHOPATHIC	H. H. COMLY	21	45	1,126	02	004	11,500
KANSAS							
KANSAS CITY							
UNIVERSITY OF KANSAS MEDICAL CENTER	P. C. LAYBOURNE, JR.	5	90	7,200	04	008	11,000
TOPEKA							
CHILDREN'S DIVISION, THE MENNINGER FOUNDATION	J. T. MORROW, JR.	63	454	8,512	09	016	13,000
KENTUCKY							
LEXINGTON							
UNIVERSITY OF KENTUCKY MEDICAL CENTER	R. G. AUG	21	113	1,720	03	006	
UNIVERSITY CHILDREN'S TREATMENT CENTER (ANCHORAGE)							
LOUISVILLE							
BINGHAM CHILD GUIDANCE CLINIC	J. F. ICE	36	506	8,743	02	004	13,000
LOUISIANA							
NEW ORLEANS							
LOUISIANA STATE UNIVERSITY MEDICAL CENTER	S. E. RUBIN			3,600	04	008	
TULANE UNIVERSITY AFFILIATED HOSPITALS							
SOUTHEAST LOUISIANA (MANDEVILLE)	R. W. BRUNSTETTER	49	79		02	006	
MARYLAND							
BALTIMORE							
JOHNS HOPKINS	A. RODRIGUEZ	9	283	6,992	04	006	
UNIVERSITY OF MARYLAND	T. M. MOOARRESSI	10	10	630	04	012	10,700
TOWSON							
SHEPARD AND ENOCH PRATT	J. J. GIBBS	16	25	2,800	03	006	10,500
MASSACHUSETTS							
BELMONT							
BEAVERBROOK GUIDANCE CENTER	C. HUDSON				02	004	
BOSTON							
BETH ISRAEL	S. J. ONESTI	10	15	6,971	03	006	7,000
BOSTON UNIVERSITY MEDICAL CENTER, CHILDREN'S AMBULATORY SERVICES	S. T. VAN AMERONGEN	150	15	4,500	05	010	7,500
CHILDREN'S HOSPITAL MEDICAL CENTER	V. B. TISZA			7,953	02	003	
DOUGLAS A. THOM CLINIC FOR CHILDREN	H. WEINTRAUB	30	150		03	003	8,000
JAMES JACKSON PUTNAM CHILDREN'S CENTER	R. CHASIN				01	004	
JUDGE BAKER GUIDANCE CENTER	V. B. TISZA	27	27	13,753	07	007	6,000
MASSACHUSETTS GENERAL	J. H. LAMONT	17		5,172	02	003	10,200
MASSACHUSETTS MENTAL HEALTH CENTER	G. ROCHLIN	12	2	4,510	04	008	
NEW ENGLAND MEDICAL CENTER HOSPITALS	F. M. EHRLICH	4	15	5,299	02	004	10,165
CAMBRIDGE							
CAMBRIDGE GUIDANCE CENTER	C. K. TAGIURI	604	498	9,628	02	004	
QUINCY							
SOUTH SHORE MENTAL HEALTH CENTER	J. B. NELSON, 3D.			12,800	01	002	12,000
WALTHAM							
METROPOLITAN STATE	D. S. GAIR	65	203	10,000	03	006	9,000
WORCESTER							
WORCESTER YOUTH GUIDANCE CENTER	H. L. WYLIE		468	8,486	02	004	14,214
MICHIGAN							
ANN ARBOR							
UNIVERSITY	S. FINCH, S. HARRISON	25	83	12,554	10	020	11,400
DETROIT							
LAFAYETTE CLINIC	C. B. SIMSON	52	186	6,099	03	010	13,700
NORTHVILLE							
HAWTHORN CENTER	H. L. WRIGHT	245	216	7,040	03	006	12,820
PONTIAC							
OAKLAND MEDICAL CENTER	J. W. JOHNSON	144	158	1,500	02	004	13,885
YPSILANTI							
YORK WOODS CENTER	E. P. BENEDEK	75	69	1,283	02	004	13,885
MINNESOTA							
MINNEAPOLIS							
UNIVERSITY OF MINNESOTA HOSPITALS	M. F. KOCH	15	77	600	02	004	10,500
ROCHESTER							
MAYO GRADUATE SCHOOL OF MEDICINE	A. R. LUCAS	14	53	3,500	02	004	11,500
ST PAUL							
WILDER DEPARTMENT OF CHILD GUIDANCE AND DEVELOPMENT	R. C. KNOWLES	57	1,351	14,439	02	002	12,500

27D. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
MISSOURI							
UNIVERSITY OF MISSOURI MEDICAL CENTER	F. TAPIA	26	65	2,500	03	009	14,000
KANSAS CITY							
GRTR. KANSAS CTY. MNTL. HLTH. FNDN., U. MO. SCH. MED., KANS. CITY DIV.	J. R. HARTE	38	530	2,070	04	008	14,600
MALCOLM BLISS MENTAL HEALTH CENTER	J. E. EDWARDS	21	201	8,717	04	006	15,000
ST. LOUIS							
WILLIAM GREENLEAF ELIOT DIV. OF CHILD PSYCH.—WASH. U. SCH. OF MED.	E. J. ANTHONY	55	40	11,958	03	006	11,000
NEBRASKA							
OMAHA							
NEBRASKA PSYCHIATRIC INSTITUTE	P. FINE	14	53	1,437	01	002	9,600
NEW HAMPSHIRE							
HANOVER							
DARTMOUTH MEDICAL SCHOOL							
AFFILIATED HOSPITALS	R. SOBEL	23	525	2,000	02	004	8,500
DARTMOUTH-HITCHCOCK MENTAL HEALTH CENTER							
MARY HITCHCOCK MEMORIAL							
NEW JERSEY							
PLAINFIELD							
UNION COUNTY PSYCHIATRIC CLINIC	N. A. DURANT	83	1,580	24,056	01	002	
TRENTON							
CHILD GUIDANCE CENTER OF MERCER COUNTY	N. N. BOONIN			10,893	02	004	10,500
NEW YORK							
NEW HYDE PARK							
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER PROGRAM	J. M. ROHEIM				03	006	15,150
HILLSIDE HOSPITAL DIVISION (NEW YORK CITY)		113	82	6,586			
QUEENS HOSPITAL CENTER (NEW YORK CITY)				8,453			
NEW YORK CITY							
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS							
BRONX MUNICIPAL HOSPITAL CENTER	J. CRAMER	39	321	13,491	07	014	
BROOKDALE HOSPITAL CENTER					01	002	15,400
BROOKLYN PSYCHIATRIC CENTERS					01	002	
CITY HOSPITAL CENTER AT ELMHURST	D. S. SCHULMAN	35	561	4,045	05	010	15,400
COLUMBIA UNIVERSITY AFFILIATED HOSPITALS	W. LANGFORD				11	011	
NEW YORK STATE PSYCHIATRIC INSTITUTE	W. LANGFORD	11	18	3,040			
PRESBYTERIAN							
HARLEM HOSPITAL CENTER	V. N. WILKING			11,158	02	002	
HILLSIDE HOSPITAL	SEE LONG ISLAND JEWISH-HILLSIDE MED. CNTR.-NEW HYDE PK.						
MADELEINE BORG CHILD GUIDANCE INSTITUTE	A. H. ESMAN			4,076	02	004	14,500
MAIMONIDES MEDICAL CENTER	N. SHER			6,426	02	004	14,000
MOUNT SINAI	A. BLAU, M. STEIN	7	49	1,957	04	007	14,700
NEW YORK (PAYNE WHITNEY PSYCHIATRIC CLINIC)	E. G. DABBS			2,334	03	006	14,700
QUEENS HOSPITAL CENTER	SEE LONG ISLAND-HILLSIDE MED. CNTR., NEW HYDE PARK						
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	R. LA VIETES			5,278	03	006	15,400
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS							
UNIT 2 - METROPOLITAN HOSPITAL CENTER							
UNIT 3 - BIRD S. COLER MEMORIAL HOSPITAL AND HOME							
NEW YORK UNIVERSITY MEDICAL CENTER	B. FISH				04	008	
BELLEVUE HOSPITAL CENTER		40	384	5,038			
UNIVERSITY							
POSTGRAD. CTR. FOR MNTL. HLTH., CLIN. FOR CHILDREN AND ADOLESCENTS	B. B. PFEFFER	40		40	01	002	12,500
ROOSEVELT	S. E. KATZ			2,324	02	002	14,500
ST. LUKE'S HOSPITAL CENTER	J. M. COTTON		164	10,942	02	005	14,000
STATEN ISLAND MNTL. HLTH. SOCIETY-ST. VINCENT'S MED. CTR. OF RICHMOND	B. L. NEW	164	480	6,612	03	008	13,500
STATEN ISLAND MENTAL HEALTH SOCIETY							
ST. VINCENT'S MEDICAL CENTER OF RICHMOND							
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	J. R. KEMPH				09	015	15,400
KINGS COUNTY HOSPITAL CENTER		57	585	7,820			
STATE UNIVERSITY							
RHINEBECK							
ASTOR HOME FOR CHILDREN	G. MORA	84	29	38	01	001	12,000
ROCHESTER							
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	D. L. MILLER	2	25	3,300	02	004	10,000
SCHENECTADY							
SCHENECTADY COUNTY CHILD GUIDANCE CENTER	H. E. KAROWE			3,364	02	004	8,000

27D. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
NORTH CAROLINA							
BUTNER							
MURDOCH CENTER, CHILDREN'S PSYCHIATRIC INSTITUTE	M. AMAYA	46	17	12,450	02	004	13,745
CHAPEL HILL							
NORTH CAROLINA MEMORIAL	H. P. LINEBERGER			3,400	03	006	11,000
DURHAM							
DURHAM CHILD GUIDANCE CLINIC, DUKE UNIVERSITY MEDICAL CENTER	H. J. HARRIS	150	450	10,000	02	004	10,250
OHIO							
CINCINNATI							
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	O. KRUG			2,932	07	013	10,700
CENTRAL PSYCHIATRIC CLINIC							
CHILDREN'S PSYCHIATRIC CENTER OF THE JEWISH HOSPITAL		32		6,381			
CLEVELAND							
CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS	W. D. BOAZ				02	004	11,500
UNIVERSITY HOSPITALS OF CLEVELAND	W. D. BOAZ	8	36	4,574			
CLEVELAND GUIDANCE CENTER	G. R. LOOMIS						
COLUMBUS							
OHIO STATE UNIVERSITY HOSPITALS	R. D. CODDINGTON	15	43	4,000	03	006	9,500
DAYTON							
DAYTON CHILDREN'S PSYCHIATRIC HOSPITAL-CHILD GUIDANCE CENTER	J. M. CUNNINGHAM				02	004	
TOLEDO							
MEDICAL COLLEGE OF OHIO AT TOLEDO	W. M. EASSON	22	33		02	004	13,500
OKLAHOMA							
OKLAHOMA CITY							
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER	M. D. SCHECHTER			4,155	02	004	11,000
TULSA							
CHILDREN'S MEDICAL CENTER	J. T. PROCTOR	94	257	26,708	02	004	11,000
OREGON							
PORTLAND							
UNIVERSITY OF OREGON AFFILIATED HOSPITALS							
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	H. I. BOVERMAN	30	20	881	02	004	10,000
PENNSYLVANIA							
NORRISTOWN							
MONTGOMERY COUNTY MENTAL HEALTH CLINICS	S. I. ALTMAN			12,177	02	004	10,000
PHILADELPHIA							
ALBERT EINSTEIN MEDICAL CENTER	M. PRESSMAN, W. ALLAN		3	1,336	01	002	10,100
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	H. S. BELMONT	33	41	8,201	04	010	8,500
IRVING SCHWARTZ INST. FOR CHILDREN & YOUTH OF THE PHILA. PSYCH. CTR.	N. WOHL			22,066	03	008	12,400
MEDICAL COLLEGE OF PA.-EASTERN PENNSYLVANIA PSYCHIATRIC INSTITUTE	R. C. PRALL	56	15	55,447	06	012	13,979
PHILADELPHIA CHILD GUIDANCE CLINIC	C. A. MALONE		1,101	22,439	05	010	10,500
PHILADELPHIA GENERAL	H. DILLON			1,150	02	002	10,950
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	P. A. MC ILHENNY			8,086	03	006	11,500
PITTSBURGH							
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH WESTERN PSYCHIATRIC INSTITUTE AND CLINIC	R. L. COHEN	105	2,400	24,500	05	016	11,500
WILKES-BARRE							
CHILDRENS SERVICE CENTER OF WYOMING VALLEY	M. E. BARNES	16	43	8,318	01	002	8,000
PUERTO RICO							
SAN JUAN							
UNIV. OF PUERTO RICO SCHOOL OF MEDICINE (DEPARTMENT OF PSYCHIATRY)	G. SANTIAGO	20	13	4,200	04	006	
RHODE ISLAND							
RIVERSIDE							
EMMA PENDLETON BRADLEY	S. ALFIE	62	20	11,714	01	005	9,000
SOUTH CAROLINA							
COLUMBIA							
WILLIAM S. HALL PSYCHIATRIC INSTITUTE	R. C. SCHNACKENBERG			6,614	04	008	13,633
TENNESSEE							
MEMPHIS							
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS	W. C. HIATT				02	004	11,500
CITY OF MEMPHIS HOSPITALS				1,250			
GAILOR MENTAL HEALTH CENTER				1,250			11,500
TENNESSEE PSYCHIATRIC HOSPITAL AND INSTITUTE							
NASHVILLE							
VANDERBILT UNIVERSITY	H. P. COPPOLILLO	14	22	1,001	03	003	9,500

27D. CHILD PSYCHIATRY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
TEXAS							
DALLAS							
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL	A. W. DE LOACH				08	016	
DALLAS CHILD GUIDANCE CLINIC							
GALVESTON							
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	L. G. HORNSBY	30	65	2,500	04	008	10,100
HOUSTON							
BAYLOR COLLEGE OF MEDICINE AFFILIATED HOSPITALS	D. B. HANSEN				04	008	10,200
TEXAS RESEARCH INSTITUTE OF MENTAL SCIENCES	D. B. HANSEN			9,164			
SAN ANTONIO							
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS COMMUNITY GUIDANCE CENTER OF BEXAR COUNTY	A. C. SERRANO	126	1,350	11,153	03	006	12,000
UTAH							
SALT LAKE CITY							
UNIVERSITY OF UTAH AFFILIATED HOSPITALS UNIVERSITY	M. H. EGAN			3,185	02	004	11,800
VERMONT							
BURLINGTON							
MEDICAL CENTER HOSPITAL OF VERMONT	H. R. HUESSY			500	02	002	9,200
VIRGINIA							
CHARLOTTESVILLE							
UNIVERSITY OF VIRGINIA	A. MATTSSON	14		3,539	02	004	8,900
FALLS CHURCH							
FAIRFAX-FALLS CHURCH MENTAL HEALTH CENTER	S. L. AUSTER			13,371	01	002	15,000
RICHMOND							
VIRGINIA TREATMENT CENTER FOR CHILDREN	W. DRAPER	37	111	3,688	02	003	17,150
WASHINGTON							
SEATTLE							
UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS UNIVERSITY	J. L. HAMPSON	9	20	5,830	04	010	9,708
WISCONSIN							
MADISON							
UNIVERSITY OF WISCONSIN AFFILIATED HOSPITALS	J. C. WESTMAN, M. FLIEGEL				03	006	10,815
UNIVERSITY HOSPITALS				3,905			
CHILDRENS TREATMENT CENTER		20	43	16,825			
MILWAUKEE							
MILWAUKEE CHILDREN'S	H. D. SACKIN	3	160	13,826	02	004	

28. PUBLIC HEALTH

The programs in Public Health which have been approved by the Council on Medical Education and American Board of Preventive Medicine through the Residency Review Committee for Preventive Medicine, are listed under Preventive Medicine, as List 26E.

29A. RADIOLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education 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 intergrated basis, or through affiliation with another approved institution. See also Lists 29B and 29C.

	Chief of Service or Program Director	X-ray Examinations	New Patients Treated With: Radium or Cobalt (not Teletherapy) Treatments	Superficial and Ortho-Voltage Equipment	Mega-voltage Treatment Equipment	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE									
CALIFORNIA									
DAVID GRANT U.S.A.F. MEDICAL CENTER, FAIRFIELD	R. P. HILL	67,000	58	1,506	14,089	03	009		
TEXAS									
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	O. D. SKINNER	161,220	61	32	439	06	018		

29A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-ray Examinations	New Patients Treated With: Radium or Cobalt (not Teletherapy) Treatments	Superficial and Ortho-Voltage Equipment	Mega-voltage Treatment Equipment	Positions Offered 1973-1974: 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES ARMY									
U. S. ARMY COORDINATED PROGRAM									
LETTERMAN GENERAL, SAN FRANCISCO, CALIF.	J. J. DU BOIS	106,443	6	27	163	04	013		100483
FITZSIMONS GENERAL, DENVER, COLO.	H. F. COWGILL	106,831	6		130	04	012		100483
WALTER REED GENERAL, WASHINGTON, D.C.	J. G. MAIER	123,227	38	22	412	06	018		100483
TRIPLER GENERAL, HONOLULU, HAWAII	M. M. REEDER	91,410	13	20	84	04	012		100483
BROOKE GENERAL, SAN ANTONIO, TEXAS	R. O. HAGEN	150,680	20	10	214	06	017		100483
UNITED STATES NAVY									
U. S. NAVY COORDINATED PROGRAM									
NAVAL, OAKLAND, CALIF.	R. J. ROBL	57,000	120	7	127	02	006		181383
NAVAL, SAN DIEGO, CALIF.	Q. E. CREWS, JR.	416,124	33	267	447	06	018		181483
NAVAL, BETHESDA, MD.	J. E. TURNER	94,820	24	29	479	04	012		
NAVAL, PHILADELPHIA, PA.	J. C. BAXTER	51,220	6	5	99	03	009		183183
UNITED STATES PUBLIC HEALTH SERVICE									
LOUISIANA									
U. S. PUBLIC HEALTH SERVICE, NEW ORLEANS	SEE CHARITY HOSPITAL OF LOUISIANA, NEW ORLEANS, LA.								
MARYLAND									
U. S. PUBLIC HEALTH SERVICE, BALTIMORE	W. L. MURPHY	37,563	4	5	187	02	006		
NEW YORK									
U. S. PUBLIC HEALTH SERVICE (STATEN ISLAND), NEW YORK CITY	O. L. MANFREDI	41,366	5	16	68	03	009		
NONFEDERAL AND VETERANS ADMINISTRATION									
ALABAMA									
BIRMINGHAM									
BAPTIST MEDICAL CENTERS	F. HENLEY					02	006	9,600	190383
BAPTIST MEDICAL CENTER-MONTCLAIR		56,057	26	97	283				
BAPTIST MEDICAL CENTER-PRINCETON		43,131	93	36					
UNIVERSITY OF ALABAMA MEDICAL CENTER	R. E. ROTH, C. E. SHOPFNER					11	034		100783
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS	R. E. ROTH, C. E. SHOPFNER	107,442	89	29	851				
VETERANS ADMIN.	D. M. WITTEN, R. E. ROTH	53,403						9,400	
ARIZONA									
PHOENIX									
ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER	D. E. MATTHIESON	75,000	12	550		02	006	10,200	
ARKANSAS									
LITTLE ROCK									
ARKANSAS BAPTIST MEDICAL CENTER	J. W. LANE	50,254	572			03	009	8,700	
UNIVERSITY OF ARKANSAS MEDICAL CENTER	H. J. BARNHARD					06	018		101883
UNIVERSITY		53,644	68	26	402			7,800	
VETERANS ADMIN. CONSOLIDATED		45,115							
CALIFORNIA									
DAVIS									
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS	A. RAVENTOS					04	009		104683
SACRAMENTO MEDICAL CENTER (SACRAMENTO)	A. RAVENTOS	74,000	15					10,837	
SUTTER COMMUNITY HOSPITALS OF SACRAMENTO (SACRAMENTO)	R. C. RIPPLE	38,573	56	311	775			9,120	
IRVINE									
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS									
ORANGE COUNTY MEDICAL CENTER (ORANGE)	B. J. O' LOUGHLIN	74,550	297		272	04	012	13,546	104383
LOMA LINDA									
LOMA LINDA UNIVERSITY	M. P. JUDKINS	62,547	394	22	105	06	024	10,465	
LONG BEACH									
MEMORIAL HOSPITAL OF LONG BEACH	J. R. ANDERSON	47,562	14	194	311	02	004	11,200	102783
ST. MARY'S LONG BEACH	H. T. VANLEY	33,300	289	73	73	01	003	11,000	102583
VETERANS ADMIN.	H. W. PRIBRAM	100,063	1	51	162	06	021	13,878	204983
LOS ANGELES									
CEDARS-SINAI MEDICAL CENTER									
CEDARS OF LEBANON HOSPITAL DIVISION	N. ZHEUTLIN	50,000	19	22	352	02	008		
HOSPITAL OF THE GOOD SAMARITAN MEDICAL CENTER	R. E. LEVIS	44,742	34	112	272	01	003	13,656	
KAISER FOUNDATION	D. ROSENFELD	167,958	3,118	10,604	6,990	02	004	12,000	
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER						01	003		
QUEEN OF ANGELS	S. P. WILK	29,600	19	70		01	003	12,000	
U. C. L. A.	W. N. HANAFEE	108,212	19	27	196	07	023	10,200	
VETERANS ADMIN. CENTER-WADSWORTH	J. JORGENS	225,272	3	25	226	10	040	13,878	103983
WHITE MEMORIAL MEDICAL CENTER	I. SANDERS	37,251	344	25	33	02	009	10,800	
OAKLAND									
HIGHLAND GENERAL	D. L. MACK	54,972	8	8	62	01	004		
ORANGE									
ORANGE COUNTY MEDICAL CENTER	UNIVERSITY OF CALIFORNIA (IRVINE) AFFIL. HOSPITALS, IRVINE								
PALO ALTO									
VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD								

29A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-ray Examinations	New Patients Treated With: Radium or Cobalt (not Teletherapy) Treatments	Superficial and Ortho-Voltage Equipment	Mega-voltage Treatment Equipment	Positions Offered 1973-1974: 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CALIFORNIA - CONTINUED									
SACRAMENTO									
SACRAMENTO MEDICAL CENTER	SEE UNIV. OF CALIF. (DAVIS) AFFIL. HOSPS., DAVIS								
SUTTER COMMUNITY HOSPITALS OF SACRAMENTO	SEE UNIV. OF CALIF. (DAVIS) AFFIL. HOSPS., DAVIS								
SAN DIEGO									
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	J. L. DOPPMAN	74,000				08	032	9,000	
SAN FRANCISCO									
CHILDREN'S HOSPITAL AND ADULT MEDICAL CENTER	H. J. BURHENNE	30,771	34	50	430	01	003	9,700	
ST. MARY'S HOSPITAL AND MEDICAL CENTER	J. C. BENNETT	36,333	9	45		02	006	9,450	
SANTA BARBARA									
SANTA BARBARA GENERAL-COTTAGE HOSPITALS	P. A. RIEMENSCHNEIDER					02	004	10,600	106483
SANTA BARBARA GENERAL		15,470							
SANTA BARBARA COTTAGE		34,151	52	115	364				
STANFORD									
STANFORD UNIVERSITY AFFILIATED HOSPITALS	F. F. ZBORALSKE					06	024	9,700	
STANFORD UNIVERSITY	F. F. ZBORALSKE	53,361							
VETERANS ADMIN. (PALO ALTO)	H. H. JONES	37,749		159					
TORRANCE									
LOS ANGELES COUNTY HARBOR GENERAL	D. J. TORRANCE	121,212	15	19	270	04	023	14,340	
COLORADO									
DENVER									
PRESBYTERIAN MEDICAL CENTER	W. F. MANKE	41,170	77	105	691	01	005	9,200	
ST. JOSEPH	R. P. SPURCK	44,525	35	27	239	01	004	9,200	
ST. LUKE'S	D. W. FINK	32,372	9	41	144	02	006	9,700	
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	M. L. DAVES					12	036	9,200	107683
DENVER GENERAL	E. SALZMAN	61,076							
GENERAL ROSE MEMORIAL	M. L. DAVES	38,061							
UNIVERSITY OF COLORADO MEDICAL CENTER	M. L. DAVES	64,422	20	30	417				
VETERANS ADMIN.	M. L. DAVES	45,020							
CONNECTICUT									
BRIDGEPORT									
BRIDGEPORT	J. J. ESPOSITO	57,806	40	36	229	01	003	10,350	107983
ST. VINCENT'S	R. D. RUSSO	40,462	18	34	132	01	004	10,500	108083
DANBURY									
DANBURY	A. E. ZIMMER	35,483	25	16	139	03	009	10,100	
HARTFORD									
HARTFORD	A. H. JANZEN	96,833	24	2,783	16,087	01	003	10,500	108383
NEW HAVEN									
HOSPITAL OF ST. RAPHAEL	R. SHAPIRO	54,900	52	109	301	03	009	10,450	
DELAWARE									
WILMINGTON									
WILMINGTON MEDICAL CENTER	E. M. RENZI	106,000	1,114	554	560	02	006	10,250	109983
DISTRICT OF COLUMBIA									
WASHINGTON									
GEORGETOWN UNIVERSITY	H. L. TWIGG	64,870	15	40	403	04	015	10,550	
GEORGE WASHINGTON UNIVERSITY	S. D. ROCKOFF	70,789	49	76	352	06	018	10,022	
WASHINGTON HOSPITAL CENTER	G. J. AUGUSTIN	86,347	41	101	598	03	009	10,022	
FLORIDA									
JACKSONVILLE									
UNIVERSITY HOSPITAL OF JACKSONVILLE	W. D. WALKLETT	61,373	25		409	02	006	8,600	
MIAMI									
JACKSON MEMORIAL	M. VIAMONTE, JR.	138,417	25	31	543	08	024	9,950	
MIAMI BEACH									
MOUNT SINAI HOSPITAL OF GREATER MIAMI	I. FIX	73,568	52	136	1,179	02	003		
TAMPA									
ST. JOSEPH'S	W. E. GATLIN	55,000	353			02	006		
TAMPA GENERAL	M. L. SILBIGER	63,629	43	77	306	02	006	8,925	
GEORGIA									
ATLANTA									
EMORY UNIVERSITY AFFILIATED HOSPITALS	T. F. LEIGH					11	033	8,880	
EMORY UNIVERSITY	T. F. LEIGH	49,788	83	700	14,413				
GRADY MEMORIAL	H. S. WEENS	139,858	211	78					
VETERANS ADMIN. (DECATUR)	S. KRANTZ	46,657		10	195				
AUGUSTA									
MEDICAL COLLEGE OF GEORGIA HOSPITALS									
EUGENE TALMADGE MEMORIAL	M. D. BROWN	45,735	14	407	3,862	03	009	9,500	
DECATUR									
VETERANS ADMIN.	EMORY UNIVERSITY AFFIL. HOSPS., ATLANTA								
SAVANNAH									
MEMORIAL MEDICAL CENTER	W. A. MILLER	44,007	30	30	278	02	006	8,229	
ILLINOIS									
CHICAGO									
CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS									
MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO	G. B. GREENFIELD	75,000	152	77	189	03	008	9,700	114483
COLUMBUS	F. D. LAKE, D. J. LOCHMAN	33,418	64	155	472	03	007	10,600	
COOK COUNTY	G. L. RUDDER	347,590	26	9	26	23	034	10,900	112783
ILLINOIS MASONIC MEDICAL CENTER	W. T. MESZAROS	63,636	7	32	128	02	006	11,200	
LOUIS A. WEISS MEMORIAL	L. B. BOBROW	65,195	248	42	248	02	006		

29A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-ray Examinations	New Patients Treated With: Radium or Cobalt (not Teletherapy) Treatments	Superficial and Ortho-Voltage Equipment	Mega-voltage Treatment Equipment	Positions Offered 1973-1974: 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
ILLINOIS, CHICAGO - CONTINUED									
MERCY HOSPITAL AND MEDICAL CENTER	B. J. HILL	81,961	44	41	223	03	010	10,200	114183
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	B. LEVIN, J. J. NICKSON	96,400			295	05	018	11,100	
NORTHWESTERN UNIVERSITY-MC GAW MEDICAL CENTER	E. E. BARTH					12	036	11,250	
CHICAGO WESLEY MEMORIAL	A. H. CANNON	75,000	247	66	536				
CHILDREN'S MEMORIAL	H. WHITE	40,000							
PASSAVANT MEMORIAL	W. E. BUNDESEN	35,894							
VETERANS ADMIN. RESEARCH	E. G. WARNICK, W. B. MOSS	38,790	3	28	453				
EVANSTON (EVANSTON)	H. C. BURKHEAD	61,897	12	136	180				
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS	E. J. LIEBNER					04	013	10,560	
UNIVERSITY OF ILLINOIS	E. J. LIEBNER	70,410	368	137	231				
VETERANS ADMIN. (WEST SIDE)	M. LIBERSON	30,205	34	61					
EVANSTON									
EVANSTON	SEE NORTHWESTERN UNIVERSITY MEDICAL CENTER, CHICAGO								
ST. FRANCIS	R. L. DEL FAVA	56,811	283	47	330	02	006	11,100	116883
EVERGREEN PARK									
LITTLE COMPANY OF MARY	J. H. UHRICH, C. A. LEKAS	94,751	512	97	609	01	005	9,793	225563
HINES									
VETERANS ADMIN.	A. J. PIZARRO	70,514				04	012	10,100	225783
MAYWOOD									
LOYOLA UNIVERSITY	L. LOVE	34,723	50	4	21	03	009	10,600	
OAK PARK									
WEST SUBURBAN	H. A. LERNER	53,118	25	60	200	01	004	9,500	
PARK RIDGE									
LUTHERAN GENERAL	F. HUSSEY, JR.	93,991	583	237	583	01	003	9,600	
PEORIA									
ST. FRANCIS	P. R. DIRKSE	66,057	9	109		01	004	10,750	
INDIANA									
INDIANAPOLIS									
INDIANA UNIVERSITY MEDICAL CENTER	E. C. KLATTE					10	030		118783
INDIANA UNIVERSITY HOSPITALS	E. C. KLATTE	74,045	84	44	590			9,500	
MARION COUNTY GENERAL	C. H. HELMEN	92,035						10,000	
VETERANS ADMIN.	E. C. KLATTE	38,877			72			10,250	
METHODIST HOSPITAL OF INDIANA	E. D. VAN HOVE	125,695	47	77	599	05	013	10,605	
IOWA									
DES MOINES									
IOWA METHODIST	L. MAHER	43,430	41	18	321	01	003		
IOWA CITY									
UNIVERSITY OF IOWA AFFILIATED HOSPITALS									
UNIVERSITY OF IOWA HOSPITALS	J. H. CHRISTIE	93,834	128	1,822	25,571	02	006	9,500	
KANSAS									
KANSAS CITY									
UNIVERSITY OF KANSAS MEDICAL CENTER	A. W. TEMPLETON	76,000		19	381	05	018	10,000	120883
WICHITA									
ST. FRANCIS	H. D. DAVIDSON	70,264	96	118	376	03	009	9,300	120983
WESLEY MEDICAL CENTER	S. HERSHORN, T. WOLFE	69,581	397	148		02	006	9,300	
KENTUCKY									
LEXINGTON									
UNIVERSITY OF KENTUCKY MEDICAL CENTER	Y. MARUYAMA					02	005		
UNIVERSITY	Y. MARUYAMA		100	50	500			10,000	
VETERANS ADMIN.	H. D. ROSENBAUM	22,137						8,300	
LOUISVILLE									
ST. JOSEPH INFIRMARY	E. N. MAXWELL	53,787	287	33	260	01	004	9,500	
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	J. T. LING					04	014		121783
CHILDREN'S	L. A. DAVIS	19,435						8,600	
LOUISVILLE GENERAL	J. T. LING	58,516						8,600	
VETERANS ADMIN.	N. S. WOLFSON	25,907						8,370	
LOUISIANA									
NEW ORLEANS									
CHARITY HOSPITAL OF LOUISIANA	C. NICKE, JR., M. GARCIA	258,682	99	92	549	07	024	7,800	122483
U.S. PUBLIC HEALTH SERVICE	B. C. KIRKHAM	37,470	1	3	37				
OCHSNER FOUNDATION	S. OCHSNER	113,527	142	111	550	02	006	8,500	
TOURO INFIRMARY	A. PAYZANT	50,424	24			02	003	9,000	
SHREVEPORT									
CONFEDERATE MEMORIAL MEDICAL CENTER	E. K. LANG	57,515	45	153	69	03	009	7,800	
MAINE									
PORTLAND									
MAINE MEDICAL CENTER	J. F. GIBBONS	65,200	60	87	753	02	006	8,505	
MARYLAND									
BALTIMORE									
JOHNS HOPKINS	M. W. DONNER	142,114	64	60	726	06	024	9,500	
SINAI HOSPITAL OF BALTIMORE	J. D. SALIK	60,764	60	104	436	03	009	11,250	124983
UNIVERSITY OF MARYLAND	J. M. DENNIS	87,647	129	246	729	05	020	10,700	125283
HAGERSTOWN									
WASHINGTON COUNTY	S. H. MACHT	41,748	38	298		01	003	8,000	234783
MASSACHUSETTS									
BOSTON									
BETH ISRAEL	S. PAULIN	50,000				04	012	10,200	
JOINT CENTER FOR RADIATION THERAPY	S. HELLMAN		147	218	1,100				

29A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-ray Examinations	New Patients Treated With: Radium or Cobalt (not Teletherapy) Treatments	Superficial and Ortho-Voltage Equipment	Mega-voltage Treatment Equipment	Positions Offered 1973-1974: 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MASSACHUSETTS, BOSTON - CONTINUED									
BOSTON UNIVERSITY AFFILIATED HOSPITALS	J. H. SHAPIRO					09	027	9,600	125763
BOSTON CITY		180,940	2	11	137				
UNIVERSITY		36,358	328	5	124				
LAHEY CLINIC	R. E. WISE, F. A. SALZMAN	69,078	8	13	503			10,200	
PETER BENT BRIGHAM	S. HELLMAN		34	37	380	04	016	10,200	
CHILDREN'S HOSPITAL MEDICAL CENTER	S. TREVES							10,500	
JOINT CENTER FOR RADIATION THERAPY	S. HELLMAN		147	218	1,100				
TUFTS UNIVERSITY AFFILIATED HOSPITALS	J. E. MUNZENRIDER					02	006		
NEW ENGLAND MEDICAL CENTER HOSPITALS	J. E. MUNZENRIDER	18,125	1,075	25	1,050			10,165	
LEMUEL SHATTUCK									
VETERANS ADMIN.									
CAMBRIDGE									
MOUNT AUBURN		48,452		102		00	000		
JOINT CENTER FOR RADIATION THERAPY (BOSTON)	S. HELLMAN		147	218	1,100				
MICHIGAN									
ALLEN PARK									
VETERANS ADMIN.	SEE WAYNE STATE UNIV. AFFILIATED HOSPITALS, DETROIT								
ANN ARBOR									
UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS	W. M. WHITEHOUSE					12	036		
UNIVERSITY	W. M. WHITEHOUSE	112,000	70	58	551			10,000	
VETERANS ADMIN.	W. M. WHITEHOUSE, R. RAPP	25,002	38	44				10,000	
WAYNE COUNTY GENERAL (ELOISE)	S. REUTER	68,358	132		132			10,924	
DEARBORN									
OAKWOOD	I. D. HARRIS	78,246	10,001	979	395	03	009	10,800	
DETROIT									
GRACE	S. J. FIGIEL	87,648	23	56	148	03	010	10,800	
HARPER	J. C. COOK	72,735	37	204	246	04	012	10,800	129983
HENRY FORD	W. R. EYLER	178,945	45	40	622	09	027	10,300	130083
MOUNT CARMEL MERCY	K. D. MC GINNIS	75,438	15	87	361	02	006	11,400	130283
SINAI HOSPITAL OF DETROIT	M. TATELMAN	59,243	42	65	368	02	007	10,100	192683
WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS	K. L. KRABBENHOFT					06	020		129583
VETERANS ADMIN. (ALLEN PARK)	K. L. KRABBENHOFT	57,286		48	70				
DETROIT GENERAL	K. L. KRABBENHOFT	126,089	19	57				10,800	
DETROIT MEMORIAL	R. KURTZMAN	22,781	294	33	261				
ELOISE									
WAYNE COUNTY GENERAL	SEE UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS, ANN ARBOR								
FLINT									
HURLEY	R. S. ORMOND	51,710	47	170	574	03	009	8,900	129383
ST. JOSEPH	E. P. GRIFFIN, JR.	43,593	15	51	204	01	004	9,600	130883
GRAND RAPIDS									
BLODGETT MEMORIAL	J. P. CHAMPION	50,420	21	25	401	01	004	9,492	
BUTTERWORTH	E. WAHBY	60,614	25	119	372	02	004	9,492	
LANSING									
EDWARD W. SPARROW	R. E. BETHARDS	44,052	301	71	260	02	006	11,600	131583
PONTIAC									
ST. JOSEPH MERCY	E. J. KEEFFE	44,527	114	133		02	006		131983
ROYAL OAK									
WILLIAM BEAUMONT	J. FARAH	90,901	23	101	456	04	012	11,000	197883
SOUTHFIELD									
PROVIDENCE	T. P. JAMES	62,513	19	122	278	02	006	11,700	130383
MINNESOTA									
MINNEAPOLIS									
METROPOLITAN MEDICAL CENTER	S. LAXDAL	67,682	354	76		01	003	9,600	
UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS	E. GEDGAUDAS					17	058		133483
UNIVERSITY OF MINNESOTA HOSPITALS	E. GEDGAUDAS	93,922							
VETERANS ADMIN.	S. A. KIEFFER	90,453		26	409			9,550	
ROCHESTER									
MAYO GRADUATE SCHOOL OF MEDICINE	D. S. CHILDS, JR.		57	128	2,395	02	006	10,500	
ROCHESTER METHODIST									
ST. MARY'S									
ST. PAUL									
ST. JOSEPH'S									133883
UNITED HOSPITALS MILLER DIVISION	T. E. JOHNSON	27,981	41	123	489	01	004	11,000	133783
MISSISSIPPI									
JACKSON									
UNIVERSITY	R. D. SLOAN	71,902	145	107	505	04	012	9,000	195783
MISSOURI									
COLUMBIA									
UNIVERSITY OF MISSOURI MEDICAL CENTER	G. S. LODWICK	49,658	42	6	152	05	018	9,500	
KANSAS CITY									
MENORAH MEDICAL CENTER	S. RUBIN	48,487	418	53	391	02	006	11,600	
ST. LUKE'S	D. R. GERMANN	48,605	58	33	321	02	006	8,820	
ST.LOUIS									
HOMER G. PHILLIPS	W. E. ALLEN, JR.	85,052	57	22	95	04	008	9,200	
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS	D. C. WEIR					03	009		136583
CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN	A. E. BRODEUR	25,411							
FIRMIN DESLOGE GENERAL									
ST. LOUIS CITY	D. C. WEIR	54,248	26					9,594	
ST. MARY'S	D. C. WEIR	47,712	27	47	474				
VETERANS ADMIN.	J. B. SHIELDS	55,094		77	103	02	008		
WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	R. EVENS					08	027		135383
BARNES HOSPITAL GROUP	R. EVENS	157,176	120	30	1,013			9,000	

29A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-ray Examinations	New Patients Treated With: Radium or Cobalt (not Teletherapy) Treatments	Superficial and Ortho-Voltage Equipment	Mega-voltage Treatment Equipment	Positions Offered 1973-1974: 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MISSOURI, ST. LOUIS - CONTINUED									
JEWISH HOSPITAL OF ST. LOUIS	H. SENTURIA, R. EVENS	47,235	26	28	371			10,700	
MALLINCKROOT INSTITUTE OF RADIOLOGY									
NEBRASKA									
OMAHA									
CREIGHTON MEMORIAL ST. JOSEPH'S	N. P. KENNEY	40,000	216	80		02	006	10,200	137283
UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS	W. J. WILSON					04	012		137683
UNIVERSITY OF NEBRASKA	W. J. WILSON	38,061	22		298			9,000	
VETERANS ADMIN.	H. B. SAICHEK	35,973						10,344	
NEW HAMPSHIRE									
HANOVER									
MARY HITCHCOCK MEMORIAL	J. R. DYKE	52,000	46	137	393	04	008	9,100	
NEW JERSEY									
ATLANTIC CITY									
ATLANTIC CITY	M. D. RITTER	55,854	46	62	374	01	003	9,500	137883
ENGLEWOOD									
ENGLEWOOD	J. CUSMANO, J. GALLAGHER	59,302	290	8	290	02	006	8,820	
HACKENSACK									
HACKENSACK	Y. S. CHANG	45,908	6	40	302	02	004	10,600	
JERSEY CITY									
CHRIST	B. GARFINKEL	32,732	13	7	223	02	006	12,000	
LIVINGSTON									
ST. BARNABAS MEDICAL CENTER	W. MATTEY	64,422	30	62	450	01	003	10,700	
LONG BRANCH									
MONMOUTH MEDICAL CENTER	M. BRODIE	47,365	31	49	258	02	007	11,500	139283
MORRISTOWN									
MORRISTOWN MEMORIAL	D. L. BLOOM	57,923	16	139	206	02	006	11,000	139483
NEWARK									
NEWARK BETH ISRAEL MEDICAL CENTER	L. SPINDELL	50,469	300	223		03	007	11,300	
SUMMIT									
OVERLOOK	A. D. CROSETT, JR.	54,000	412	27	412	01	004	11,200	
NEW MEXICO									
ALBUQUERQUE									
UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS	B. G. BROGDON					05	015		
BATAAN MEMORIAL	C. G. COIN	49,662							
BERNALILLO COUNTY MEDICAL CENTER	B. G. BROGDON	46,542							
ST. JOSEPH	D. L. SIMMONS	2,800	50	20	275				
VETERANS ADMIN.	B. G. BROGDON	41,608							
NEW YORK									
ALBANY									
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	J. F. ROACH					02	008	10,600	
ALBANY MEDICAL CENTER		103,930	30	82	515				
VETERANS ADMIN.		41,724		15					
ST. PETER'S	V. F. CROSS	54,500	302	27	275	02	006	11,000	141683
BUFFALO									
BUFFALO GENERAL	G. J. CULVER	64,737	112	525	603	02	006	10,500	
DEACONESS HOSPITAL OF BUFFALO	R. E. SEIBEL	66,943	264	127	264	01	004	10,000	143783
EDWARD J. MEYER MEMORIAL	E. V. LESLIE	55,469	20	24	80	03	009	10,000	
MILLARD FILLMORE	R. L. SHEEHAN	49,700				01	003	10,000	144083
ROSWELL PARK MEMORIAL INSTITUTE	J. H. WEBSTER	55,000	125	150	900	00	002	8,330	
EAST MEADOW									
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV.	G. A. L. IRWIN	63,958	52	17	197	04	012	10,112	144883
MANHASSET									
NORTH SHORE	H. L. STEIN	47,573	13	58	203	02	006	12,200	146783
MINEOLA									
NASSAU	P. MANDEL	38,275	3	49	474	01	003	12,660	
NEW HYDE PARK									
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER PROGRAM									
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER	B. EPSTEIN	77,165	339	15	339	02	007	13,300	
QUEENS HOSPITAL CENTER (NEW YORK CITY)	J. J. SMULEWICZ	114,265	165	43	149	05	015	13,300	
NEW YORK CITY									
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	M. ELKIN					09	029		
BRONX MUNICIPAL HOSPITAL CENTER		118,162	202	45	195				
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE		39,534	324	17	285				
BRONX-LEBANON HOSPITAL CENTER	H. L. MILLER	76,646	30	14	245	02	004	13,750	
BROOKLYN - CUMBERLAND MEDICAL CENTER	J. P. SACKLER	100,831	35	37	257	04	012	13,300	142083
CORNELL COOPERATING HOSPITALS	J. A. EVANS					07	021		
NEW YORK	J. A. EVANS	147,511							
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	G. J. D' ANGIO	67,997	200		2,350				
HOSPITAL FOR SPECIAL SURGERY	R. H. FREIBERGER	44,910							
HARLEM HOSPITAL CENTER	T. R. STENT	123,530	56	36	243	03	006	11,800	
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	D. BRYK	50,384	18	5	220	03	008	13,300	142583
GREENPOINT		42,368						13,300	
LENOX HILL	E. E. BRANT	92,054	25	252	294	02	006	14,300	148383
LONG ISLAND COLLEGE	R. L. PINCK	83,626	279	127		02	007	13,300	
MAIMONIDES MEDICAL CENTER	E. LEVIN	67,740	40	1,608		02	004	13,300	
METHODIST HOSPITAL OF BROOKLYN	N. BARTONE	59,829	20	26	243	03	009	13,000	142963
MISERICORDIA-FORDHAM TRAINING PROGRAM	D. B. HAYT					03	009	13,300	
MISERICORDIA		49,800	276	28	250				
FORDHAM		56,400							

29A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-ray Examinations	New Patients Treated With: Radium or Cobalt (not Teletherapy) Treatments	Superficial and Ortho-Voltage Equipment	Mega-voltage Treatment Equipment	Positions Offered 1973-1974: 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK, NEW YORK CITY - CONTINUED									
MONTEFIORE HOSPITAL TRAINING PROGRAM	H. G. JACOBSON					00	000	13,300	148683
MONTEFIORE HOSPITAL AND MEDICAL CENTER		135,727	31	509	13,813				
MORRISANIA CITY		72,962							
MOUNT SINAI HOSPITAL TRAINING PROGRAM									
MOUNT SINAI	B. S. WOLF, J. BOLAND	122,400	131	76	1,082	05	016	13,300	
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	R. M. FRIEDENBERG					04	024	13,300	
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS		53,297	40	7					
UNIT 2 - METROPOLITAN HOSPITAL CENTER		122,716	12						
NEW YORK UNIVERSITY MEDICAL CENTER	A. F. KEEGAN					08	030		146483
BELLEVUE HOSPITAL CENTER		153,707	12	16	160				
UNIVERSITY		72,776	25	33	280				
PRESBYTERIAN	W. SEAMAN	240,000	60		1,250	09	027	11,250	
QUEENS HOSPITAL CENTER	L. I. JEWISH-HILLSIDE MED. CTR. PROGRAM, NEW HYDE PARK								
ROOSEVELT	A. A. DUNN, JR.		392	29		03	010		149683
ST. LUKE'S HOSPITAL CENTER	N. FINBY	75,191	53	162	251	03	009	13,000	
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	F. F. RUZICKA, JR.	101,613	29	46	443	01	003	11,800	
ST. VINCENT'S MEDICAL CENTER OF RICHMOND	D. L. MANFREDI	44,014	400	48		02	005	13,500	
VETERANS ADMIN. (BRONX)	K. F. CHAN, B. ROSWIT	47,191	15	73	441	04	014	13,878	
VETERANS ADMIN. (MANHATTAN)	D. J. PRINCIPATO	68,386	82	40	266	04	012	13,878	
ROCHESTER									
ROCHESTER GENERAL	T. F. VAN ZANDT	61,000	22	61	199	03	008	10,000	150983
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	H. FISCHER, S. ROGOFF	79,976	27	51	561	07	018	10,000	151183
SYRACUSE									
S. U. N. Y. UPSTATE MEDICAL CENTER	J. G. MC AFEE					01	003	10,400	151683
CROUSE IRVING-MEMORIAL	A. S. BERNE	58,390							
STATE UNIVERSITY	J. G. MC AFEE	56,000	515	90	565				
VETERANS ADMIN.	J. A. HEAD	29,784	71						
NORTH CAROLINA									
CHAPEL HILL									
NORTH CAROLINA MEMORIAL	J. H. SCATLIFF	75,000	1,120	390	315	06	016	9,500	
DURHAM									
DUKE UNIVERSITY AFFILIATED HOSPITALS	R. G. LESTER					01	003	9,250	
DUKE UNIVERSITY MEDICAL CENTER	R. G. LESTER								
VETERANS ADMIN.	T. T. THOMPSON	52,548	320	17					
NORTH DAKOTA									
BISMARCK									
BISMARCK AFFILIATED HOSPITALS	S. K. IMES					01	003		
BISMARCK		12,310	225	216	184			8,400	
ST. ALEXIUS		18,304	56					8,700	
OHIO									
AKRON									
AKRON CITY	F. H. SWENSON	85,088	28	118	491	01	004	9,600	
CANTON									
AULTMAN	W. J. HOWLAND	78,072	37	92	307	02	006	10,200	154483
CINCINNATI									
JEWISH	L. S. ROSENBERG	55,500	286	9		02	003	9,600	
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	B. FELSON					07	021		154683
CINCINNATI GENERAL	B. FELSON	101,574	66	33	980			9,700	
CHILDREN'S	F. SILVERMAN, E. SAENGER	27,952		26					
CLEVELAND									
CLEVELAND CLINIC	T. F. MEANEY	146,032	15	87	523	03	008		
CLEVELAND METROPOLITAN GENERAL	A. SEGEL	89,701	16	28	141	04	012	10,500	
MOUNT SINAI HOSPITAL OF CLEVELAND	M. LUBERT, G. R. KRAUSE	72,894	18	52	444	02	006	10,500	
UNIVERSITY HOSPITALS OF CLEVELAND	H. L. FRIEDELL	124,112	82	44	604	08	022	10,500	156283
VETERANS ADMIN.	E. M. BELLON	47,010		12	182			10,850	
COLUMBUS									
OHIO STATE UNIVERSITY HOSPITALS	S. W. NELSON	98,164	75	80	650	02	012	7,000	156683
RIVERSIDE METHODIST	J. V. BLAZEK	89,887	17	8	587	01	003	8,900	
DAYTON									
MIAMI VALLEY	D. E. MEININGER	69,911	84	144	568	01	002	10,550	
VETERANS ADMIN. CENTER	E. GUTMAN	34,099		150		02	008	11,452	271583
ELYRIA									
ELYRIA MEMORIAL	SEE ST. JOSEPH-ELYRIA MEMORIAL HOSPITALS, LORAIN								
LORAIN									
ST. JOSEPH-ELYRIA MEMORIAL HOSPITALS	L. G. THORLEY					02	008		197383
ST. JOSEPH		39,959	9	50	129			9,900	
ELYRIA MEMORIAL (ELYRIA)		43,358	28	14	132			9,300	
WARREN									
TRUMBULL MEMORIAL	R. J. PAUL	56,435	262	110	141	01	003	10,600	198083
YOUNGSTOWN									
ST. ELIZABETH	W. TOROK	80,750	11	147		02	006	10,600	
YOUNGSTOWN	J. C. MELNICK	143,542	47	109	459	03	010	10,600	
OKLAHOMA									
OKLAHOMA CITY									
BAPTIST MEMORIAL	D. MITCHELL, JR.	37,356	324	15		01	003	9,000	
ST. ANTHONY	G. D. HALLUM	35,458	16	15	277	02	006	8,700	158783

29A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-ray Examinations	New Patients Treated With: Radium or Cobalt (not Teletherapy) Treatments	Superficial and Ortho-Voltage Equipment	Mega-voltage Treatment Equipment	Positions Offered 1973-1974: 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
OKLAHOMA, OKLAHOMA CITY - CONTINUED									
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER	S. P. TRAUB					09	036		
UNIVERSITY OF OKLAHOMA HOSPITALS	S. P. TRAUB	73,773	339	34	565			9,000	
PRESBYTERIAN	E. H. KALMON	15,391	13	10	124			9,500	
VETERANS ADMIN.	S. P. TRAUB	49,505	96	77	19				
OREGON									
PORTLAND									
EMANUEL	O. D. HAUGEN	40,585	65	36	294	01	003	9,480	
PENNSYLVANIA									
ABINGTON									
ABINGTON MEMORIAL	C. H. SILLARS	86,561	28	142	351	02	006	9,800	
ALLENTOWN									
SACRED HEART	M. J. STAMATAKOS	37,684	8	39	403	01	003	8,300	160283
BRYN MAWR									
BRYN MAWR	H. H. STEINMEYER, JR.	48,156	183	30		01	003	9,700	160683
DANVILLE									
GEISINGER MEDICAL CENTER	J. L. WILLIAMS	75,400	79	81	522	01	003	10,000	160883
FITZGERALD MERCY DIVISION	SEE MERCY CATHOLIC MEDICAL CENTER, PHILADELPHIA								
HARRISBURG									
HARRISBURG POLYCLINIC	T. A. TRISTAN	57,110	22	23	514	01	003	11,500	161583
HERSHEY									
MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY	W. A. WEIDNER	17,298	252	1	1	04	012	10,224	
PHILADELPHIA									
ALBERT EINSTEIN MEDICAL CENTER	H. J. ISARD, B. J. OSTRUM	92,735	204	267	1,017	04	012	10,100	163183
EPISCOPAL	H. M. POLLACK	50,000	10	230		02	006	9,900	162383
GERMANTOWN DISPENSARY AND HOSPITAL	R. B. FUNCH	35,551	19	120	202	02	004	9,495	
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	A. K. FINKELSTEIN	39,352				02	006	11,180	
PRESBYTERIAN-UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER		33,643	14	260				11,180	
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	M. E. HASKIN	57,089				05	015	10,200	
HOSPITAL OF THE MEDICAL COLLEGE OF PENNSYLVANIA	G. L. POPKY	32,500				03	009	9,700	
MERCY CATHOLIC MEDICAL CENTER	C. J. ROMINGER					04	012		
MISERICORDIA DIVISION		39,379	43	679	7,896				
FITZGERALD MERCY DIVISION (DARBY)		44,347							
NAZARETH	J. C. BERES	55,287	20	46	273	01	003	8,500	163883
PENNSYLVANIA	W. J. TUDDENHAM	43,822	34	25	2,331	02	006	10,500	
PHILADELPHIA GENERAL	H. GOLDBERG	67,825	13	15	127	04	015	10,150	
TEMPLE UNIVERSITY	R. ROBBINS	66,148	34	47	570	05	015	10,200	
THOMAS JEFFERSON UNIVERSITY	J. EDEIKEN		55	487	16,389	02	008	10,300	
UNIVERSITY OF PENNSYLVANIA AFFILIATED HOSPITALS	R. H. CHAMBERLAIN					06	022		
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA		97,657	7	6	659			10,969	
VETERANS ADMIN.		49,398		14	2,962			11,125	
PITTSBURGH									
ALLEGHENY GENERAL	J. FEIST, J. CONCANNON	64,448	50	10	420	05	011	10,500	164883
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	E. R. HEINZ					10	032	10,000	
CHILDREN'S HOSPITAL OF PITTSBURGH	B. R. GIRDANY	63,887							
MAGEE-WOMENS	J. MAZER	20,266	80	36	317				
MONTEFIORE	H. W. FRIEDMAN	54,748	20	79	435				
PRESBYTERIAN-UNIVERSITY	R. E. HEINZ	82,000	9	22	440				
VETERANS ADMIN.	M. SAFLEY	39,439	33						
MERCY	J. R. LEWIN	82,856	604	42	646				164983
ST. FRANCIS GENERAL	J. A. MARASCO, JR.	75,762	66	119	438	03	009	11,500	
WESTERN PENNSYLVANIA	W. S. MELLON, JR.	77,700	349	122	219	03	008	10,600	165983
READING									
READING	G. R. MATTHEWS	57,421	212	83		02	006		166183
SAYRE									
ROBERT PACKER	J. T. LITTLETON, 3D.	45,048	16	14	129	01	004	8,500	
RHODE ISLAND									
PROVIDENCE									
RHODE ISLAND	J. J. LAMBIASE	117,262	89	301	744	03	009	10,100	
SOUTH CAROLINA									
CHARLESTON									
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS	H. S. PETTIT					05	016		168083
MEDICAL UNIVERSITY OF SOUTH CAROLINA	H. S. PETTIT	61,725	123	75	934			8,400	
CHARLESTON COUNTY	S. E. PUCKETTE	27,786							
VETERANS ADMIN.	C. N. GRIFFIN, JR.	24,442		14				8,777	
TENNESSEE									
CHATTANOOGA									
S. E. TENNESSEE MEDICAL EDUCATION CENTER BARONESS ERLANGER	C. REAVIS	82,919	45	47	296	02	004	9,300	
KNOXVILLE									
UNIVERSITY OF TENNESSEE MEMORIAL RESEARCH CENTER AND HOSPITAL	E. BUONOCORE	48,097	3,860	651	174	01	003	8,500	
MEMPHIS									
BAPTIST MEMORIAL	J. L. BOOTH	134,405	104	67	869	07	016	9,600	169483
METHODIST	J. C. KING	87,895	66	123	378	03	010	7,500	
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS	B. I. FRIEDMAN					08	024		
CITY OF MEMPHIS HOSPITALS		116,286	88	15	204			7,752	
LE BONHEUR CHILDREN'S									
VETERANS ADMIN.	B. E. GREENBERG	66,836	3	22	326			8,120	

29A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-ray Examinations	New Patients Treated With: Radium or Cobalt (not Teletherapy) Treatments	Superficial and Ortho-Voltage Equipment	Mega-voltage Treatment Equipment	Positions Offered 1973-1974: 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
TENNESSEE - CONTINUED									
NASHVILLE									
GEORGE W. HUBBARD HOSPITAL OF THE MEHARRY MEDICAL COLLEGE	G. J. TARLETON, JR.	18,971				01	003	6,760	
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	H. BURKO	78,419				06	023	8,500	
VANDERBILT UNIVERSITY	H. BURKO	179,414							
VETERANS ADMIN.	V. A. VIX	61,261							
NASHVILLE METROPOLITAN GENERAL	T. R. DUNCAN	38,964							
TEXAS									
DALLAS									
BAYLOR UNIVERSITY MEDICAL CENTER	A. D. SEARS	90,350	651	102	651	04	012	8,880	170683
METHODIST HOSPITAL OF DALLAS	R. B. CONNOR	41,536	30		120	02	007	9,600	
ST. PAUL	D. FULLER, R. MC CONNELL	55,575	1,986	38	519	03	011	9,000	170983
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL AFFILIATED HOSPITALS	F. J. BONTE					02	009		
PARKLAND MEMORIAL	F. J. BONTE	155,270	245	7	220			7,693	
CHILDREN'S MEDICAL CENTER	G. CURRARINO	21,573							
VETERANS ADMIN.	D. MORKOVIN	68,610		15	285	03	007	8,546	
GALVESTON									
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	R. N. COLBY	106,993	59	68	390	02	004	9,000	
HOUSTON									
BAYLOR COLLEGE OF MEDICINE AFFILIATED HOSPITALS	R. S. MAC INTYRE					02	006	9,000	171683
BEN TAUB GENERAL	R. S. MAC INTYRE	152,559	44	2	221				
VETERANS ADMIN.	H. L. BARTON	100,943	354	13	340				
TEXAS CHILDREN'S	E. B. SINGLETON	24,031							
UNIVERSITY OF TEXAS AT HOUSTON AFFILIATED HOSPITALS	A. M. GOLDMAN					06	020		
HERMANN	G. D. DODD	47,959	63	26	420			8,400	
ST. JOSEPH	J. M. KEEGAN	74,336	433	450	398			8,400	
UNIVERSITY OF TEXAS M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE	A. M. GOLDMAN	50,144	268	53	1,770			8,700	
SAN ANTONIO									
BAPTIST MEMORIAL	H. ELMENDORF	82,071	360		150	01	003	7,800	172183
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS	P. ZANCA	122,040	2,373			06	018	9,000	172283
BEXAR COUNTY TEACHING	P. ZANCA	122,040	2,373						
SANTA ROSA MEDICAL CENTER	P. W. VOLTS, JR.								
TEMPLE									
SCOTT AND WHITE MEMORIAL	F. C. PETTY	98,888	9	258	688	02	006	9,400	
UTAH									
SALT LAKE CITY									
LATTER-DAY SAINTS	P. FREDERICK, H. PLENK	52,448	42	72	528	02	007	9,200	
ST. MARK'S	R. N. FORD	19,189						8,900	
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	D. G. BRAGG					04	013	9,200	
UNIVERSITY	D. G. BRAGG	47,910	27	423	429				
PRIMARY CHILDREN'S	V. R. CONDON	16,989							
VETERANS ADMIN.									
VERMONT									
BURLINGTON									
MEDICAL CENTER HOSPITAL OF VERMONT	J. P. TAMPAS	80,407	26	45	310	04	013	8,100	
VIRGINIA									
CHARLOTTESVILLE									
UNIVERSITY OF VIRGINIA	W. C. CONSTABLE		757	54	615	02	006	8,900	173783
NEWPORT NEWS									
RIVERSIDE	J. T. MYLES	73,452	21	51	248	02	005	10,800	173983
NORFOLK									
DE PAUL	J. FOSTER	50,631	36	323		01	003	10,500	174083
NORFOLK GENERAL	C. P. WISOFF	94,595	37	114	343	02	005	10,500	174183
RICHMOND									
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS	E. R. KING	49,890				08	032		174383
MEDICAL COLLEGE OF VIRGINIA HOSPITALS		111,878	140	80	670			8,400	
VETERANS ADMIN.		49,890						9,400	
ROANOKE									
ROANOKE MEMORIAL HOSPITALS	J. A. MARTIN	47,450	40	25	464	02	006	6,600	
WASHINGTON									
SEATTLE									
SWEDISH HOSPITAL MEDICAL CENTER	J. F. NELSON, G. G. HIBBS	33,500	12	71	487	03	005	8,560	
VIRGINIA MASON	L. L. BURNETT	76,858	527	86	441	01	004	8,820	175683
SPOKANE									
SACRED HEART	C. A. STEVENSON	32,732	36	173	257	01	004	9,000	
WEST VIRGINIA									
MORGANTOWN									
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	O. F. GABRIELE	59,384	35	92	525	04	012	9,000	
WHEELING									
OHIO VALLEY GENERAL	A. K. BUTLER	38,217	39	79	451	01	003	12,420	
WISCONSIN									
MADISON									
UNIVERSITY HOSPITALS	J. H. JUHL	66,545	223	108	441	08	028	9,785	
MILWAUKEE									
COLUMBIA	R. W. BYRNE	50,526	1	104	99	01	003	10,000	178183
EVANGELICAL DEACONESS	A. F. RYMUT, JR.	31,245	5	14	152	02	006	9,500	178283
LUTHERAN HOSPITAL OF MILWAUKEE	R. E. HINSON	31,574	7	182	62	01	003	9,651	

29A. RADIOLOGY—Continued

	Chief of Service or Program Director	X-ray Examinations	New Patients Treated With: Radium or Cobalt (not Teletherapy) Treatments	Superficial and Ortho-Voltage Equipment	Mega-voltage Treatment Equipment	Positions Offered 1973-1974: 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
WISCONSIN, MILWAUKEE - CONTINUED									
MEDICAL COLLEGE OF WISCONSIN									
AFFILIATED HOSPITALS	J. E. YOUKER					07	024		
MILWAUKEE COUNTY GENERAL	J. E. YOUKER	132,486	6,467	1,676				10,068	
MILWAUKEE CHILDREN'S	D. P. BABBITT	32,766			22			10,000	
VETERANS ADMIN. CENTER (WOOD)	G. F. UNGER	84,000	3	41	119			10,413	
ST. JOSEPH'S	J. F. WEPFER	61,554	23	55	323	02	006	10,500	178883
ST. LUKE'S	C. E. SCHMIDT, A. FUEREDI	87,203	21	114	255	03	008	10,000	178983

29B. RADIOLOGY, DIAGNOSTIC

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Radiology through the Residency Review Committee for Radiology. These programs are approved for THREE years of training in Diagnostic Radiology. See also Lists 29A and 29C.

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1973-1974: 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE						
TEXAS						
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	D. D. SKINNER	161,220	06	018		
NON FEDERAL AND VETERANS ADMINISTRATION						
ARIZONA						
PHOENIX						
MARICOPA COUNTY GENERAL	M. L. SUSSMAN	61,534	02	008	10,795	
ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER	D. E. MATTHIESEN	62,500	01	003	10,800	
TUCSON						
UNIVERSITY OF ARIZONA AFFILIATED HOSPITALS	I. M. FREUNDLICH		02	010		
UNIVERSITY		15,000			9,850	
VETERANS ADMIN.		23,564				
ARKANSAS						
LITTLE ROCK						
UNIVERSITY OF ARKANSAS MEDICAL CENTER	H. J. BARNHARD					
UNIVERSITY		53,644	01	003	7,800	
VETERANS ADMIN. CONSOLIDATED		45,115				
CALIFORNIA						
LOS ANGELES						
CEDARS-SINAI MEDICAL CENTER						
CEDARS OF LEBANON HOSPITAL DIVISION	N. ZHEUTLIN	50,000	02	008		
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	H. I. MEYERS	366,496	12	048	14,340	
SAN DIEGO						
UNIVERSITY OF CALIFORNIA (SAN DIEGO) AFFILIATED HOSPITALS	E. C. LASSER		08	032		
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY	E. SALZMAN	74,000			10,200	
VETERANS ADMIN.	E. C. LASSER				10,668	
SAN FRANCISCO						
MOUNT ZION HOSPITAL AND MEDICAL CENTER	A. J. DAVIDSON	40,324	03	010	9,780	105487
UNIVERSITY OF CALIFORNIA PROGRAM	A. R. MARGULIS		05	029		
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	M. D. JONES	78,318			9,400	
SAN FRANCISCO GENERAL	W. COULSON	112,240			9,924	
VETERANS ADMIN.	C. O. OVENFORS	68,003			9,400	
SAN JOSE						
SANTA CLARA VALLEY MEDICAL CENTER	J. J. MC CORT	53,059	03	009	11,045	106387
TORRANCE						
LOS ANGELES COUNTY HARBOR GENERAL	D. J. TORRANCE		03	016	14,340	
CONNECTICUT						
HARTFORD						
HARTFORD	A. H. JANZEN	96,833	02	008		
NEW HAVEN						
HOSPITAL OF ST. RAPHAEL	R. SHAPIRO	54,900	03	009	10,450	109087
YALE-NEW HAVEN MEDICAL CENTER	S. S. SCHWARTZ		04	013		108987
YALE-NEW HAVEN	S. S. SCHWARTZ	143,139			10,450	
VETERANS ADMIN. (WEST HAVEN)	M. F. KEOHANE	36,174			10,543	
WEST HAVEN						
VETERANS ADMIN.	YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN					
DISTRICT OF COLUMBIA						
WASHINGTON						
FREEDMEN'S	H. C. PRESS, JR.	68,644	02	006	11,342	

29B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
FLORIDA						
GAINESVILLE						
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	O. F. AGEE		05	019		183487
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS	O. F. AGEE	55,000			8,400	
VETERANS ADMIN.	F. C. CLORE	39,400			8,625	
MIAMI BEACH						
MOUNT SINAI HOSPITAL OF GREATER MIAMI	M. VIAMONTE, JR.	73,568	05	020	9,900	
GEORGIA						
SAVANNAH						
MEMORIAL MEDICAL CENTER	W. A. MILLER	44,007	02	006	8,229	
ILLINOIS						
CHICAGO						
CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS						
MOUNT SINAI HOSPITAL MEDICAL CENTER	G. B. GREENFIELD	77,841	02	005		114487
PRESBYTERIAN-ST. LUKE'S	R. E. BUENGER	100,000	06	018	9,946	
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	A. GOTTSCHALK	105,000	05	018	10,800	
IOWA						
IOWA CITY						
UNIVERSITY OF IOWA AFFILIATED HOSPITALS	J. H. CHRISTIE		04	016	9,800	
UNIVERSITY OF IOWA HOSPITALS		93,834				
VETERANS ADMIN.		34,322				
KANSAS						
KANSAS CITY						
UNIVERSITY OF KANSAS MEDICAL CENTER	A. W. TEMPLETON	77,000	04	019	10,000	120887
WICHITA						
WESLEY MEDICAL CENTER	S. HERSHORN, T. WOLFE	69,581	02	006	9,300	
KENTUCKY						
LEXINGTON						
UNIVERSITY	H. D. ROSENBAUM	64,526	05	015	8,000	
MASSACHUSETTS						
BOSTON						
LAHEY CLINIC-NEW ENGLAND BAPTIST	R. E. WISE, F. A. SALZMAN		03	009	10,200	
LAHEY CLINIC		69,078				
NEW ENGLAND BAPTIST						
MASSACHUSETTS GENERAL	J. M. TAVERAS	197,000	10	033	10,200	126187
NEW ENGLAND DEACONESS	M. A. KELLETT	30,997	01	003	10,200	
PETER BENT BRIGHAM	H. L. ABRAMS	64,842	06	018	10,200	
CHILDREN'S HOSPITAL MEDICAL CENTER	E. B. D. NEUHAUSER	63,702			10,500	
TUFTS UNIVERSITY AFFILIATED HOSPITALS	R. E. PAUL, JR.	138,371	08	024		
NEW ENGLAND MEDICAL CENTER HOSPITALS	R. E. PAUL, JR.	138,371			10,165	
LEMUEL SHATTUCK	J. B. DEALY, JR.	14,774			9,500	
VETERANS ADMIN.	A. H. ROBBINS	47,744				
CAMBRIDGE						
MOUNT AUBURN	S. C. SCHATZKI		01	003		
WORCESTER						
ST. VINCENT	M. L. JANOWER	65,000	02	006	10,200	
MICHIGAN						
ANN ARBOR						
ST. JOSEPH MERCY	F. LEE	96,000	01	002	10,800	
UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS	W. M. WHITEHOUSE		01	003		
UNIVERSITY	W. M. WHITEHOUSE					
VETERANS ADMIN.	W. M. WHITEHOUSE, R. RAPP	25,002			10,000	
WAYNE COUNTY GENERAL (ELOISE)	S. REUTER	68,358			10,924	
ELOISE						
WAYNE COUNTY GENERAL	UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS, ANN ARBOR					
MINNESOTA						
MINNEAPOLIS						
UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS	E. GEDGAUDAS	343,359	02	005		133487
UNIVERSITY OF MINNESOTA HOSPITALS	E. GEDGAUDAS	93,922				
VETERANS ADMIN.	S. A. KIEFFER	90,453			9,550	
HENNEPIN COUNTY GENERAL	S. H. TSAI				9,250	
ST. PAUL-RAMSEY (ST. PAUL)	R. G. B. BJORNSON	72,236			8,750	
ROCHESTER						
MAYO GRADUATE SCHOOL OF MEDICINE	J. R. HODGSON	257,746	07	021	10,500	132887
ROCHESTER METHODIST		28,278				
ST. MARY'S		60,116				
ST. PAUL						
ST. PAUL-RAMSEY	UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS, MINNEAPOLIS					
MISSOURI						
ST. LOUIS						
WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	R. G. EVENS	157,176	08	027	9,500	
BARNES HOSPITAL GROUP						
MALLINCKRODT INSTITUTE OF RADIOLOGY						

29B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK						
NEW YORK						
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	M. ELKIN		07	023		
BRONX MUNICIPAL HOSPITAL CENTER		118,162				
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE		39,534				
BRONX-LEBANON HOSPITAL CENTER	H. L. MILLER	76,646	02	004	13,750	
CORNELL COOPERATING HOSPITALS	J. A. EVANS		07	021		
NEW YORK	J. A. EVANS	147,511			13,300	
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	R. C. WATSON	67,997			12,200	
HOSPITAL FOR SPECIAL SURGERY	R. H. FREIBERGER	44,910				
MONTEFIORE HOSPITAL AND MEDICAL CENTER	H. G. JACOBSON	208,689	06	018	13,300	148767
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	R. M. FRIEDENBERG	191,008	04	024	13,300	147387
UNIT 1-FLOWER AND FIFTH AVENUE HOSPITALS						
UNIT 2-METROPOLITAN HOSPITAL CENTER						
ROOSEVELT	A. A. DUNN, JR.	92,989	04	012	11,800	149687
ST. LUKE'S HOSPITAL CENTER	N. FINBY	75,191	03	009	13,000	
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	F. F. RUZICKA, JR.	101,613	05	017	11,800	150087
STATE UNIVERSITY-KINGS COUNTY HOSPITAL CENTER	J. BECKER		09	027		
KINGS COUNTY HOSPITAL CENTER	J. BECKER, J. RABINOWITZ	260,556			13,300	
STATE UNIVERSITY	J. BECKER	38,778			11,800	
SYRACUSE						
S. U. N. Y. UPSTATE MEDICAL CENTER						
STATE UNIVERSITY	J. G. MC AFEE	56,000	07	025	10,400	151687
NORTH CAROLINA						
DURHAM						
DUKE UNIVERSITY AFFILIATED HOSPITALS			10	040		152987
DUKE UNIVERSITY MEDICAL CENTER	R. G. LESTER	151,016			9,250	
VETERANS ADMIN.						
WINSTON-SALEM						
BOWMAN GRAY SCHOOL OF MEDICINE AFFILIATED HOSPITALS						
NORTH CAROLINA BAPTIST	I. MESCHAN	77,805	05	015	9,000	153787
OHIO						
CINCINNATI						
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	B. FELSON		06	024		
CINCINNATI GENERAL		101,574				
VETERANS ADMIN.		39,471			10,590	
CLEVELAND						
CLEVELAND CLINIC	T. F. MEANEY	146,032	02	007		
COLUMBUS						
OHIO STATE UNIVERSITY HOSPITALS	S. W. NELSON	98,164	02	006	7,000	
OREGON						
PORTLAND						
UNIVERSITY OF OREGON AFFILIATED HOSPITALS						
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	C. T. DOTTER	82,495	05	018	8,600	
PENNSYLVANIA						
DANVILLE						
GEISINGER MEDICAL CENTER	J. L. WILLIAMS	75,400	02	006	10,000	160887
HARRISBURG						
HARRISBURG	J. R. CROTEAU	52,982	02	006	10,380	161487
PHILADELPHIA						
TEMPLE UNIVERSITY	R. ROBBINS	66,148	02	008	10,200	
THOMAS JEFFERSON UNIVERSITY	M. K. DALINKA	70,000	05	020	10,300	
PITTSBURGH						
MERCY	J. R. LEWIN	82,856	03	009	11,400	
PUERTO RICO						
SAN JUAN						
UNIVERSITY OF PUERTO RICO AFFILIATED HOSPITALS	H. PAGAN SAEZ	17	08	026		
INDUSTRIAL						
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA	H. PAGAN SAEZ				7,872	
UNIVERSITY DISTRICT	H. PAGAN SAEZ	170,000			9,000	
VETERANS ADMIN. CENTER	J. M. GONZALEZ	41,709			8,211	
TEXAS						
DALLAS						
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL AFFILIATED HOSPITALS	F. J. BONTE		04	009		
PARKLAND MEMORIAL	F. J. BONTE	155,270			7,893	
CHILDREN'S MEDICAL CENTER	G. CURRARINO	21,573				
GALVESTON						
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	M. H. SCHREIBER	106,993	03	011	9,000	

29B. RADIOLOGY, DIAGNOSTIC—Continued

	Chief of Service or Program Director	No. of X-Ray Examinations	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
TEXAS - CONTINUED						
HOUSTON						
UNIVERSITY OF TEXAS AT HOUSTON						
AFFILIATED HOSPITALS	A. M. GOLDMAN		06	020	8,600	
HERMANN	L. F. ROGERS	47,962				
ST. JOSEPH	J. M. KEEGAN	76,443				
UNIVERSITY OF TEXAS M.D. ANDERSON HOSPITAL AND TUMOR INSTITUTE	A. M. GOLDMAN	50,144				
VIRGINIA						
CHARLOTTESVILLE						
UNIVERSITY OF VIRGINIA	T. E. KEATS	95,000	05	015	8,900	
WASHINGTON						
SEATTLE						
UNIVERSITY OF WASHINGTON						
AFFILIATED HOSPITALS	M. M. FIGLEY		04	013		191887
UNIVERSITY	M. M. FIGLEY	41,965			8,700	
CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER	B. H. WARD	21,185				
HARBORVIEW MEDICAL CENTER	J. LOOP	43,240				
VETERANS ADMIN.	R. S. LEIGHTON	31,362			8,700	
WISCONSIN						
MILWAUKEE						
ST. JOSEPH'S	J. F. WEPFER	62,606	02	006	10,500	178887

29C. RADIOLOGY, THERAPEUTIC

Residency programs in the following hospitals have been approved by the Council on Medical Education and the American Board of Radiology through the Residency Review Committee for Radiology. These programs are approved for THREE years of training in Therapeutic Radiology. See also Lists 29A and 29B.

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Tele-therapy Treatments	Inter-stitial, Intra-Cavitary Treatments	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NONFEDERAL AND VETERANS ADMINISTRATION								
CALIFORNIA								
LOS ANGELES								
LOS ANGELES COUNTY - U.S.C. MEDICAL CENTER	F. W. GEORGE, 3D.	895	13,557	285	04	016	14,340	
U. C. L. A.	W. N. HANAFEE	472	12,177	32	03	007	10,200	
PALO ALTO								
VETERANS ADMIN.	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
SAN FRANCISCO								
MOUNT ZION HOSPITAL AND MEDICAL CENTER	J. R. CASTRO	36	88	781	03	012	9,780	
UNIVERSITY OF CALIFORNIA PROGRAM	A. R. MARGULIS				03	010	9,400	
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	T. L. PHILLIPS	817	18,412	51				
SAN FRANCISCO GENERAL FRANKLIN	T. L. PHILLIPS	159	4,770	10				
SAN JOSE								
SANTA CLARA MEDICAL CENTER	SEE STANFORD UNIV. AFFIL. HOSPITALS, STANFORD							
STANFORD								
STANFORD UNIVERSITY AFFILIATED HOSPITALS	M. A. BAGSHAW				05	014	9,700	
STANFORD UNIVERSITY		1,341	23,193	45				
VETERANS ADMIN. (PALO ALTO)								
SANTA CLARA VALLEY MEDICAL CENTER (SAN JOSE)	J. W. KRAUT	222	4,784	14			11,045	
COLORADO								
COLORADO SPRINGS								
PENROSE					01	003		
DENVER								
PRESBYTERIAN MEDICAL CENTER	R. W. LACKEY	802	27,561	77	01	003	9,200	
CONNECTICUT								
NEW HAVEN								
YALE-NEW HAVEN MEDICAL CENTER					02	005		
YALE-NEW HAVEN	M. M. KLIGERMAN	879	19,438	147			10,450	
VETERANS ADMIN. (WEST HAVEN)								
WEST HAVEN								
VETERANS ADMIN.	YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN							
DELAWARE								
WILMINGTON								
WILMINGTON MEDICAL CENTER	E. S. SCHUBERT	1,164	21,475	171	01	004	10,700	
FLORIDA								
GAINESVILLE								
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS	R. R. MILLION	602	12,748	79	03	009	9,500	

29C. RADIOLOGY—THERAPEUTIC—Continued

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Tele-therapy Treatments	Inter-stitial, Intra-Cavitary Treatments	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
ILLINOIS								
CHICAGO								
NORTHWESTERN UNIVERSITY-MC GAW MEDICAL CENTER	W. T. MOSS				02	006		
CHICAGO WESLEY MEMORIAL	W. T. MOSS	812	8,671	22				
VETERANS ADMIN. RESEARCH	J. MIREE, JR.	478	3,675	3				
PRESBYTERIAN-ST. LUKE'S	F. R. HENDRICKSON	1,050	12,102	29	02	006	9,946	
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	M. L. GRIEM	601	10,470	80	02	008	10,800	
INDIANA								
INDIANAPOLIS								
INDIANA UNIVERSITY MEDICAL CENTER	N. B. HORNBACK				02	006		
INDIANA UNIVERSITY HOSPITALS		644	12,180	84			9,500	
MARION COUNTY GENERAL							10,000	
VETERANS ADMIN.		72	2,160				10,250	
IOWA								
IOWA CITY								
UNIVERSITY OF IOWA HOSPITALS	H. B. LATOURETTE	712	24,060	268	02	004	9,800	
KENTUCKY								
LEXINGTON								
UNIVERSITY	Y. MARUYAMA	750	10,000	100	02	005	8,600	
LOUISVILLE								
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	R. M. SCOTT				01	003	8,600	
LOUISVILLE GENERAL		832	16,697	131				
VETERANS ADMIN.								
MASSACHUSETTS								
BOSTON								
JOINT CENTER FOR RADIATION THERAPY	S. HELLMAN	1,609	23,425	171	04	016	10,200	
MASSACHUSETTS GENERAL	H. D. SUIT	1,329	30,399	129	02	007	10,200	
TUFTS UNIVERSITY AFFILIATED HOSPITALS	J. E. MUNZENRIDER				02	008		
NEW ENGLAND MEDICAL CENTER HOSPITALS		1,075	18,125	112			10,165	
LEMUEL SHATTUCK		44	970	12				
VETERANS ADMIN.								
MICHIGAN								
ANN ARBOR								
UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS					01	003		
UNIVERSITY	W. M. WHITEHOUSE		20,000	77				
VETERANS ADMIN.	W. M. WHITEHOUSE, R. RAPP	44		1			10,000	
WAYNE COUNTY GENERAL (ELOISE)	S. REUTER	132	3,144	29			10,924	
ELOISE								
WAYNE COUNTY GENERAL	UNIVERSITY OF MICHIGAN AFFIL. HOSPS., ANN ARBOR							
MINNESOTA								
MINNEAPOLIS								
UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS	S. H. LEVITT				02	006		133488
UNIVERSITY OF MINNESOTA HOSPITALS	S. H. LEVITT	729	12,260	115			8,000	
VETERANS ADMIN.	S. A. KIEFFER	259	5,152	5				
MISSOURI								
ST. LOUIS								
WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	W. E. POWERS				02	008		135588
BARNES HOSPITAL GROUP		1,198	28,500	186			9,000	
MALLINCKRODT INSTITUTE OF RADIOLOGY								
NEW YORK								
BUFFALO								
BUFFALO GENERAL	W. T. MURPHY	913	35,835	109	01	003	10,500	
ROSWELL PARK MEMORIAL INSTITUTE	J. H. WEBSTER	1,050	27,500	125	04	012	8,330	
NEW YORK								
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	N. A. GHOSSEIN				02	006		
BRONX MUNICIPAL HOSPITAL CENTER		254	5,597	7				
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE		360	10,436	39				
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	G. J. D' ANGIO	1,800	50,000	353	05	015		
MONTEFIORE HOSPITAL AND MEDICAL CENTER	H. JACOBSON, C. BOTSTEIN	583	14,322	31	01	003	13,300	
NEW YORK UNIVERSITY MEDICAL CENTER	J. NEWALL				02	006		
BELLEVUE HOSPITAL CENTER		188	3,234	20				
UNIVERSITY		350	7,689	28				
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	G. SCHWARZ	354	2,456	60	02	006		
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	J. BECKER				02	006		
KINGS COUNTY HOSPITAL CENTER	J. BECKER, D. BENNINGHOFF	1,107	6,975	130			13,300	
STATE UNIVERSITY	D. BENNINGHOFF, J. BECKER	1,000	9,000	150			11,800	
VETERANS ADMIN. (BRONX)	B. ROSWIT	337	9,323	44	03	006	13,878	262788
ROCHESTER								
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	H. W. FISCHER, P. RUBIN	506	11,912	41	03	009	10,000	151188
SYRACUSE								
S. U. N. Y. UPSTATE MEDICAL CENTER								
STATE UNIVERSITY	R. H. SAGERMAN	689	16,853	117	02	006	10,400	

29C. RADIOLOGY—THERAPEUTIC—Continued

	Chief of Service or Program Director	Annual New Cancer Patients	Annual Tele-therapy Treatments	Inter-stitial, Intra-Cavitary Treatments	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NORTH CAROLINA								
DURHAM								
DUKE UNIVERSITY AFFILIATED HOSPITALS	R. G. LESTER				01	004		
DUKE UNIVERSITY MEDICAL CENTER		860	15,606	132			9,250	
VETERANS ADMIN.								
WINSTON-SALEM								
BOWMAN GRAY SCHOOL OF MEDICINE AFFILIATED HOSPITALS								
NORTH CAROLINA BAPTIST	M. RABEN	580	10,760	51	01	003	9,000	
OHIO								
CINCINNATI								
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	B. S. ARON				06	010		
CHILDREN'S		50	978				9,276	
CHRISTIAN R. HOLMES		702	8,240	16				
CINCINNATI GENERAL		366	6,534	52				
COLUMBUS								
OHIO STATE UNIVERSITY HOSPITALS	S. W. NELSON	866	14,226	92	01	003	12,500	
OREGON								
PORTLAND								
UNIVERSITY OF OREGON AFFILIATED HOSPITALS								
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	C. V. ALLEN	473	10,720	99	01	003	8,600	
PENNSYLVANIA								
DANVILLE								
GEISINGER MEDICAL CENTER	D. D. BEILER	725	14,505	79	01	003	10,000	
PHILADELPHIA								
ALBERT EINSTEIN MEDICAL CENTER	H. ISARD, D. SKLAROFF	1,260	18,140	59	01	001	10,100	
AMERICAN ONCOLOGIC	H. G. SEYDEL	1,450	10,852	57	01	003	9,000	
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	L. W. BRADY	950	22,450	152	02	006	10,400	
PITTSBURGH								
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	J. A. PARSONS				01	003	10,550	
MAGEE-WOMENS		344	9,050	79				
PRESBYTERIAN-UNIVERSITY		458	9,111	12				
TENNESSEE								
NASHVILLE								
VANDERBILT UNIVERSITY	S. ARISTIZABAL	853	771	82	01	003	8,500	
TEXAS								
DALLAS								
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL AFFILIATED HOSPITALS	D. E. FULLER				01	003		
CHILDREN'S MEDICAL CENTER								
PARKLAND MEMORIAL		625	18,965	146			8,484	
ST. PAUL		526	9,963	105			9,000	
HOUSTON								
BAYLOR COLLEGE OF MEDICINE AFFILIATED HOSPITALS	R. S. MAC INTYRE				02	006	9,000	
BEN TAUB GENERAL	P. T. HUDGINS	221	4,188	75				
METHODIST	P. T. HUDGINS	949	21,370	193				
VETERANS ADMIN.	P. T. HUDGINS	450	3,305	27				
UNIVERSITY OF TEXAS M.D. ANDERSON HOSPITAL AND TUMOR INSTITUTE	G. H. FLETCHER	2,802	53,759	549	06	018	9,000	
UTAH								
SALT LAKE CITY								
LATTER-DAY SAINTS	H. P. PLENK	626	12,086	42	01	004	9,200	
VIRGINIA								
CHARLOTTESVILLE								
UNIVERSITY OF VIRGINIA	W. C. CONSTABLE	770	14,569	152	02	006	8,900	
RICHMOND								
VIRGINIA COMMONWEALTH UNIVERSITY M.C.V. AFFILIATED HOSPITALS								
MEDICAL COLLEGE OF VIRGINIA HOSPITALS	E. R. KING	810	14,369	140	02	008	8,400	174388
WASHINGTON								
SEATTLE								
UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS	R. G. PARKER				03	009		
UNIVERSITY	R. G. PARKER	424	11,197	40			8,700	
CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER	J. T. GRIFFIN	77	982					
HARBORVIEW MEDICAL CENTER								
VETERANS ADMIN.								

30A. SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery and the American College of Surgeons, through the Conference Committee on Graduate Education in Surgery, for FOUR OR MORE years of training, designed to qualify the trainee for examination by the American Board of Surgery as a Group I candidate. See also Lists 30B, 30C, 30D.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE								
ARIZONA								
U. S. A. F. REGIONAL, TUCSON	UNIVERSITY OF ARIZONA AFFILIATED HOSPITALS, TUCSON							
CALIFORNIA								
DAVID GRANT U. S. A. F. MEDICAL CENTER, FAIRFIELD	H. R. ZICK	96	3,252	39,829	02	008		
MISSISSIPPI								
U.S.A.F. MEDICAL CENTER, BILOXI	M. J. WILLIAMS	122	3,240	72,207	02	008		
TEXAS								
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	W. T. KEMMERER	107	2,926	17,373	04	016		
UNITED STATES ARMY								
CALIFORNIA								
LETTERMAN GENERAL, SAN FRANCISCO	H. ROSEGAY	95	2,347	32,220	03	012		
COLORADO								
FITZSIMONS GENERAL, DENVER	J. H. BAUGH, R. L. HEYMANN	170	3,438	15,425	03	012		
DISTRICT OF COLUMBIA								
WALTER REED GENERAL, WASHINGTON	R. W. MUIR	96	1,800	9,827	03	014		
HAWAII								
TRIPLER GENERAL, HONOLULU	A. H. KENT	185	4,218	67,360	03	012		
TEXAS								
WILLIAM BEAUMONT GENERAL, EL PASO	A. RODRIGUEZ, G. LAVENSON	61	2,425	12,060	03	012		
BROOKE GENERAL, SAN ANTONIO	T. L. HUDSON	54	1,681	9,038	03	012		
WASHINGTON								
MADIGAN GENERAL, TACOMA	R. G. STANEK, D. P. HORAN	313	6,475	216,863	03	009		
UNITED STATES NAVY								
CALIFORNIA								
NAVAL, LONG BEACH	MEMORIAL HOSP. OF LONG BEACH, LONG BEACH, CALIF.							
NAVAL, OAKLAND	V. H. FITCHETT	122	2,737	12,738	02	008		181384
NAVAL, SAN DIEGO	R. F. MILNES	215	4,615	20,278	04	016		181484
ILLINOIS								
NAVAL, GREAT LAKES	G. H. CROSS	405	4,960	29,731	02	008		182184
MARYLAND								
NAVAL, BETHESDA	B. C. COLE	74	1,737	8,535	02	008		182384
MASSACHUSETTS								
NAVAL, CHELSEA	R. L. MULLIN	57	966	2,726	02	008		182584
PENNSYLVANIA								
NAVAL, PHILADELPHIA	S. J. MUCHA	150	1,655	7,958	02	008		183184
VIRGINIA								
NAVAL, PORTSMOUTH	J. T. MULLEN	172	4,636	21,979	04	016		183284
UNITED STATES PUBLIC HEALTH SERVICE								
ARIZONA								
U. S. PUBLIC HEALTH SERVICE INDIAN, PHOENIX	PHOENIX INTEGRATED SUR. RES., PHOENIX, ARIZ.							
CALIFORNIA								
U. S. PUBLIC HEALTH SERVICE, SAN FRANCISCO	J. D. TOVEY	60	1,300	8,197	03	009		
LOUISIANA								
U. S. PUBLIC HEALTH SERVICE, NEW ORLEANS	J. J. NOYA	94	1,998	9,426	02	008		
MARYLAND								
U. S. PUBLIC HEALTH SERVICE, BALTIMORE	H. V. BELCHER	31	676	8,009	03	006		
WASHINGTON								
U. S. PUBLIC HEALTH SERVICE, SEATTLE	SEE UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS, SEATTLE							
OTHER FEDERAL								
CANAL ZONE								
GORGAS, BALBOA HEIGHTS	R. J. RHORER	31	1,287	7,719	02	006	11,386	

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
BAPTIST MEDICAL CENTERS	J. M. AKIN, JR.				06	012	9,600	190384
BAPTIST MEDICAL CENTER-MONTCLAIR	J. M. AKIN, JR.		18,585	12,026				
BAPTIST MEDICAL CENTER-PRINCETON	D. E. MERCK	179	7,106	18,630				
CARRAWAY METHODIST MEDICAL CENTER	R. B. KENT	160	5,259	12,198	06	012	10,200	100664
UNIVERSITY OF ALABAMA MEDICAL CENTER	J. W. KIRKLIN				08	028	9,400	
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS	J. W. KIRKLIN	205	5,250	14,480				
VETERANS ADMIN.	J. W. KIRKLIN, J. ALDRETE	82	2,158	9,489				
VETERANS ADMIN. (TUSKEGEE)	J. E. C. NORRIS	87	1,189	3,223				
FAIRFIELD								
LLOYD NOLAND	J. M. SLAUGHTER	70	2,439	20,795	04	008	11,400	100884
MOBILE								
MOBILE GENERAL	H. WALKER, JR., B. HIGHTOWER	70	2,765	9,223	04	013	9,840	
TUSKEEGEE								
VETERANS ADMIN.	UNIVERSITY OF ALABAMA MEDICAL CENTER, BIRMINGHAM							
ARIZONA								
PHOENIX								
MARICOPA COUNTY GENERAL	H. W. HALE, JR.	76	2,118	14,092	08	020	10,795	
ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER								
PHOENIX INTEGRATED SURGICAL RESIDENCY	W. P. KLEITSCH				06	015	11,840	
GOOD SAMARITAN	R. FELDHAUS	231	9,392	892				
U. S. PUBLIC HEALTH SERVICE INDIAN	F. L. ZWEMER	62	1,432	7,800				
VETERANS ADMIN.	W. P. KLEITSCH	77	1,703	3,340				
TUCSON								
TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM	E. G. RAMSAY				06	015	10,200	101484
PIMA COUNTY GENERAL DIVISION		41	1,464	23,415				
TUCSON MEDICAL CENTER DIVISION		233	10,352	810				
UNIVERSITY OF ARIZONA AFFILIATED HOSPITALS	E. E. PEACOCK				06	016	9,850	
UNIVERSITY		10	72	229				
VETERANS ADMIN.		76	1,435	8,343				
ARKANSAS								
LITTLE ROCK								
UNIVERSITY OF ARKANSAS MEDICAL CENTER	G. S. CAMPBELL				08	020		
UNIVERSITY		50	1,559	5,859			7,800	
VETERANS ADMIN. CONSOLIDATED		82	2,141	2,506			9,420	
CALIFORNIA								
BAKERSFIELD								
KERN COUNTY GENERAL	N. R. ARBEGAST	60	2,530	19,252	05	012	12,600	
DAVIS								
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS	E. F. WOLFMAN, JR.				12	021	10,837	
SACRAMENTO MEDICAL CENTER (SACRAMENTO)		140	5,727	19,913				
FRESNO								
VALLEY MEDICAL CENTER OF FRESNO	J. F. KEMP	62	3,133	19,975	04	013		
IRVINE								
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS	J. E. CONNOLLY				12	027		
CHILDRENS HOSPITAL OF ORANGE COUNTY (ORANGE)	J. E. CONNOLLY	8	517	131				
ORANGE COUNTY MEDICAL CENTER (ORANGE)	J. E. CONNOLLY	45	2,399	7,663			13,546	
VETERANS ADMIN. (LONG BEACH)	E. A. STEMMER	68	1,636	4,160			13,878	
LOMA LINDA								
LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS	D. B. HINSHAW				04	016		102484
LOMA LINDA UNIVERSITY	B. W. BRANSON	108	3,701	16,001			9,575	
RIVERSIDE GENERAL (RIVERSIDE)	J. K. LONGERBEAM	46	2,874	15,738			10,649	
LONG BEACH								
MEMORIAL HOSPITAL OF LONG BEACH	S. EDE	201	8,669	186	02	008	11,200	
NAVAL	G. B. HART	72	2,117	15,177				
VETERANS ADMIN.	U. OF CALIF. (IRVINE) AFFILIATED HOSPS., IRVINE							
LOS ANGELES								
CALIFORNIA HOSPITAL MEDICAL CENTER	K. L. SENTER	98	4,496	1,731	01	004	12,000	102984
CEDARS-SINAI MEDICAL CENTER CEDARS OF LEBANON HOSPITAL DIVISION	L. MORGENSTERN	187	6,936	3,026	07	013	12,600	
KAISER FOUNDATION	J. WINKLEY	171	6,419	61,024	05	014	12,000	
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	L. ROSOFF	166	7,213	21,217	06	024		
MARTIN LUTHER KING, JR. GENERAL	J. L. ALEXANDER	335		673	02	008	14,340	
QUEEN OF ANGELS	T. DEL JUNCO, K. SCHMUTZER	80	2,760	1,428	02	008	12,000	
U. C. L. A. AFFILIATED HOSPITALS	W. P. LONGMIRE, JR.				20	046		195684
U. C. L. A.	W. P. LONGMIRE, JR.	53	1,901	7,997			10,200	
VETERANS ADMIN. (SEPULVEDA)	B. V. H. THATCHER							
VETERANS ADMIN. CENTER - WADSWORTH	H. E. GORDON	86	2,760	11,700	13	022	13,878	
WHITE MEMORIAL MEDICAL CENTER	S. H. FRITZ	37	1,434	3,280	04	010	10,600	
MARTINEZ								
VETERANS ADMIN.	J. YEE	138	2,128	12,515	04	012	10,332	
OAKLAND								
HIGHLAND GENERAL	A. J. HUNNICUTT	43	11,051	14,004	12	024		
KAISER FOUNDATION	H. D. GRANT	51	2,946	25,340	04	010	9,8[illegible]	

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CALIFORNIA - CONTINUED								
ORANGE								
CHILDRENS HOSPITAL OF ORANGE COUNTY	U. OF CALIF. (IRVINE) AFFILIATED HOSPS., IRVINE							
ORANGE COUNTY MEDICAL CENTER	U. OF CALIF. (IRVINE) AFFILIATED HOSPS., IRVINE							
PALO ALTO								
VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
PANORAMA CITY								
KAISER FOUNDATION	R. S. WILCOX	82	5,701	58,650	02	006	12,000	
PASADENA								
HUNTINGTON MEMORIAL	A. C. PATTISON	135	6,164	15,817	05	010	11,000	
RIVERSIDE								
RIVERSIDE GENERAL	SEE LOMA LINDA UNIVERSITY AFFILIATED HOSPITALS, LOMA LINDA							
SACRAMENTO								
KAISER FOUNDATION	A. B. EAKER	26	1,591	32,144	02	008		209784
SACRAMENTO MEDICAL CENTER	SEE UNIV. OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS, DAVIS							
SAN DIEGO								
MERCY HOSPITAL AND MEDICAL CENTER					02	005		104984
UNIVERSITY OF CALIFORNIA (SAN DIEGO) AFFILIATED HOSPITALS	M. J. ORLOFF				10	034	10,200	
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY		74	2,534	10,884				
VETERANS ADMIN.								
SAN FRANCISCO								
HARKNESS COMMUNITY HOSPITAL AND MEDICAL CENTER	W. L. NEWBERG	107	4,112	19,350	04	010	9,780	
KAISER FOUNDATION	P. D. SMITH, JR.	102	4,852	102,184	05	014		
MOUNT ZION HOSPITAL AND MEDICAL CENTER	L. D. ROSENMAN	126	6,100	4,417	05	010	9,780	
UNIVERSITY OF CALIFORNIA PROGRAM	J. E. DUNPHY				24	082	9,400	
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	J. E. DUNPHY	74	2,523	8,911			9,400	
CHILDREN'S HOSPITAL AND ADULT MEDICAL CENTER	V. RICHARDS	72	4,494	3,183			9,700	
SAN FRANCISCO GENERAL	W. BLAISDELL	97	5,308	74,265			9,924	
VETERANS ADMIN.	A. D. HALL	62	1,338	4,084			9,400	
SAN JOSE								
SANTA CLARA VALLEY MEDICAL CENTER	STANFORD UNIVERSITY AFFILIATED HOSPITALS							
SANTA BARBARA								
SANTA BARBARA GENERAL-COTTAGE HOSPITALS	W. H. GERWIG, JR.				04	011	10,600	
SANTA BARBARA GENERAL		16	782	1,355				
SANTA BARBARA COTTAGE		130	5,799					
STANFORD								
STANFORD UNIVERSITY AFFILIATED HOSPITALS	H. A. OBERHELMAN, JR.				12	040		182084
STANFORD UNIVERSITY	H. A. OBERHELMAN, JR.	86	3,493	8,332			9,700	
VETERANS ADMIN. (PALO ALTO)	L. G. CROWLEY	35	839	2,067			9,700	
SANTA CLARA VALLEY MEDICAL CENTER (SAN JOSE)	J. M. GUERNSEY	66	2,133	7,558			11,045	
STOCKTON								
SAN JOAQUIN GENERAL	W. BROCK	56	1,960	16,893	03	008	7,836	102184
TORRANCE								
LOS ANGELES COUNTY HARBOR GENERAL	D. STATE	76	3,881	12,257	12	030	14,340	
COLORADO								
DENVER								
ST. JOSEPH HOSPITAL-COLORADO STATE	M. E. JOHNSON				08	017	9,200	
ST. JOSEPH	M. E. JOHNSON	206	8,903	2,037				
COLORADO STATE (PUEBLO)	W. E. LOOBY	38	671	6,997				
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	T. E. STARZL				20	070		
DENVER GENERAL	S. EISEMAN	32	1,378					
GENERAL ROSE MEMORIAL	E. BLAIR	82	4,210	229				
PRESBYTERIAN MEDICAL CENTER	H. F. BRAMLEY	177	7,526	31			9,200	
UNIVERSITY OF COLORADO MEDICAL CENTER	T. E. STARZL	334	28,119	240,496			9,000	
VETERANS ADMIN.	T. E. STARZL	53	964	2,480			9,620	
PUEBLO								
COLORADO STATE	SEE ST. JOSEPH HOSPITAL-COLORADO STATE, DENVER							
CONNECTICUT								
BRIDGEPORT								
BRIDGEPORT	A. J. PANETTIERI	202	9,449	9,243	06	017	10,350	107984
ST. VINCENT'S	W. H. CURLEY	131	6,776	621	02	006	10,500	
HARTFORD								
HARTFORD	J. H. FOSTER	194	7,756	4,483	12	028	10,500	108384
ST. FRANCIS	H. MANNIX, JR.	267	10,372	4,595	05	011	7,800	
UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS	G. OWENS				08	020	10,800	
UNIVERSITY OF CONNECTICUT VISION (NEW		20	472	438				
	W. T. LIVINGSTON	123	5,836	1,118			11,750	
INGTON)		76	1,154	8,707			10,800	
	UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS, HARTFORD							
	D. A. FARMER	177	7,120	7,523	06	014	10,450	
CENTER	H. K. WRIGHT				18	047		108984
	H. K. WRIGHT	117	4,229	17,624			9,350	
HAVEN)	E. H. STORER	50	1,793	2,225			10,543	
	UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS, HARTFORD							
	W. HUGHES	155	7,943	556	02	007	9,000	

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CONNECTICUT - CONTINUED								
STAMFORD								
STAMFORD	J. B. OGILVIE	67	3,357	2,919	03	007	10,600	109564
WATERBURY								
ST. MARY'S	R. A. BONNER, JR.	206	8,595	4,095	03	008	10,020	
WATERBURY	S. B. LURIA	134	5,627	665	02	007	10,100	
WEST HAVEN								
VETERANS ADMIN.	SEE YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN							
DELAWARE								
WILMINGTON								
VETERANS ADMIN.	SEE BRYN MAWR HOSPITAL, BRYN MAWR, PA.							
WILMINGTON MEDICAL CENTER	M. DZ	151	6,150	6,450	06	015	10,250	
DISTRICT OF COLUMBIA								
WASHINGTON								
GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS	C. A. HUFNAGEL				10	026		
DISTRICT OF COLUMBIA GENERAL	H. H. BALCH	73	750	9,414			11,300	
GEORGETOWN UNIVERSITY	C. A. HUFNAGEL	557	12,127	34,835			10,550	
VETERANS ADMIN.	G. A. HIGGINS, JR.	89	1,072	17,777			10,022	
FAIRFAX (FALLS CHURCH, VA.)	A. HALL	166	4,106	413				
GEORGE WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	P. C. ADKINS				12	024		
DISTRICT OF COLUMBIA GENERAL	J. R. THISTLETHWAITE	73	713	9,414			11,300	
GEORGE WASHINGTON UNIVERSITY	P. C. ADKINS	73	3,375	2,680			10,022	
VETERANS ADMIN.	P. C. ADKINS, G. A. HIGGINS, JR.	89	1,072				10,022	
HOWARD UNIVERSITY AFFILIATED HOSPITALS	L. D. LEFFALL, JR.				06	024		
DISTRICT OF COLUMBIA GENERAL	L. H. KURTZ	26	660	3,978			11,300	
FREEDMEN'S	L. D. LEFFALL, JR.	88	2,382	13,419			11,342	
PROVIDENCE	L. J. GOFFREDI	74	4,246	4,913	04	006		
WASHINGTON HOSPITAL CENTER	K. ABSOLON	179	7,686	5,525	12	024	10,022	
FLORIDA								
BARTOW								
POLK GENERAL	SEE LAKELAND GEN.-POLK GEN. HOSPS., LAKELAND							
GAINESVILLE								
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	E. WOODWARD, W. PFAFF				14	038		183484
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS	E. WOODWARD, W. PFAFF	76	2,524	9,495			9,000	
VETERANS ADMIN.	E. I. WEINSHELBAUM	37	822	2,609			8,625	
VETERANS ADMIN. (LAKE CITY)	W. R. MOORE	69	1,464	2,825			8,275	
JACKSONVILLE								
JACKSONVILLE HOSPITALS EDUCATIONAL PROGRAM	S. E. STEPHENSON, JR.				12	028	8,600	110184
BAPTIST MEMORIAL	C. M. PHILLIPS	75	3,923	452				
ST. LUKE'S	R. H. STILL	62	2,648					
ST. VINCENT'S								
UNIVERSITY HOSPITAL OF JACKSONVILLE	S. E. STEPHENSON, JR.	49	2,089	46,687				
LAKE CITY								
VETERANS ADMIN.	SEE UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS, GAINESVILLE							
LAKELAND								
LAKELAND GENERAL-POLK GENERAL HOSPITALS	W. H. PROCTOR				02	006	8,690	
LAKELAND GENERAL		476	22,320					
POLK GENERAL (BARTOW)		131	6,619	48,700				
MIAMI								
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	R. ZEPPA				14	036		
JACKSON MEMORIAL		90	2,563	9,278			9,950	
VETERANS ADMIN.		67	1,461	17,835			10,050	
MIAMI BEACH								
MOUNT SINAI HOSPITAL OF GREATER MIAMI	A. HURWITZ	83	2,601	4,432	13	022	9,400	
ORLANDO								
ORANGE MEMORIAL	D. L. WEEKS, JR.	194	7,061	3,141	05	013	9,000	
PENSACOLA								
PENSACOLA EDUCATIONAL PROGRAM	G. CARR, S. SHIPPEY, JR.				01	004	10,200	182664
BAPTIST		134	6,795	1,252				
SACRED HEART		83	6,651	980				
UNIVERSITY		25	1,316	9,284				
TAMPA								
TAMPA GENERAL	J. C. FLETCHER	153	5,904	4,769	08	014	8,925	
GEORGIA								
ATLANTA								
EMORY UNIVERSITY AFFILIATED HOSPITALS	W. D. WARREN				24	046		
CRAWFORD W. LONG MEMORIAL	J. D. MARTIN, JR.	151	7,035	7,557			8,400	
EMORY UNIVERSITY	W. D. WARREN	22	6,003				8,880	
GRADY MEMORIAL	W. D. WARREN	83	2,711	6,642			8,880	
HENRIETTA EGLESTON HOSPITAL FOR CHILDREN								
VETERANS ADMIN. (DECATUR)	R. B. SMITH, 3D.	63	1,461	3,575				
GEORGIA BAPTIST	J. P. WILSON				02	008		
PIEDMONT	J. E. SKANDALAKIS	153	7,563	2,246	03	006	8,400	
ST. JOSEPH'S INFIRMARY	D. SHEPARD	129	5,716	1,579	02	006	9,501	111584
AUGUSTA								
MEDICAL COLLEGE OF GEORGIA HOSPITALS	W. H. MORETZ				13	029		
EUGENE TALMADGE MEMORIAL	W. H. MORETZ	55	1,236	6,020			9,500	
UNIVERSITY	W. H. MORETZ	95	4,873	5,170				
VETERANS ADMIN.	W. D. JENNINGS, JR.	38	779	7,919			8,100	
DECATUR								
VETERANS ADMIN.	EMORY UNIVERSITY AFFILIATED HOSPITALS, ATLANTA							
MACON								
MEDICAL CENTER OF CENTRAL GEORGIA	M. B. HATCHER	232	9,725	9,261	04	010	10,200	

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
GEORGIA – CONTINUED								
SAVANNAH								
MEMORIAL MEDICAL CENTER	T. J. YEH	96	3,318	6,730	03	007	8,229	197184
HAWAII								
HONOLULU								
UNIVERSITY OF HAWAII AFFILIATED HOSPITALS	R. T. MAMIYA				13	020	10,500	
QUEEN'S MEDICAL CENTER	J. MC NAMARA, F. WARSHAUER	154	6,146	2,577				
ST. FRANCIS	G. KOKAME	97	4,608	5,356				
KUAKINI HOSPITAL AND HOME	R. T. TANOUE	95	3,788					
ILLINOIS								
BERWYN								
MAC NEAL MEMORIAL	SEE UNIVERSITY OF ILLINOIS METROPOLITAN GROUP HOSPITALS							
CHICAGO								
CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS								
MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO	T. G. BAFFES	83	3,343	6,800	07	019	9,700	114484
COLUMBUS-CUNEO MEDICAL CENTER	P. F. NORA				04	010	10,600	
COLUMBUS		159	3,869	2,761				
FRANK CUNEO		49	1,810	1,618				
COOK COUNTY	F. A. FOLK	234	8,876	34,542	24	062	10,900	
GRANT	R. W. SEED	59	1,611	1,961	03	006	11,640	
ILLINOIS CENTRAL	C. Y. WERELIUS	163	5,408	33,119	02	005	11,400	113684
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	J. T. SHERIDAN	140	3,139	8,006	08	021	11,100	
NORTHWESTERN UNIVERSITY-MC GAW MEDICAL CENTER	J. M. BEAL				14	036	10,750	
CHICAGO WESLEY MEMORIAL	J. R. HINES	121	4,006	2,271				
PASSAVANT MEMORIAL	J. M. BEAL	61	1,994	2,271				
VETERANS ADMIN. RESEARCH	T. W. SHIELDS	64	925	4,800				
EVANSTON (EVANSTON)	J. M. DORSEY	58	2,024	1,150				
PRESBYTERIAN-ST. LUKE'S	H. W. SOUTHWICK	99	2,385	2,353	14	026	9,946	
ST. ELIZABETH'S	S. J. OPALINSKI	259	11,325	8,011	03	009	10,200	
ST. JOSEPH	E. DEL BECCARO	153	5,035	6,683	04	011	10,600	
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	G. E. BLOCK	59	2,031	9,405	08	022	10,800	
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS	L. M. NYHUS				15	054	9,900	115084
UNIVERSITY OF ILLINOIS	L. M. NYHUS	160	4,801	26,053				
VETERANS ADMIN. (WEST SIDE)	W. SCHUMER	167	3,133	37,788				292084
UNIVERSITY OF ILLINOIS METROPOLITAN GROUP HOSPITALS	L. M. NY HUS				20	052		
ILLINOIS MASONIC MEDICAL CENTER	C. T. DRAKE	177	4,592	1,885			11,200	
LOUIS A. WEISS MEMORIAL								
MERCY HOSPITAL AND MEDICAL CENTER	R. L. SCHMITZ	133	4,522	4,950			10,200	
RAVENSWOOD	J. F. GIANNOLA	137	6,278	2,458			10,600	
MAC NEAL MEMORIAL (BERWYN)	R. G. MRAZEK	151	6,143	191			10,020	
LUTHERAN GENERAL (PARK RIDGE)								
EVANSTON								
EVANSTON	NORTHWESTERN UNIVERSITY-MC GAW MEDICAL CENTER, CHICAGO							
ST. FRANCIS	J. H. MASON	122	4,246	7,984	02	007	11,100	
EVERGREEN PARK								
LITTLE COMPANY OF MARY	H. M. REYES	196	7,666	1,871	04	012	9,794	
HINES								
VETERANS ADMIN.	C. B. PUESTOW	201	5,300	4,165	14	041	10,100	225784
MAYWOOD								
LOYOLA UNIVERSITY	R. J. FREEARK	38	1,326	3,615	06	012	10,600	
PARK RIDGE								
LUTHERAN GENERAL	SEE UNIVERSITY OF ILLINOIS METROPOLITAN GROUP HOSPITALS							
PEORIA								
ST. FRANCIS	J. W. OTTEN	187	5,614	16,784	02	008	10,750	
INDIANA								
INDIANAPOLIS								
INDIANA UNIVERSITY MEDICAL CENTER	J. E. JESSEPH				15	025		
INDIANA UNIVERSITY HOSPITALS		60	1,555	1,618			9,500	
VETERANS ADMIN.		58	856	1,768			10,250	
MARION COUNTY GENERAL	J. L. GLOVER		1,251	9,337	07	016	10,000	
METHODIST HOSPITAL OF INDIANA	D. E. SCHLEGEL	165	5,782	1,408	06	015	10,605	
IOWA								
DES MOINES								
IOWA METHODIST	R. E. PAUL			6,021	04	010	9,600	
BROADLAWNS POLK COUNTY		30	1,562	8,375				
VETERANS ADMIN.	L. T. PALUMBO	113	2,758	15,134	05	014	10,857	
IOWA CITY								
UNIVERSITY OF IOWA AFFILIATED HOSPITALS	R. E. CONDON				16	044	9,500	
UNIVERSITY OF IOWA HOSPITALS		181	5,208	29,911				
VETERANS ADMIN.		61	971	1,600				
KANSAS								
KANSAS CITY								
UNIVERSITY OF KANSAS MEDICAL CENTER	L. J. HUMPHREY	54	1,667	6,614	10	026	9,000	
BETHANY MEDICAL CENTER	L. L. TRETBAR	58	3,532	50				
VETERANS ADMIN. (KANSAS CITY, MO.)	A. HEILBRUNN	65	2,696	1,639			9,500	
LEAVENWORTH								
VETERANS ADMIN. CENTER	W. BRAUER	96	1,389	3,164	02	005	9,500	
WICHITA								
ST. FRANCIS HOSPITAL-VETERANS ADMIN. CENTER	G. J. FARHA				07	016	9,300	
ST. FRANCIS	G. J. FARHA	170	8,700	610				
VETERANS ADMIN. CENTER	F. W. ROBINSON	79	1,491	2,594				
WESLEY MEDICAL CENTER	G. J. MASTIO	186	8,296	90	03	006	9,300	

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
KENTUCKY								
HARLAN								
HARLAN APPALACHIAN REGIONAL	P. M. WALSTAD				03	010		230184
LEXINGTON								
UNIVERSITY OF KENTUCKY MEDICAL CENTER	W. O. GRIFFEN				14	027		
ST. JOSEPH		32	1,620					
UNIVERSITY	W. O. GRIFFEN	128	1,844	4,799				
VETERANS ADMIN.	W. G. MALETTE	39	1,045	3,570			8,300	
LOUISVILLE								
ST. JOSEPH INFIRMARY	W. J. OLIVER	155	7,463	1,396	04	009	9,500	
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	H. C. POLK, JR.				14	032		
CHILDREN'S	W. W. JOHNSON	20	1,719	4,089			8,600	
JEWISH		147	8,304					
LOUISVILLE GENERAL	H. C. POLK, JR.	60	2,218	21,165			8,600	
VETERANS ADMIN.	P. J. HARBRECHT	72	1,531	5,780			8,370	
LOUISIANA								
ALEXANDRIA								
VETERANS ADMIN.	TULANE UNIVERSITY AFFILIATED HOSPITALS, NEW ORLEANS							
BATON ROUGE								
EARL K. LONG MEMORIAL	LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS, NEW ORLEANS							
INDEPENDENCE								
LALLIE KEMP CHARITY	TULANE UNIVERSITY AFFILIATED HOSPITALS, NEW ORLEANS							
LAFAYETTE								
LAFAYETTE CHARITY	LOUISIANA STATE UNIV. AFFIL. HOSPS., NEW ORLEANS							
MONROE								
E. A. CONWAY MEMORIAL	SEE OCHSNER FOUNDATION, NEW ORLEANS.							
NEW ORLEANS								
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS	I. COHN, JR.				21	051		
CHARITY HOSPITAL OF LOUISIANA	I. COHN, JR.	96	2,119	23,178			7,800	
TOURO INFIRMARY	C. C. CRAIGHEAD	78	2,965	2,873			9,000	
VETERANS ADMIN.	B. G. TAYLOR	80	1,394	6,108			9,437	
EARL K. LONG MEMORIAL (BATON ROUGE)	I. COHN, JR.	44	1,091	8,001				
LAFAYETTE CHARITY (LAFAYETTE)	I. COHN, JR.	53	1,785	13,566				
OCHSNER FOUNDATION	J. L. OCHSNER	67	1,795	9,441	09	016	8,500	
E. A. CONWAY MEMORIAL (MONROE)	J. W. OCHSNER	21	1,122	5,419			12,000	
TULANE UNIVERSITY AFFILIATED HOSPITALS	T. DRAPANAS				09	038		
CHARITY HOSPITAL OF LOUISIANA	T. DRAPANAS	89	2,321	25,379			7,800	
VETERANS ADMIN. (ALEXANDRIA)	T. DRAPANAS	328	4,139	17,287			9,696	
LALLIE KEMP CHARITY (INDEPENDENCE)	T. DRAPANAS	24	866	4,607			9,000	
HUEY P. LONG CHARITY (PINEVILLE)	T. DRAPANAS							
PINEVILLE								
HUEY P. LONG CHARITY	TULANE UNIVERSITY AFFILIATED HOSPITALS, NEW ORLEANS							
SHREVEPORT								
L.S.U. (SHREVEPORT) AFFILIATED HOSPITALS	F. T. KURZWEG				06	018		
CONFEDERATE MEMORIAL MEDICAL CENTER		105	3,603	9,829			7,800	
VETERANS ADMIN.		105	2,342	3,840			9,876	
MAINE								
PORTLAND								
MAINE MEDICAL CENTER	E. H. DRAKE	159	6,782	5,823	04	011	8,505	
MARYLAND								
BALTIMORE								
CHURCH HOME AND HOSPITAL	J. M. ZIMMERMAN	98	3,536	7,972	04	007	10,750	
FRANKLIN SQUARE	P. J. FERRIS	91	3,896	27,391	06	015		124084
JOHNS HOPKINS AFFILIATED HOSPITALS	G. D. ZUIDEMA				21	040		
JOHNS HOPKINS	G. D. ZUIDEMA	152	5,106	77,867			10,000	
BALTIMORE CITY HOSPITALS	G. W. SMITH	46	2,031	14,971				
VETERANS ADMIN.	R. F. KIEFFER, JR.	68	1,859	66,663			9,500	
LUTHERAN HOSPITAL OF MARYLAND	M. FRAIMAN	74	7,563	1,724	05	020	9,500	124384
ST. AGNES	A. S. GARRISON	159	5,442	5,515	05	014	10,500	
ST. JOSEPH	A. A. ALECCE	158	5,257	4,753	05	012	9,500	124884
SINAI HOSPITAL OF BALTIMORE	A. M. SELIGMAN	152	6,241	7,332	10	017	11,250	
SOUTH BALTIMORE GENERAL	N. NOVIN	112	3,866	11,390	06	009	10,500	
UNION MEMORIAL	T. H. WILSON, JR.	114	4,490	35,160	05	012	10,500	125184
UNIVERSITY OF MARYLAND AFFILIATED HOSPITALS	G. R. MASON				17	037		125284
MARYLAND GENERAL	F. A. CLARK, JR.	115	3,645	13,203			10,750	
MERCY	T. B. HUBBARD, JR.	76	3,062	3,636			10,500	
UNIVERSITY OF MARYLAND	G. R. MASON	58	1,626	12,182			10,700	
CHEVERLY								
PRINCE GEORGE'S GENERAL	J. H. E. BAYLY	180	5,319	4,352	06	012	10,000	
MASSACHUSETTS								
BOSTON								
BETH ISRAEL	W. SILEN	110	3,385	4,067	10	021		
BOSTON CITY								
1ST SURGICAL SERVICE (TUFTS) MEMORIAL (PAWTUCKET, R.I.)	H. S. SOROFF	40	1,338	7,575	10	022	9,600	
MIRIAM (PROVIDENCE, R.I.)	F. A. SIMEONE	110	3,800	1,801				
3RD SURGICAL SERVICE (BOSTON UNIV.)	J. J. BYRNE	40	1,223	7,219	06	016	9,600	
FRAMINGHAM UNION (FRAMINGHAM)								
QUINCY CITY (QUINCY)	J. J. BYRNE	300	13,079	388			9,600	
5TH SURGICAL SERVICE (HARVARD)	W. V. MC DERMOTT, JR.	47	1,269	11,569	14	034	9,600	
CAMBRIDGE (CAMBRIDGE)	M. A. ALIAPOULIOS	44	2,205	5,500			9,600	
MOUNT AUBURN (CAMBRIDGE)	F. W. ACKROYD	120	6,000	216			9,600	
NEW ENGLAND DEACONESS	C. E. SEDGWICK	96	3,306	627			10,200	

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MASSACHUSETTS, BOSTON - CONTINUED								
BOSTON UNIVERSITY AFFILIATED HOSPITALS								
PROGRAM 2	R. H. EGDAHL, J. MANNICK				11	026		126284
UNIVERSITY	R. H. EGDAHL, J. MANNICK	46	1,376	7,358			10,100	
VETERANS ADMIN.	D. C. NABSETH	114	1,045	2,585			10,690	
VETERANS ADMIN. (PROVIDENCE, R. I.)	H. HARROWER	82	1,718	10,160			10,690	
PROGRAM 3	L. L. WILLIAMS, JR.				12	030		
BROCKTON (BROCKTON)	F. D. COGLIANO	111	4,674	3,586			9,600	
CARNEY	C. J. SHEA	130	5,500	6,282				
MALDEN (MALDEN)	W. GARREY, J. CAFARELLA	123	4,943	1,232			10,100	
MASSACHUSETTS GENERAL	W. G. AUSTEN, L. OTTINGER	350	8,900	14,577	14	046	10,200	
NEW ENGLAND MEDICAL CENTER HOSPITALS	R. A. DETERLING, JR.	102	3,838	6,757	10	022	10,165	
VETERANS ADMIN.	D. C. NABSETH	114	1,009	2,585			10,690	
PETER BENT BRIGHAM	F. D. MOORE	157	5,032	32,424	10	039	10,200	
VETERANS ADMIN. (WEST ROXBURY)	E. BARSAMIAN	29	518	3,596			11,388	
ST. ELIZABETH'S HOSPITAL OF BOSTON	R. H. STANTON	104	4,588	6,205	08	018	10,200	
LAWRENCE F. QUIGLEY MEMORIAL (CHELSEA)	G. F. MILLER	30	762	3,437			10,200	
BROCKTON								
BROCKTON	SEE BOSTON UNIV. AFFIL. HOSPS. (PROGRAM 3), BOSTON							
CAMBRIDGE								
CAMBRIDGE	SEE BOSTON CITY (5TH SURGICAL SERVICE, HARVARD), BOSTON							
MOUNT AUBURN	BOSTON CITY (5TH SURGICAL SERVICE, HARVARD), BOSTON							
CHELSEA								
LAWRENCE F. QUIGLEY MEMORIAL	SEE ST. ELIZABETH'S, BOSTON							
FRAMINGHAM								
FRAMINGHAM UNION	BOSTON CITY (3D SURGICAL SERVICE, BOSTON UNIV.), BOSTON							
MALDEN								
MALDEN	SEE BOSTON UNIV. AFFIL. HOSPS. (PROGRAM 3), BOSTON							
PITTSFIELD								
BERKSHIRE MEDICAL CENTER	R. ZUPANEC	151	6,500	3,306	05	012	10,600	128184
QUINCY								
QUINCY CITY	BOSTON CITY (3D SURGICAL SERVICE, BOSTON UNIV.), BOSTON							
SPRINGFIELD								
SPRINGFIELD HOSPITAL MEDICAL CENTER	P. FRIEDMANN	197	7,150	2,497	06	015	11,606	128684
WORCESTER								
MEMORIAL	J. P. CHANDLER	151	7,664	4,189	04	011	10,200	
ST. VINCENT	H. B. WHEELER	210	7,462	500	03	010	10,200	
WORCESTER CITY	E. J. CROCE	150	5,225	7,848	03	009	9,645	
MICHIGAN								
ALLEN PARK								
VETERANS ADMIN.	SEE WAYNE STATE U. AFFIL. HOSPS., DETROIT							
ANN ARBOR								
ST. JOSEPH MERCY	R. O. KRAFT	94	3,444	8,697	06	015	10,800	
UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS	W. J. FRY				20	060		
UNIVERSITY	W. J. FRY	105	2,335	8,881			10,000	
VETERANS ADMIN.	W. J. FRY, S. LINDENAUER	51	955	2,058			10,000	
WAYNE COUNTY GENERAL (ELOISE)	C. F. FREY	60	1,471	3,774			10,924	
DEARBORN								
OAKWOOD	G. S. BATES	143	6,786	379	03	006	10,800	
DETROIT								
DETROIT - MACOMB HOSPITALS	P. T. LEE				02	008	10,200	
DETROIT MEMORIAL		91	3,187	676				
SOUTH MACOMB (WARREN)		83	4,509					
GRACE	Y. S. KIM	239	10,452	2,322	08	020	10,800	
HENRY FORD	D. E. SZILAGYI	110	3,728	53,614	17	048	10,300	130084
MOUNT CARMEL MERCY	W. S. CARPENTER	392	9,940	1,508	08	017	10,800	
ST. JOHN	J. A. GRADY	142	8,389	1,372	03	012	11,450	
SINAI HOSPITAL OF DETROIT	A. KANTROWITZ	122	5,071	10,259	05	014	10,100	
WAYNE STATE UNIVERSITY AFFILIATED HOSPITALS	A. J. WALT				21	049		
VETERANS ADMIN. (ALLEN PARK)	A. J. WALT	99	1,620	5,400			10,980	
DETROIT GENERAL	A. J. WALT	122	3,714	10,202			10,800	
HARPER	P. J. CONNOLLY	127	3,711	1,956			10,800	
HUTZEL	A. RESTOSOTO	52	2,020	1,125			10,800	
ELOISE								
WAYNE COUNTY GENERAL	U. OF MICH. AFFIL. HOSPS., ANN ARBOR							
FLINT								
HURLEY	D. F. KLINE	161	5,667	2,746	03	012	8,900	
MC LAREN GENERAL	R. O. PELHAM	143	7,408	2,126	03	009	10,800	
GRAND RAPIDS								
BLODGETT MEMORIAL	C. H. SOUTHWICK	110	4,833	207	03	009	9,492	
BUTTERWORTH	R. E. HAYES	112	7,953	1,528	04	010	9,492	
ST. MARY'S	F. S. GILLETT	102	5,527	2,261	02	005	9,492	131184
HIGHLAND PARK								
HIGHLAND PARK GENERAL	C. G. BARONE	39	2,043	1,633	02	008	10,600	131264
KALAMAZOO								
BRONSON METHODIST	J. B. KILWAY	90	5,329	554	02	008	9,300	
PONTIAC								
OAKLAND MEDICAL CENTER	WILLIAM BEAUMONT, ROYAL OAK							
PONTIAC GENERAL	S. M. BAYLIS	114	5,123	2,121	05	014	10,600	131884
OAKLAND MEDICAL CENTER	D. DAWSON, M. PLAGGE	104	1,500	1,200				
ST. JOSEPH MERCY	A. SILBERGLEIT	104	4,358	1,079	02	008	10,800	
ROYAL OAK								
WILLIAM BEAUMONT	F. A. ARCARI, J. A. INGOLD	260	12,387	4,277	08	026	11,000	197884
OAKLAND MEDICAL CENTER (PONTIAC)	D. DAWSON, D. RUSKIN	104	1,500	1,200				
SAGINAW								
SAGINAW COOPERATIVE HOSPITALS	R. F. POWERS, P. O. WAYS				02	008	11,141	
SAGINAW GENERAL	C. J. KOUCKY	88	4,494	481				
ST. LUKE'S	R. F. POWERS	105	4,546	481				
ST. MARY'S	L. C. BARRY	11	4,509	481				
VETERANS ADMIN.		72	1,268	2,114				
SOUTHFIELD								
PROVIDENCE	J. R. PFEIFER	151	7,254	661	07	018	11,700	130384

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MICHIGAN - CONTINUED								
WARREN								
SOUTH MACOMB	SEE DETROIT-MACOMB HOSPITALS, DETROIT							
MINNESOTA								
MINNEAPOLIS								
HENNEPIN COUNTY GENERAL	C. R. HITCHCOCK	64	2,048	14,617	06	024	9,250	
UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS	J. S. NAJARIAN				25	070		133484
MOUNT SINAI	M. M. EISENBERG	219	10,936	23,546			6,250	
UNIVERSITY OF MINNESOTA HOSPITALS	J. S. NAJARIAN	95	3,000	9,166			8,750	
VETERANS ADMIN.	J. A. NAJARIAN	155	1,715	4,735			9,800	
ROCHESTER								
MAYO GRADUATE SCHOOL OF MEDICINE	R. B. WALLACE			71,764	16	056	10,500	
ROCHESTER METHODIST		132	5,331					
ST. MARY'S		129	4,857					
ST. PAUL								
ST. PAUL-RAMSEY	J. F. PERRY, JR.	70	2,394	7,385	04	013	8,750	133564
UNITED HOSPITALS MILLER DIVISION	F. M. MILLER	157	6,359	702	02	005	11,000	133764
MISSISSIPPI								
JACKSON								
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	J. D. HARDY				08	030		
UNIVERSITY	J. D. HARDY	50	2,045	7,039			9,500	
VETERANS ADMIN. CENTER	J. H. CONN	72	1,533	4,380			8,913	
MISSOURI								
COLUMBIA								
UNIVERSITY OF MISSOURI MEDICAL CENTER	M. S. DE WEESE	46	1,616	4,559	08	022	9,500	
VETERANS ADMIN.	T. S. CULLEY						9,606	
KANSAS CITY								
UNIVERSITY OF MISSOURI AT KANSAS CITY								
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER	A. MC CANSE	34	1,257	17,119	04	012	9,285	
MENORAH MEDICAL CENTER	N. B. ACKERMAN	106	4,929	1,762	04	012	11,600	
ST. LUKE'S	P. G. KOONTZ	152	4,459	8,619	04	010	8,820	
VETERANS ADMIN.	SEE UNIVERSITY OF KANSAS MEDICAL CENTER, KANSAS CITY, KANSAS							
ST. LOUIS								
BARNES HOSPITAL GROUP	W. F. BALLINGER	107	3,519	4,222	15	030	9,500	
ST. LOUIS CITY	W. F. BALLINGER, 2D.	33	931	3,905			9,594	
VETERANS ADMIN.	W. T. NEWTON	42	856	1,302				
DEACONESS	R. O. FREDERICK	159	6,080	2,254	06	014		135684
HOMER G. PHILLIPS	A. D. SPENCER	95	3,110	9,900	10	022	9,594	
JEWISH HOSPITAL OF ST. LOUIS	A. E. BAUE	132	4,670	10,071	07	017	10,700	
MISSOURI BAPTIST	E. R. LERWICK	107	3,751	967	04	012	9,600	
MISSOURI INSTITUTE OF PSYCHIATRY-ST. LOUIS STATE		25	3	1,550				
ST. JOHN'S MERCY MEDICAL CENTER	W. W. MONAFO, JR.	235	8,848	1,712	06	013	8,400	
ST. LOUIS COUNTY	W. F. BALLINGER	48	1,680	28,574	03	012		
ST. LOUIS-LITTLE ROCK HOSPITALS	R. WEIR, B. PASSANANTE	105	3,000	39,891	03	010	9,000	
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS	V. L. WILLMAN				10	025		
CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN	J. E. LEWIS, V. L. WILLMAN	22	1,309	872			9,600	
FIRMIN DESLOGE GENERAL							9,600	
ST. LOUIS CITY	V. L. WILLMAN	33	930	3,905			9,594	
ST. MARY'S	V. L. WILLMAN, T. DUBUQUE	102	3,237	97			9,600	
VETERANS ADMIN.	J. E. CODD	53	832	1,712				
ST. LUKE'S	C. A. MC AFEE	109	3,798	1,276	06	010	9,600	
NEBRASKA								
LINCOLN								
VETERANS ADMIN.	C. MOTA	61	1,021	3,508	04	010	10,344	249784
ST. ELIZABETH COMMUNITY HEALTH CENTER	C. MOTA, R. GILLESPIE	129	6,850				11,000	
OMAHA								
CREIGHTON UNIVERSITY AFFILIATED HOSPITALS	C. H. ORGAN				08	018		
CREIGHTON MEMORIAL ST. JOSEPH'S	C. H. ORGAN	98	3,800	6,303			9,600	
DOUGLAS COUNTY	F. A. MILLER	19	396					
VETERANS ADMIN.	J. F. DUESMAN	69	1,095	3,445			10,344	
UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS	M. M. MUSSELMAN				06	020		
UNIVERSITY OF NEBRASKA	M. M. MUSSELMAN	39	2,410	7,237			9,000	
DOUGLAS COUNTY	M. M. MUSSELMAN	17	360					
VETERANS ADMIN.	W. C. DAVIS	69	1,095	3,445			10,344	
NEW HAMPSHIRE								
HANOVER								
DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS	R. C. KARL, W. B. CRANDELL				12	021	9,100	
MARY HITCHCOCK MEMORIAL	R. C. KARL	79	3,035	24,807				
VETERANS ADMIN. CENTER (WHITE RIVER JUNCTION, VT.)	W. B. CRANDELL	37	738	4,239				
NEW JERSEY								
ATLANTIC CITY								
ATLANTIC CITY	M. J. ELOVITZ	142	5,952	6,104	02	006	9,500	137884
CAMDEN								
COOPER	E. H. KAIN, P. Z. ARONOW	170	5,418	1,411	03	009	10,000	138084
EAST ORANGE								
VETERANS ADMIN.	CMDNJ-NEW JERSEY MED. SCHOOL AFFIL. HOSPS., NEWARK							
ENGLEWOOD								
ENGLEWOOD	G. O. HALSTED, P. A. MELE	166	8,187	2,154	04	011	8,820	
HACKENSACK								
HACKENSACK	R. B. GRANT, A. A. ALESSI	87	4,099	1,141	04	010	10,600	

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW JERSEY - CONTINUED								
JERSEY CITY								
JERSEY CITY MEDICAL CENTER	J. J. TIMMES	72	2,635	4,870	07	016	11,300	
LIVINGSTON								
ST. BARNABAS MEDICAL CENTER	L. R. M. DEL GUERCIO	218	8,101	3,370	04	010	10,700	
LONG BRANCH								
MONMOUTH MEDICAL CENTER	C. S. ARVANITIS	92	3,367	4,074	06	010	11,500	139284
JERSEY SHORE MEDICAL CENTER-FITKIN (NEPTUNE)	E. M. LANCE			2,257				
MOUNT HOLLY								
BURLINGTON COUNTY MEMORIAL	W. MUIR				02	005		
NEPTUNE								
JERSEY SHORE MEDICAL CENTER-FITKIN	MONMOUTH MEDICAL CENTER, LONG BRANCH							
NEWARK								
CMDNJ-NEW JERSEY MEDICAL SCHOOL AFFILIATED HOSPITALS	B. F. RUSH, JR.				14	042	11,300	
MARTLAND	B. F. RUSH, JR.	106	2,859	5,655				
VETERANS ADMIN. (EAST ORANGE)	O. SERLIN	107	1,286	5,516				
NEWARK BETH ISRAEL MEDICAL CENTER	V. PARSONNET	140	6,871	1,931	06	020	11,300	
NEW BRUNSWICK								
MIDDLESEX GENERAL	N. ROSENBERG, P. KUNDERMAN	129	6,586	3,023	04	009	12,000	197984
ST. PETER'S GENERAL	G. HARDY, F. CLARKE, JR.	111		2,000	03	009	12,000	140084
PATERSON								
ST. JOSEPH'S	M. RAMUNDO	68	3,715	2,708	04	010	10,887	
PERTH AMBOY								
PERTH AMBOY GENERAL	H. SLOBODIEN, H. CROMWELL				01	004		
TRENTON								
ST. FRANCIS	L. G. FARES	175	7,218	5,189	02	005	9,000	141184
NEW MEXICO								
ALBUQUERQUE								
UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS	E. T. PETER				08	019		196284
BERNALILLO COUNTY MEDICAL CENTER	E. T. PETER	41	2,227	4,503			8,000	
BATAAN MEMORIAL	J. D. MC CARTHY	27	1,192	15,735			8,000	
VETERANS ADMIN.	D. E. SMITH	43	972	1,820			8,300	
NEW YORK								
ALBANY								
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	C. E. ECKERT				09	028		141484
ALBANY MEDICAL CENTER		89	2,179	1,008			10,000	
VETERANS ADMIN.		112	1,266	3,837			11,000	
MEMORIAL	P. GLASIER	78	3,938	1,413	02	007	11,200	
ST. PETER'S	J. J. PHELAN, JR.	111	3,834	1,580	06	016	11,000	
BUFFALO								
DEACONESS HOSPITAL OF BUFFALO	D. R. BECKER	160	4,553	26,847	04	013	10,000	143784
MILLARD FILLMORE	P. B. WELS	161	6,157	19,912	06	016	9,500	144084
SISTERS OF CHARITY	F. M. ZAEPFEL	153	5,461	1,656	03	012	9,910	
EMERGENCY HOSPITAL OF THE DIOCESE OF BUFFALO		82	2,049	4,916			9,900	
S. U. N. Y. AT BUFFALO AFFILIATED HOSPITALS, PROGRAM 1	E. MILCH				17	021		143684
BUFFALO GENERAL	E. MILCH	125	3,782	1,965			10,500	
VETERANS ADMIN.	A. A. GAGE	47	1,122	1,059			10,000	
S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS, PROGRAM 2	W. G. SCHENK, JR.				07	024		
EDWARD J. MEYER MEMORIAL	W. G. SCHENK, JR.	101	1,580	7,540				
VETERANS ADMIN.	A. A. GAGE	32	749	706			10,000	
CASTLE POINT								
VETERANS ADMIN.	SEE ST. CLARE'S, NEW YORK CITY							
COOPERSTOWN								
MARY IMOGENE BASSETT	D. A. BLUMENSTOCK	43	1,579	16,765	04	008	11,720	144284
EAST MEADOW								
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV.	A. DI BENEDETTO	73	1,890	10,229	06	015	10,112	
JOHNSON CITY								
CHARLES S. WILSON MEMORIAL	C. C. FRIES	142	5,647	11,720	03	010	9,700	145284
MANHASSET								
NORTH SHORE	SEE CORNELL COOPERATING HOSPITALS, NEW YORK CITY							
MINEOLA								
NASSAU	D. E. JANELLI	82	4,809	325	04	010	12,660	
MOUNT VERNON								
MOUNT VERNON	S. KAPLAN	124	4,416	5,324	03	008	11,000	
NEWBURGH								
ST. LUKE'S HOSPITAL OF NEWBURGH	W. PARK, R. VAN DER WOUDE	100	3,928	2,031	01	004	10,400	145684
NEW HYDE PARK								
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER PROGRAM	A. A. AUFSES, JR.				24	040	13,300	
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER	A. A. AUFSES, JR.	86	3,840	1,178				
QUEENS HOSPITAL CENTER (NEW YORK CITY)	I. TEICHER	92	1,870	5,703				
NEW ROCHELLE								
NEW ROCHELLE HOSPITAL MEDICAL CENTER	W. J. MC CANN	155	6,210	4,508	04	010	9,231	
NEW YORK CITY								
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	R. W. M. FRATER				17	048		
BRONX MUNICIPAL HOSPITAL CENTER	R. W. M. FRATER	128	4,065	16,616				
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE	R. GER	82	2,381	6,109				
LINCOLN	P. WEIL							
BEEKMAN-DOWNTOWN	R. B. NOLAN	100	2,514	6,197	05	012	11,600	189084
BETH ISRAEL MEDICAL CENTER	W. I. WOLFF	154	3,991	37,118	26	042	12,300	147084
BOOTH MEMORIAL	J. L. CHASSIN	90	3,171	3,702	04	007	11,000	
BRONX-LEBANON HOSPITAL CENTER	P. H. GERST	153	4,548	14,266	08	022	13,750	
BROOKDALE HOSPITAL CENTER	W. MACKLER	84	2,643	6,046	12	024	13,700	

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK, NEW YORK CITY – CONTINUED								
BROOKLYN – CUMBERLAND MEDICAL CENTER	K. MAC GREGOR	74	5,654	37,757	12	024	13,300	
CATHOLIC MEDICAL CENTER OF BROOKLYN AND QUEENS	D. S. MARTIN				08	020	11,800	145084
MARY IMMACULATE DIVISION		81	4,292	3,531				
ST. JOHN'S QUEENS DIVISION		112	3,429	633				
ST. MARY'S DIVISION		60	1,796	13,405				
COLUMBUS	L. M. ROSATI	163	3,931	6,794	06	012	11,500	
CORNELL COOPERATING HOSPITALS								
NEW YORK	P. A. EBERT	216	7,080	12,056	12	043	13,300	
NORTH SHORE (MANHASSET)	A. R. BEIL, JR.	111	4,293	8,466	10	022	12,200	146784
FLUSHING HOSPITAL AND MEDICAL CENTER	J. J. CREEDON	120	4,087	3,337	04	010	11,800	144584
FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER	J. E. MC MANUS	151	4,604	4,628	10	021	13,450	147584
HARLEM HOSPITAL CENTER	J. M. FERRER	225	4,090	43,386	20	044	13,300	
HOSPITAL FOR JOINT DISEASES AND MEDICAL CENTER	J. WILDER	75	2,082	13,632	02	008		
JAMAICA	H. BARBER	89	3,042	8,022	02	008	13,050	
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	B. S. LEVOWITZ	128	3,026	5,086	10	022	13,300	
GREENPOINT	B. S. LEVOWITZ	50	1,331	29,670			13,300	
JEWISH MEMORIAL	L. VENET	61	1,901	7,347	05	009	9,500	
KNICKERBOCKER	E. P. FLEISCHMANN	79	2,152	17,250	04	010	12,000	
LENOX HILL	J. O. VIETA	141	4,480	20,816	13	023	12,300	148384
LONG ISLAND COLLEGE	R. A. MAINZER	98	2,752	5,678	05	009	13,300	
LUTHERAN MEDICAL CENTER	G. F. CUCOLO	99	2,493	9,384	05	014	12,600	143084
MAIMONIDES MEDICAL CENTER								
TRAINING PROGRAM	G. DEGENSHEIN				14	029	13,300	142884
MAIMONIDES MEDICAL CENTER	G. DEGENSHEIN	163	2,571	15,778				
CONEY ISLAND	H. KRIEGER	78	1,697	5,132				
METHODIST HOSPITAL OF BROOKLYN	I. F. ENQUIST	125	4,200	11,500	10	022	12,000	142984
MISERICORDIA – FORDHAM TRAINING PROGRAM	B. M. REYNOLDS				08	020	13,300	
MISERICORDIA		100	2,988	6,620				
FORDHAM		122	3,104	24,654				
MONTEFIORE HOSPITAL TRAINING PROGRAM	M. L. GLIEDMAN				15	032	13,300	
MONTEFIORE HOSPITAL AND MEDICAL CENTER		131	2,918	6,010				
MORRISANIA CITY		45	1,114	8,081				
MOUNT SINAI HOSPITAL TRAINING PROGRAM	A. E. KARK				21	061	13,300	
MOUNT SINAI	A. E. KARK	220	7,500	4,500				
CITY HOSPITAL CENTER AT ELMHURST	D. DREILING	92	1,885	13,106				
NEW YORK INFIRMARY	L. E. LOSEKE	62	2,208	3,178	04	012	12,800	
NEW YORK MEDICAL COLLEGE–METROPOLITAN HOSPITAL CENTER	W. L. MERSHEIMER				14	037	13,300	147384
UNIT 1 – FLOWER AND FIFTH AVENUE HOSPITALS		63	2,147	743				
UNIT 2 – METROPOLITAN HOSPITAL CENTER		100	2,520	26,571				
UNIT 3 – BIRD S. COLER MEMORIAL HOSPITAL AND HOME								
NEW YORK UNIVERSITY MEDICAL CENTER	F. C. SPENCER				30	070		146484
BELLEVUE HOSPITAL CENTER	F. C. SPENCER	193	3,726	19,331				
UNIVERSITY	F. C. SPENCER	129	3,351	668				
VETERANS ADMIN. (MANHATTAN)	D. A. TICE	146	2,367	13,752			13,878	
PRESBYTERIAN	K. REEMTSMA	198	6,992	43,108	09	026	13,000	
QUEENS HOSPITAL CENTER	L. 1. JEWISH-HILLSIDE MED. CTR. PROGRAM, NEW HYDE PARK							
ROOSEVELT	W. A. WICHERN		5,650	20,249	10	032	11,800	149684
ST. CLARE'S HOSPITAL AND HEALTH CENTER	J. L. MADDEN	156	3,531	4,171	12	024	11,800	
VETERANS ADMIN. (CASTLE POINT)	B. Y. LEE	218	1,382	10,416			11,225	
ST. JOHN'S EPISCOPAL	J. E. MULE	73	2,259	10,423	02	008	13,600	143284
ST. LUKE'S HOSPITAL CENTER	H. F. FITZPATRICK	120	3,501	13,274	06	018	13,000	
ST. VINCENT'S HOSPITAL AND MEDICAL CENTER OF NEW YORK	T. F. NEALON, JR.	249	6,290	14,106	10	032	11,800	150084
ST. VINCENT'S MEDICAL CENTER OF RICHMOND	W. C. FREDERICK	74	3,029	3,551	03	008	13,500	
STATEN ISLAND	J. S. SNIDER	64	2,511	3,291	03	006	13,800	151584
STATE UNIVERSITY – KINGS COUNTY HOSPITAL CENTER	C. DENNIS				15	065		
KINGS COUNTY HOSPITAL CENTER	C. DENNIS	388	8,880	159,810			13,300	
STATE UNIVERSITY	C. DENNIS	38	1,241	1,805			11,800	
VETERANS ADMIN. (BROOKLYN)	H. H. LE VEEN	170	2,654	7,463			13,878	
SYDENHAM	D. F. CASTEN	4	1,524	6,372	02	008	13,300	150184
UNITY	G. M. KOOTA	56	2,527	5,269	02	006	11,800	
VETERANS ADMIN. (BRONX)	E. C. PEIRCE, 2D.	119	2,835	11,730	08	021	13,878	
WYCKOFF HEIGHTS	P. A. ZOLLER	127	3,259	4,819	05	023	10,000	143584
ROCHESTER								
UNIVERSITY OF ROCHESTER AFFILIATED HOSPITALS	C. ROB				32	062		151184
GENESEE	R. MENGUY	104	5,901	5,573			10,000	
HIGHLAND HOSPITAL OF ROCHESTER	H. KINGSLEY, R. CALDWELL	105	5,554	2,138			10,600	
ROCHESTER GENERAL	J. R. HINSHAW	156	6,777	2,121			10,000	
ST. MARY'S	A. J. GRAZIANI	104	4,143	2,462			9,500	
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	C. ROB	61	2,585	4,613			10,000	
SCHENECTADY								
ELLIS	H. J. WRIGHT, JR.	146	5,951	594	04	010	10,600	151284
SYRACUSE								
ST. JOSEPH'S HOSPITAL HEALTH CENTER	A. A. VERCILLO	119	7,378	2,007	03	007	10,400	
S. U. N. Y. UPSTATE MEDICAL CENTER	W. R. WEBB				14	027	10,400	151684
CROUSE IRVING-MEMORIAL	E. DUNN	51	2,505					
STATE UNIVERSITY	W. R. WEBB	50	1,494	3,888				
VETERANS ADMIN.	L. S. ROGERS	56	707	3,317				

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK - CONTINUED								
VALHALLA								
GRASSLANDS	M. ROHMAN	52	1,728	9,874	04	012	11,850	
NORTH CAROLINA								
CHAPEL HILL								
NORTH CAROLINA MEMORIAL	C. G. THOMAS, JR.	39	1,461	13,314	15	030	9,500	
CHARLOTTE								
CHARLOTTE MEMORIAL	H. F. HAMIT	70	2,816	6,368	02	008	9,300	
DURHAM								
DUKE UNIVERSITY AFFILIATED HOSPITALS	D. C. SABISTON, JR.				18	048	9,250	152984
DUKE UNIVERSITY MEDICAL CENTER	D. C. SABISTON, JR.	58	2,099	19,254				
VETERANS ADMIN.	R. W. POSTLETHWAIT	73	2,445	6,575				
WATTS	J. E. DAVIS	91	4,291	1,077	02	006	9,250	
WILMINGTON								
NEW HANOVER MEMORIAL	L. B. MASON	94	4,955	2,498	02	005		
WINSTON-SALEM								
BOWMAN GRAY SCHOOL OF MEDICINE AFFILIATED HOSPITALS								
NORTH CAROLINA BAPTIST	R. T. MYERS	60	2,447	2,619	08	019	9,000	
OHIO								
AKRON								
AKRON CITY	R. M. BARTLETT	153	4,927	721	03	013	9,600	154184
AKRON GENERAL	D. M. EVANS	92	6,463	807	04	012	9,800	
ST. THOMAS	W. P. KILWAY, JR.	145	4,433	1,064	06	012	10,429	
CINCINNATI								
CHRIST	R. DEAN	86	3,026	379	07	017	10,500	
GOOD SAMARITAN HOSPITAL TRAINING PROGRAM	J. J. CRANLEY				07	019		155084
GOOD SAMARITAN	J. J. CRANLEY							
PROVIDENCE								
JEWISH	H. J. HEIMLICH	200	9,435	1,357	06	015	9,600	155184
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	W. A. ALTEMEIER				18	054		
CHILDREN'S		44	2,472	1,738				
CINCINNATI GENERAL		251	4,281	37,291			9,700	
VETERANS ADMIN.		61	1,052	3,170			10,590	
CLEVELAND								
CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS	W. D. HOLDEN				22	046		
UNIVERSITY HOSPITALS OF CLEVELAND	W. D. HOLDEN	95	3,702	9,582			10,500	
CLEVELAND METROPOLITAN GENERAL	W. J. PORIES	58	1,576	16,602			10,500	
VETERANS ADMIN.	J. W. BENSON	90	1,490	2,080			10,850	
CLEVELAND CLINIC-ST. VINCENT CHARITY	R. HERMANN				12	026	9,500	
CLEVELAND CLINIC	R. HERMANN	69	2,221	14,868				
ST. VINCENT CHARITY	P. H. MULLALLY	90	2,990	809,000				
FAIRVIEW GENERAL	B. A. CERALDI	135	5,649	25,390	06	015	11,400	
ROBINSON MEMORIAL PORTAGE COUNTY (RAVENNA)	B. A. CERALDI	96	5,236	768				
HURON ROAD	J. L. BILTON	144	4,801	2,624	04	010	10,800	
LUTHERAN MEDICAL CENTER	W. D. LEWIN	126	4,592	2,652	03	008	8,600	
MOUNT SINAI HOSPITAL OF CLEVELAND	J. S. GELLER	152	5,539	7,195	07	016	10,500	
ST. ALEXIS	C. R. LULENSKI	159	6,012	1,411	04	010	10,200	155884
ST. LUKE'S	F. S. CROSS	124	3,901	7,864	04	010	10,000	
COLUMBUS								
MOUNT CARMEL	R. W. ZOLLINGER	142	4,265	1,843	03	010	8,150	156584
OHIO STATE UNIVERSITY HOSPITALS	R. M. ZOLLINGER	95	2,842	4,183	06	019	7,300	
RIVERSIDE METHODIST	D. K. HEYDINGER	181	6,856	3,456	06	012	8,900	
DAYTON								
GOOD SAMARITAN	B. KLEINMAN, W. REILING, JR.	180	7,242	682	03	009	12,600	
MIAMI VALLEY	R. K. FINLEY, JR.	210	7,691	2,851	03	009	10,550	
VETERANS ADMIN. CENTER	C. L. COGBILL	139	2,005	4,660	06	012	11,452	
KETTERING								
CHARLES F. KETTERING MEMORIAL	R. A. DE WALL	148	6,708	842	03	009	10,980	157684
RAVENNA								
ROBINSON MEMORIAL PORTAGE COUNTY	SEE FAIRVIEW GENERAL, CLEVELAND							
TOLEDO								
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS	M. C. ANDERSON				08	026	9,600	157984
HOSPITAL OF MEDICAL COLLEGE OF OHIO AT TOLEDO	M. C. ANDERSON	42	1,187	4,058				
MERCY	R. A. GANDY, JR.	148	6,288	1,149				
ST. VINCENT HOSPITAL AND MEDICAL CENTER	G. STARK	141	3,272	1,043				
TOLEDO MENTAL HEALTH CENTER	M. C. ANDERSON	28	453	2,403				
YOUNGSTOWN								
ST. ELIZABETH	M. J. VUKSTA	218	5,978	7,209	06	014	10,600	
YOUNGSTOWN	B. KATZ	332	14,071	1,651	06	014	10,600	
OKLAHOMA								
NORMAN								
CENTRAL STATE GRIFFIN MEMORIAL	UNIV. OF OKLAHOMA HEALTH SCIENCES CENTER, OKLAHOMA CITY							
OKLAHOMA CITY								
ST. ANTHONY	H. C. DODSON	83	3,877	1,482	02	006	8,700	158784
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER	J. A. SCHILLING					024		
UNIVERSITY OF OKLAHOMA HOSPITALS	J. A. SCHILLING	59	2,254	11,725			9,000	
PRESBYTERIAN	E. R. MUNNELL	59	3,110				10,000	
VETERANS ADMIN.	L. J. GREENFIELD	49	1,575	5,664				
CENTRAL STATE GRIFFIN MEMORIAL (NORMAN)	J. A. SCHILLING	26	416	2,004			9,500	
TULSA								
TULSA SURGICAL EDUCATION TRUST	L. DEN BESTEN				06	015	9,708	
HILLCREST MEDICAL CENTER	R. G. PERRYMAN	80	2,288	1,560				
ST. FRANCIS	L. DEN BESTEN	457	13,128					
ST. JOHN'S	B. STEELE	210	8,614	1,691				

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
OREGON								
PORTLAND								
EMANUEL	P. F. PARSHLEY	104	4,178	994	04	010	9,480	159484
GOOD SAMARITAN HOSPITAL AND MEDICAL CENTER	M. MC KIRDIE	131	5,592	1,952	02	008	9,480	159584
ST. VINCENT HOSPITAL AND MEDICAL CENTER	J. NADAL	170	8,455	28,000	03	009	9,480	
UNIVERSITY OF OREGON AFFILIATED HOSPITALS	W. W. KRIPPAEHNE				07	026		
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	W. W. KRIPPAEHNE	85	2,392	15,089			8,600	
VETERANS ADMIN.	R. M. VETTO	179	2,748	1,654			9,371	
PENNSYLVANIA								
ABINGTON								
ABINGTON MEMORIAL	A. S. FROBESE	176	5,730	1,822	06	012	9,800	160084
ALLENTOWN								
ALLENTOWN	E. J. STAHLER	228	5,936	31,145	02	006	11,000	
ALTOONA								
ALTOONA	R. B. MAGEE	102	4,380	10,080	02	005	12,600	160384
BETHLEHEM								
ST. LUKE'S	P. V. KIEHL	166	6,006	3,274	03	007	11,000	160584
BRYN MAWR								
BRYN MAWR	W. C. STAINBACK	144	6,298	3,345	06	015	9,700	
VETERANS ADMIN. (WILMINGTON, DEL.)	H. S. GOLDSMITH	35	888	1,595				
CHESTER								
CROZER-CHESTER MEDICAL CENTER	HAHNEMANN MEDICAL COLLEGE AFFILIATED HOSPITALS, PHILADELPHIA							
DANVILLE								
GEISINGER MEDICAL CENTER	H. M. KLINGER	89	3,213	26,230	02	008	10,000	160884
DARBY								
FITZGERALD MERCY DIVISION	SEE MERCY CATHOLIC MEDICAL CENTER, PHILADELPHIA							
EASTON								
EASTON	L. S. SERFAS	89	2,061	945	05	011	10,647	161084
ERIE								
HAMOT	M. L. BROCKMYER	150	6,687	1,099	02	006	10,000	161184
HARRISBURG								
HARRISBURG	R. P. DUTLINGER	243	8,648	5,234	04	010	10,380	161484
HARRISBURG POLYCLINIC	L. T. PATTERSON	213	7,145	2,922	04	010	11,500	
HERSHEY								
MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY	J. A. WALDHAUSEN	20	647	2,992	05	011	10,224	161784
JOHNSTOWN								
CONEMAUGH VALLEY MEMORIAL	J. B. LOVETTE	180	7,139	2,254	02	006	10,200	161684
MC KEESPORT								
MC KEESPORT	F. R. BONDI	188	6,694	4,292	02	008	11,000	
NORRISTOWN								
SACRED HEART	R. A. BUYERS	101	4,565	5,308	02	005	9,000	
PHILADELPHIA								
ALBERT EINSTEIN MEDICAL CENTER	A. BEHREND	103	2,765	2,496	10	023	10,100	163184
EPISCOPAL	L. H. STAHLGREN	73	2,399	3,773	04	010	9,900	
GERMANTOWN DISPENSARY AND HOSPITAL	J. S. C. HARRIS	114	3,226	4,909	02	005	9,495	
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	W. S. BLAKEMORE	75	1,996	4,366	06	021	11,180	162684
HAHNEMANN MEDICAL COLLEGE AFFILIATED HOSPITALS	C. C. WOLFERTH, JR.				12	026		
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	C. C. WOLFERTH, JR.	96	2,257	3,190			10,200	
PHILADELPHIA GENERAL	M. PERLMAN	25	434	2,212				
ST. AGNES								
CROZER-CHESTER MEDICAL CENTER (CHESTER)	J. M. HOWARD	51	4,668	1,213				
HOSPITAL OF THE MEDICAL COLLEGE OF PENNSYLVANIA	D. R. COOPER	52	1,976	14,729	06	018		
VETERANS ADMIN.	J. P. BOLAND	29	551	1,800			11,125	
LANKENAU	E. W. SHEARBURN	130	4,672	4,961	04	012	9,500	163284
MERCY CATHOLIC MEDICAL CENTER	W. D. O' SULLIVAN				05	014	10,000	
MISERICORDIA DIVISION	G. F. GOWEN	72	2,484	10,212				
FITZGERALD MERCY DIVISION (DARBY)	E. C. MEYER	118	3,696	3,038				
NAZARETH	P. R. CASEY	124	4,970		02	008	8,500	163884
PENNSYLVANIA	P. V. MOULDER	78	2,249	8,795	03	012	10,500	
PRESBYTERIAN-UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER	L. W. STEVENS	79	2,793	11,845	02	008	10,650	
TEMPLE UNIVERSITY	H. S. IRONS, JR., G. ROSEMOND	136	2,794	7,212	05	013	10,200	
VETERANS ADMIN. (WILKES-BARRE)	H. IRONS, JR., G. ROSEMOND	100	1,185	7,250			10,560	
THOMAS JEFFERSON UNIVERSITY AFFILIATED HOSPITALS	G. F. SCHWARTZ				08	020		
THOMAS JEFFERSON UNIVERSITY	G. F. SCHWARTZ	101	2,578	4,158			10,300	
CHESTNUT HILL	J. W. STAYMAN, JR.	90	3,587	868				
METHODIST	J. J. DE TUERK	46	1,760	1,769			10,300	
UNIVERSITY OF PENNSYLVANIA AFFILIATED HOSPITALS	J. E. RHOADS				16	062		
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA		210	6,077	10,155			10,969	
PHILADELPHIA GENERAL	W. ERB	26	435	2,212				
VETERANS ADMIN.		35	626	1,950			11,125	
PITTSBURGH								
ALLEGHENY GENERAL	R. C. WILDE	86	3,157	10,126	05	012	10,500	
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	H. T. BAHNSON				08	026	11,000	
CHILDREN'S HOSPITAL OF PITTSBURGH	W. B. KIESEWETTER	30	1,599	5,121				
MONTEFIORE	M. M. RAVITCH	144	7,297	7,857				
PRESBYTERIAN-UNIVERSITY	H. T. BAHNSON	84	2,354	3,292				
VETERANS ADMIN.	D. ELLIOTT	63	1,264	2,085				
MERCY	C. E. COPELAND	123	3,093	14,071	07	013	11,400	164984
ST. FRANCIS GENERAL	T. J. MADIGAN	201	10,020	10,972	04	015	11,500	
WESTERN PENNSYLVANIA	J. C. GAISFORD	197	6,341	4,256	06	015	10,600	165984

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
PENNSYLVANIA - CONTINUED								
READING								
READING	L. L. CRAMP	269	9,621	1,080	02	005	10,680	
SAYRE								
ROBERT PACKER	J. M. THOMAS	110	4,614	24,423	02	005	8,500	
WILKES-BARRE								
VETERANS ADMIN.	SEE TEMPLE UNIVERSITY, PHILADELPHIA							
YORK								
YORK	K. E. WILT	208	10,377	5,943	04	010	10,200	167484
PUERTO RICO								
MAYAGUEZ								
MAYAGUEZ MEDICAL CENTER	J. E. IBANEZ	76	4,000	8,400	03	012	6,600	
PONCE								
HOSPITAL DE DAMAS	L. F. SALA		3,190	1,483	01	004	10,200	
PONCE DISTRICT GENERAL	J. COLON BONET	147	3,590	26,107	04	016	6,600	278884
SAN JUAN								
UNIVERSITY OF PUERTO RICO								
AFFILIATED HOSPITALS	V. GUTIERREZ				26	064		
UNIVERSITY DISTRICT	V. GUTIERREZ	171	3,908	22,472			7,875	
I. GONZALEZ MARTINEZ	L. A. VALLECILLO	19	682	4,408				
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA	A. S. CASANOVA DIAZ	49	1,868	12,061			7,872	
VETERANS ADMIN. CENTER	V. GUTIERREZ	150	2,776	16,803			8,211	
RHODE ISLAND								
PAWTUCKET								
MEMORIAL	BOSTON CITY (1ST SURGICAL SERVICE, TUFTS), BOSTON, MASS.							
PROVIDENCE								
MIRIAM	BOSTON CITY (1ST SURGICAL SERVICE, TUFTS), BOSTON, MASS.							
RHODE ISLAND	H. T. RANDALL	131	5,374	4,784	08	022	10,100	
VETERANS ADMIN.	SEE BOSTON UNIV. AFFIL. HOSPS. (PROGRAM 2), BOSTON, MASS.							
SOUTH CAROLINA								
CHARLESTON								
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS	C. P. ARTZ				11	026		
MEDICAL UNIVERSITY OF SOUTH CAROLINA	C. P. ARTZ	89	3,244	9,176			8,400	
CHARLESTON COUNTY	C. P. ARTZ	25	704					
VETERANS ADMIN.	M. G. WEIONER, JR.	33	921	4,030			8,777	
COLUMBIA								
RICHLAND MEMORIAL	C. MC GOWN	92	2,565	1,836	03	009	8,400	168184
GREENVILLE								
GREENVILLE GENERAL	V. E. CORNETT	127	5,737	3,011	04	009	9,000	168384
SPARTANBURG								
SPARTANBURG GENERAL	E. M. COLVIN	199	9,425	4,918	04	010	10,000	
SOUTH DAKOTA								
YANKTON								
SACRED HEART	C. B. MC VAY	40	2,010	4,362	02	009	8,700	
TENNESSEE								
CHATTANOOGA								
S.E. TENNESSEE MEDICAL EDUCATION CENTER								
BARONESS ERLANGER	Y. KATO	204	8,527	4,946	06	016	9,300	
KNOXVILLE								
UNIVERSITY OF TENNESSEE MEMORIAL RESEARCH CENTER AND HOSPITAL	H. A. BLAKE	92	3,581	6,469	02	006	8,500	
MEMPHIS								
BAPTIST MEMORIAL	R. M. MILES	458	17,886	2,069	08	018	9,600	
METHODIST	T. V. STANLEY, JR.	195	7,854	1,989	06	009	9,180	
ST. JOSEPH	M. C. PIAN, JR.	88	4,180	3,007	01	004	8,400	
UNIVERSITY OF TENNESSEE								
AFFILIATED HOSPITALS	H. WILSON				07	022		
CITY OF MEMPHIS HOSPITALS	H. WILSON	115	3,726	13,664			7,752	
VETERANS ADMIN.	J. J. MC CAUGHAN, JR.	63	2,056	2,229			8,120	
NASHVILLE								
BAPTIST	D. R. PICKENS	232	10,421	763	06	014	10,200	169984
GEORGE W. HUBBARD HOSPITAL OF THE MEHARRY MEDICAL COLLEGE	M. WALKER	46	1,208	6,681	03	011	8,760	
ST. THOMAS	R. A. DANIEL, JR.	152	6,187	649	04	014	8,800	
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	H. W. SCOTT, JR.				20	052	8,500	
NASHVILLE METROPOLITAN GENERAL	J. L. SAWYERS	44	1,597	12,198				
VANDERBILT UNIVERSITY	H. W. SCOTT, JR.	55	1,606	11,928				
VETERANS ADMIN.	W. G. GOBBEL, JR.	93	1,532	18,857				
TEXAS								
AUSTIN								
BRACKENRIDGE	ST. JOSEPH, HOUSTON							
DALLAS								
BAYLOR UNIVERSITY MEDICAL CENTER	R. S. SPAKKMAN	109	4,125	2,240	07	016	8,880	170684
METHODIST HOSPITAL OF DALLAS	W. H. GOSSARD	138	8,483	2,132	04	010	9,600	
ST. PAUL	C. R. MORRIS, E. POULOS	249	10,024	1,483	04	010	9,000	170984
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL AFFILIATED HOSPITALS								
PARKLAND MEMORIAL	G. T. SHIRES	106	3,319	3,214	07	026	7,893	
VETERANS ADMIN.	S. H. PHILLIPS, JR.	100	17,966	4,185			8,546	
GALVESTON								
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	J. C. THOMPSON	269	7,298	21,812	08	020	9,000	
HOUSTON								
BAYLOR COLLEGE OF MEDICINE								
AFFILIATED HOSPITALS	M. E. DE BAKEY				30	075	8,400	171684
BEN TAUB GENERAL	M. E. DE BAKEY	67	3,338	19,363				
METHODIST	J. W. OVERSTREET	67	2,988					
ST. LUKE'S EPISCOPAL	W. D. SEYBOLD	98	3,905	72				
TEXAS CHILDREN'S	F. J. HARBERG	15	977	230				
VETERANS ADMIN.	P. H. JORDAN, JR.	78	2,184	6,161				

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
TEXAS - CONTINUED								
HERMANN	E. B. LEWIS	77	3,191	4,726	03	012	6,400	
ST. JOSEPH	D. L. MOORE	282	11,261	1,619	06	018	8,400	
BRACKENRIDGE (AUSTIN)	R. R. ROSS	125	4,554	4,476			10,200	
SAN ANTONIO								
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS								
BEXAR COUNTY TEACHING	J. B. AUST	153	4,764		12	040	9,000	
TEMPLE								
SCOTT AND WHITE MEMORIAL	C. W. BROOERS	271	6,450	52,307	04	016	9,400	172584
VETERANS ADMIN. CENTER	A. S. HAISTEN	165	3,520	9,635			10,200	
UTAH								
OGDEN								
MC KAY-DEE HOSPITAL CENTER	UNIVERSITY OF UTAH AFFILIATED HOSPS., SALT LAKE CITY							
SALT LAKE CITY								
LATTER-DAY SAINTS	W. D. GAISFORD	155	7,319	1,072	08	014	9,200	172984
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	F. G. MOODY				06	018		
UNIVERSITY	F. G. MOODY	28	985	5,926			9,200	
HOLY CROSS HOSPITAL OF SALT LAKE CITY	O. ALBO, JR.	114	6,877				8,900	
VETERANS ADMIN.								
MC KAY-DEE HOSPITAL CENTER (OGDEN)								
VERMONT								
BURLINGTON								
MEDICAL CENTER HOSPITAL OF VERMONT	J. H. DAVIS	63	2,898	7,824	03	011	8,100	
WHITE RIVER JUNCTION								
VETERANS ADMIN.	SEE DARTMOUTH MEDICAL SCHOOL AFFIL. HOSPS., HANOVER, N.H.							
VIRGINIA								
CHARLOTTESVILLE								
UNIVERSITY OF VIRGINIA								
AFFILIATED HOSPITALS	W. H. MULLER, JR.				08	032		173784
UNIVERSITY OF VIRGINIA	W. H. MULLER, JR.	52	1,903	7,850			6,900	
VETERANS ADMIN. (SALEM)	F. L. BROCHU	60	1,131	5,913			11,680	
FALLS CHURCH								
FAIRFAX	GEORGETOWN UNIVERSITY AFFIL. HOSPS., WASHINGTON, D. C.							
NORFOLK								
DE PAUL	W. D. PAYNE	104	5,636	4,401	03	008	10,500	174084
NORFOLK GENERAL	B. J. INNES	192	5,862	6,062	04	013	10,500	174184
RICHMOND								
VIRGINIA COMMONWEALTH UNIVERSITY								
M.C.V. AFFILIATED HOSPITALS	D. M. HUME				14	038	8,900	
MEDICAL COLLEGE OF VIRGINIA HOSPITALS	D. M. HUME	224	6,452	24,842				
RICHMOND MEMORIAL	R. A. NATVIG	199	6,438	1,795				
VETERANS ADMIN.	J. S. WOLF	76	1,864	4,012				
ROANOKE								
COMMUNITY HOSPITAL OF ROANOKE VALLEY	P. C. KISTLER	196	8,015	21,736	03	008	8,400	
ROANOKE MEMORIAL HOSPITALS	R. E. BERRY	246	9,425	9,994	02	006	6,600	
SALEM								
VETERANS ADMIN.	UNIVERSITY OF VIRGINIA AFFIL. HOSPS., CHARLOTTESVILLE							
WASHINGTON								
SEATTLE								
PROVIDENCE	L. R. SAUVAGE	144	7,507	741	03	006	9,180	
SWEDISH HOSPITAL MEDICAL CENTER	R. D. PINKHAM	224	11,206	775	06	012	8,580	175584
UNIVERSITY OF WASHINGTON								
AFFILIATED HOSPITALS	K. A. MERENDINO				08	026		191884
HARBORVIEW MEDICAL CENTER	J. R. CANTRELL		1,074	6,066				
U. S. PUBLIC HEALTH SERVICE	W. W. SIKKEMA	43	957	4,298			8,700	
UNIVERSITY	K. A. MERENDINO	32	1,134	5,734			8,200	
VETERANS ADMIN.	H. M. RADKE	95	850	1,483			8,700	
VIRGINIA MASON	L. D. HILL, P. C. JOLLY	116	6,131	61,164	04	014	8,820	
WEST VIRGINIA								
BECKLEY								
APPALACHIAN REGIONAL	W. E. KLINGENSMITH	83	3,661	15,082	03	010	12,000	
CHARLESTON								
CHARLESTON AREA MEDICAL CENTER								
CHARLESTON GENERAL DIVISION	V. S. SKAFF	193	7,175	15,189	04	013	7,800	
MEMORIAL DIVISION	J. D. HARRAH	148	6,903	6,457	03	010	7,860	
CLARKSBURG								
VETERANS ADMIN.	SEE WEST VIRGINIA UNIV. MEDICAL CENTER, MORGANTOWN							
MORGANTOWN								
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	B. ZIMMERMANN	77	2,335	8,084	05	018	9,000	
VETERANS ADMIN. (CLARKSBURG)								
PHILIPPI								
BROADDUS	H. C. MYERS	69	3,112	37,092	01	004	10,000	290184
WHEELING								
OHIO VALLEY GENERAL	C. D. HERSHEY	133	4,276	468	04	010	12,420	
WISCONSIN								
MADISON								
UNIVERSITY OF WISCONSIN								
AFFILIATED HOSPITALS	A. CURRERI, J. MENDENAHLL				21	034		
MADISON GENERAL	A. D. ANDERSON	58	2,535					
UNIVERSITY HOSPITALS	A. CURRERI	42	1,233	6,327			9,785	
VETERANS ADMIN.	J. MENDENHALL	46	1,147	2,911				
MILWAUKEE								
MEDICAL COLLEGE OF WISCONSIN								
AFFILIATED HOSPITALS	J. J. DE COSSE				12	030		
MILWAUKEE COUNTY GENERAL	J. J. DE COSSE	159	2,219	11,923			10,068	
VETERANS ADMIN. CENTER (WOOD)	B. F. STENGEL	52	1,512	5,030			10,413	

30A. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
WISCONSIN, MILWAUKEE - CONTINUED								
LUTHERAN HOSPITAL OF MILWAUKEE	R. H. LILLIE	39	1,124	1,155			9,963	
COLUMBIA	P. H. SEEFELD	95	4,392	5,624				
MILWAUKEE CHILDRENS	M. GLICKLICH	15	1,125	4,269				
MOUNT SINAI MEDICAL CENTER	E. C. SALTZSTEIN	117	5,485	2,046	03	008	10,000	178784
ST. JOSEPH'S	W. WEISEL	260	11,218	11,924	02	008	10,500	178884
ST. LUKE'S	W. J. WOLOSCHEK	237	6,111	6,949	02	008	10,000	178984

30B. SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the American Board of Surgery, and the American College of Surgeons, through the Conference Committee on Graduate Education in Surgery, for ONE year of training as an integral part of an approved program of four or more years' duration.

NONFEDERAL AND VETERANS ADMINISTRATION								
MASSACHUSETTS								
BOSTON								
LAHEY CLINIC	B. CADY	80	3,950	11,000	06	006	11,800	
MISSOURI								
COLUMBIA								
ELLIS FISCHEL STATE CANCER	J. S. SPRATT, JR.	89	1,567	7,308	02	005	10,000	
NEW YORK								
NEW YORK CITY								
FRANCIS DELAFIELD	J. A. BUDA	67	1,964	5,064	04	009	13,300	
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	N. MARTINI							
OHIO								
COLUMBUS								
CHILDREN'S	E. T. BOLES, JR.	36	1,923	5,521				
WASHINGTON								
SEATTLE								
CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER	A. H. BILL	39	2,283	2,172			10,700	

30C. SURGERY

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

NONFEDERAL AND VETERANS ADMINISTRATION								
CALIFORNIA								
DUARTE								
CITY OF HOPE MEDICAL CENTER	R. L. BYRON	31	1,086	14,218	02	006	10,200	
COLORADO								
DENVER								
CHILDREN'S	J. D. BURRINGTON	31	1,880	602	02	004	10,600	
DISTRICT OF COLUMBIA								
WASHINGTON								
CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA	J. RANDOLPH	40	1,999	5,042	02	003	12,500	
FLORIDA								
MIAMI								
VARIETY CHILDREN'S	W. T. BROWN	22	2,315	881	01	001	11,750	
ILLINOIS								
CHICAGO								
CHILDREN'S MEMORIAL	O. SWENSON	22	1,318	3,136	01	005	10,500	
MASSACHUSETTS								
BOSTON								
CHILDREN'S HOSPITAL MEDICAL CENTER	R. FILLER	58	2,371	8,674	09	015	9,700	
NORFOLK								
PONDVILLE	M. YATSUHASHI	73	1,065	18,518	04	004	14,214	
WESTFIELD								
WESTERN MASSACHUSETTS	E. J. MANWELL	32	654	4,531	02	004		

30C. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MICHIGAN								
DETROIT								
CHILDREN'S HOSPITAL OF MICHIGAN	J. H. HERTZLER	75	2,328	4,775	01	002	12,000	
MISSOURI								
COLUMBIA								
ELLIS FISCHEL STATE CANCER	J. S. SPRATT, JR.	69	1,567	7,308	02	004	11,000	
NEW JERSEY								
NEWARK								
UNITED HOSPITALS MEDICAL CENTER-CHILDREN'S HOSPITAL NEWARK	A. FALLA	35	2,059	2,522	01	002	12,000	
NEW YORK								
BUFFALO								
CHILDREN'S HOSPITAL OF BUFFALO	T. C. JEWETT, JR.	40	2,628	9,630	01	002	10,000	
ROSWELL PARK MEMORIAL INSTITUTE	D. HOLYOKE	110	560	11,611	05	010	6,330	
NEW YORK CITY								
FRANCIS DELAFIELD	J. A. BUDA	67	1,964	5,064	03	003	13,300	
MEMORIAL HOSPITAL FOR CANCER AND ALLIED DISEASES	N. MARTINI	227	6,113	33,351				
PRESBYTERIAN	T. SANTULLI				01	002	16,000	
OHIO								
COLUMBUS								
CHILDREN'S	E. T. BOLES, JR.	36	1,923	5,521	02	004	10,000	
PENNSYLVANIA								
PHILADELPHIA								
CHILDREN'S HOSPITAL OF PHILADELPHIA	C. E. KOOP	32	1,729	2,213	01	002	11,000	
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	S. L. CRESSON	18	1,074	2,920	02	002	11,000	
PITTSBURGH								
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH CHILDREN'S HOSPITAL OF PITTSBURGH	W. B. KIESEWETTER	30	1,599	5,121	02	004	10,000	
PUERTO RICO								
SAN JUAN								
I. GONZALEZ MARTINEZ	L. A. VALLECILLO	19	682	4,408	01	002	10,000	
TEXAS								
HOUSTON								
UNIVERSITY OF TEXAS M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE	E. C. WHITE	93	2,657	38,786	04	008	9,000	
WASHINGTON								
SEATTLE								
CHILDREN'S ORTHOPEDIC HOSPITAL AND MEDICAL CENTER	A. H. BILL	39	2,283	2,172	01	002	10,700	

30D. SURGERY

Residency programs in the following hospitals are approved by the Council on Medical Education as offering satisfactory training of ONE or TWO years' duration in preparation for residency training IN THE SURGICAL SPECIALTIES ONLY. Applicants intending to qualify for examination by the American Board of Surgery should refer to the three lists of approved services immediately preceding this list.

NONFEDERAL AND VETERANS ADMINISTRATION								
ARKANSAS								
LITTLE ROCK								
ARKANSAS BAPTIST MEDICAL CENTER		13	7,816				8,700	
CALIFORNIA								
DALY CITY								
MARY'S HELP HOSPITAL - ST. JOSEPH'S	G. L. TORASSA				02	002	9,000	105384
MARY'S HELP	G. L. TORASSA	39	2,091	215				
ST. JOSEPH'S (SAN FRANCISCO)	R. H. BACON							
ELDRIOGE								
SONOMA STATE	T. W. HOLMES, JR.	20	382	2,349	02	002	12,000	
GLENDALE								
GLENDALE ADVENTIST	R. S. VANNIX	40	1,313	477	04	004	10,200	
LOS ANGELES								
HOSPITAL OF THE GOOD SAMARITAN MEDICAL CENTER	W. P. MIKKELSEN	191	7,506	1,399	02	004	13,656	
SANTA FE MEMORIAL	A. L. KIEFER		4,580	37,221	03	003	13,656	
SAN BERNARDINO								
SAN BERNARDINO COUNTY GENERAL	E. A. DAINKO	78	2,550	15,148	03	003	10,600	
SAN FRANCISCO								
FRENCH	R. E. GARDNER	85	3,918	10,866	01	002	9,000	
PACIFIC MEDICAL CENTER-PRESBYTERIAN	D. W. PINTO	18	1,059	913	02	002	9,800	
ST. JOSEPH'S	SEE MARY'S HELP HOSPITAL-ST. JOSEPH'S, DALY CITY							
SANTA MONICA								

30D. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CONNECTICUT								
DANBURY								
DANBURY	J. T. ORR	112	4,968	3,328	02	002	10,100	
GREENWICH								
GREENWICH	J. W. GERSTER	150	6,082	2,666	04	004	11,250	
NEW LONDON								
LAWRENCE AND MEMORIAL HOSPITALS	F. B. HARTMAN	91	3,781	57	05	005	8,500	
DISTRICT OF COLUMBIA								
WASHINGTON								
DOCTORS	K. C. JONAS, C. A. STEIN	127	6,664	2,475	05	005	9,500	
ROGERS MEMORIAL	E. H. SHORT	102	4,173	11,769	04	007	11,000	
SIBLEY MEMORIAL	M. J. CASEY	107	6,904	980	02	002	10,000	
FLORIDA								
FORT LAUDERDALE								
BROWARD GENERAL	F. W. FISHER	258	11,737	1,604	03	003	8,403	
MIAMI BEACH								
ST. FRANCIS	L. R. MEDOFF	104	3,750	5,354	03	003	8,500	110684
ST. PETERSBURG								
BAYFRONT MEDICAL CENTER	G. H. WELCH, JR.	165	4,951	1,800	02	002	10,080	
ILLINOIS								
CHICAGO								
AMERICAN HOSPITAL OF CHICAGO	P. THOREK	193	2,703	11,416	03	004	11,000	
NORWEGIAN-AMERICAN	G. T. MURPHY	207	9,907	3,398	04	004	10,200	
ST. ANNE'S	J. P. IGINI	81	3,467	415	04	004	9,600	115284
ST. ANTHONY DE PADUA	E. W. KALLAL	8	2,398		02	002	12,000	
OAK LAWN								
CHRIST COMMUNITY	J. A. LEMONS, M. M. WASICK	230	6,973	1,056	06	006	8,500	113184
PEORIA								
METHODIST HOSPITAL OF CENTRAL ILLINOIS	A. J. NOVOTNY	206	7,524	2,811	04	004	6,600	
INDIANA								
INDIANAPOLIS								
ST. VINCENT'S	J. C. FINNERAN	54	3,525	249	01	001	11,760	
MUNCIE								
BALL MEMORIAL	R. O. BUTZ	560	73	152,590	02	002	10,600	
KENTUCKY								
LOUISVILLE								
JOHN N. NORTON MEMORIAL INFIRMARY	H. S. COLLIER	160	6,253	985	06	006	12,000	121884
MARYLAND								
BALTIMORE								
BON SECOURS	S. G. SULLIVAN	65	3,176	6,614	02	002		123684
GREATER BALTIMORE MEDICAL CENTER	G. L. STONESIFER, JR.	94	3,448	17,987	08	008	11,000	
BETHESDA								
SUBURBAN	R. C. MYERS	293	16,757	3,536	02	005	10,200	
MICHIGAN								
DETROIT								
EVANGELICAL DEACONESS	T. W. BAUMGARTEN	85	3,120	5,184	02	002		129784
METROPOLITAN	J. F. WEIKSNAR	38	2,104	8,401	03	003		16,000
ST. JOSEPH MERCY	M. SHECTER				01	002		
GROSSE POINTE								
BON SECOURS	R. R. ROYER, G. W. SEWELL	76	4,120	2,486	04	006	11,500	
LANSING								
EDWARD W. SPARROW	C. LEWIS	213	10,837	777	01	001	11,600	
NEW JERSEY								
MONTCLAIR								
MOUNTAINSIDE	J. E. MASTERSON	147	6,647	793	02	004	8,100	
MORRISTOWN								
MORRISTOWN MEMORIAL	E. B. HALLETT	152	6,158	777	02	004	11,000	
NEWARK								
UNITED HOSPITALS MEDICAL CENTER - PRESBYTERIAN	T. A. STANLEY	134	5,162	1,937	03	003	11,300	187284
ST. MICHAEL'S MEDICAL CENTER	A. R. WYCHULIS	79	2,647	3,727	03	007	11,300	139984
NEW YORK								
BUFFALO								
MERCY	C. J. SHAVER	146	4,968	1,589	03	003	10,300	
NEW YORK CITY								
KINGSBROOK JEWISH MEDICAL CENTER	I. C. CREE	62	1,333	3,201	07	007		
PORT CHESTER								
UNITED	D. A. W. WILSON	138	4,499	335	02	002	9,850	150484
WHITE PLAINS								
WHITE PLAINS	M. M. LIPMAN			54,300	02	002	11,000	
NORTH DAKOTA								
BISMARCK								
BISMARCK	G. E. TOLSTEDT	62	2,880	1,517	01	001	8,500	
FARGO								
ST. LUKE'S HOSPITALS	G. H. HALL	212	10,865	12,828	03	015	9,600	
OHIO								
BARBERTON								
BARBERTON CITIZENS	G. KUZMISHIN	143	4,741	925	02	002	8,229	196484
ELYRIA								
ELYRIA MEMORIAL	W. F. NICHOLS	94	5,819	216	02	004	9,300	
TOLEDO								
FLOWER	E. STERNFELD	99	4,670	280	01	001	9,000	
OKLAHOMA								
OKLAHOMA CITY								
MERCY	I. O. POLLOCK	80	4,163	86	02	002	8,700	

30D. SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	Positions Offered 1973-1974 All Yrs.	Annual Salary (Min.)	NIRMP Number
OREGON								
PORTLAND								
PROVIDENCE	D. N. GILBERT	173	8,199	816	00	000		
PENNSYLVANIA								
HAZLETON								
ST. JOSEPH	S. E. MATSKO	64	3,002		02	004	6,000	
PHILADELPHIA								
JEANES	W. Y. INOUYE	65	2,965	9,220	03	003	12,000	
ST. JOSEPH'S	E. A. BARBIERI	157	4,660	39,145	03	003	8,400	
PITTSBURGH								
ST. MARGARET MEMORIAL	D. N. DI SILVIO	93	2,670	5,204	04	004	11,100	
WILKES-BARRE								
WILKES-BARRE GENERAL	H. C. SMITH	288	11,076	57,814	02	002	8,100	
TENNESSEE								
CHATTANOOGA								
NEWELL CLINIC	E. T. NEWELL, JR.	46	2,606		03	003	9,600	
TEXAS								
DALLAS								
GASTON EPISCOPAL	J. V. GOODE	98	4,120		03	003	8,160	
VIRGINIA								
DANVILLE								
MEMORIAL	J. E. NEVIN, 3D.	134	5,452	12,100	01	001	10,000	
WASHINGTON								
SPOKANE								
SACRED HEART	C. P. SCHLICKE	172	9,916	1,104	02	002	9,000	
WISCONSIN								
LA CROSSE								
LA CROSSE LUTHERAN HOSPITAL AND GUNDERSEN CLINIC	A. E. GUNDERSEN	145	6,258	57,745	04	004	7,500	
MARSHFIELD								
ST. JOSEPH'S	B. R. LAWTON	55	1,889	11,416	02	002	9,500	
MILWAUKEE								
EVANGELICAL DEACONESS	B. G. NARODICK	111	4,304	2,463	03	006	9,500	176284

31. THERAPEUTIC RADIOLOGY

Residency programs that have been approved by the Council on Medical Education and the American Board of Radiology, through the Residency Review Committee for Radiology, are listed under Radiology, List 29C.

32. THORACIC SURGERY

Residency programs in the following hospitals have been approved by the Council on Medical Education, the Board of Thoracic Surgery, and the American College of Surgeons, through the Residency Review Committee for Thoracic Surgery, as offering acceptable training in the specialty.

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	Positions Offered 1973-1974 All Yrs.	Annual Salary (Min.)
UNITED STATES AIR FORCE								
TEXAS								
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	W. STANFORD	30	408	1,666		01	002	
UNITED STATES ARMY								
CALIFORNIA								
LETTERMAN GENERAL, SAN FRANCISCO	A. C. GOMEZ	14	244	997		01	002	
COLORADO								
FITZSIMONS GENERAL, DENVER	R. L. TREASURE	12	212	332		01	003	
DISTRICT OF COLUMBIA								
WALTER REED GENERAL, WASHINGTON	D. C. GREEN	18	322	774		01	003	
TEXAS								
BROOKE GENERAL, SAN ANTONIO	W. A. COX	23	266	399		02	003	
UNITED STATES NAVY								
CALIFORNIA								
NAVAL, SAN DIEGO	R. G. FOSBURG	28	792	2,318		02	004	

32. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
UNITED STATES NAVY - CONTINUED								
MARYLAND								
NAVAL, BETHESDA	M. MILLS	24	309	860		01	002	
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
UNIVERSITY OF ALABAMA MEDICAL CENTER	J. W. KIRKLIN					02	004	
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS		50	440	1,450				11,800
VETERANS ADMIN.		8	141	596				9,400
ARKANSAS								
LITTLE ROCK								
UNIVERSITY OF ARKANSAS MEDICAL CENTER	G. S. CAMPBELL					01	002	
UNIVERSITY		14	421	1,192				7,800
VETERANS ADMIN. CONSOLIDATED		11	231	300				
CALIFORNIA								
IRVINE								
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS	J. E. CONNOLLY					01	002	
ORANGE COUNTY MEDICAL CENTER (ORANGE)	J. E. CONNOLLY	5	187	235				17,714
VETERANS ADMIN. (LONG BEACH)	E. A. STEMMER	23	464	320				13,876
LONG BEACH								
VETERANS ADMIN.	SEE UNIV. OF CALIF. (IRVINE) AFF. HOSPS., IRVINE							
LOS ANGELES								
HOSPITAL OF THE GOOD SAMARITAN MEDICAL CENTER	B. W. MEYER	24	609	104		05	004	17,052
CHILDRENS HOSPITAL OF LOS ANGELES	G. G. LINDESMITH	4	126	32				14,216
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	J. H. KAY	21	375			02	004	19,128
U. C. L. A.	J. MALONEY, JR., J. CAREY	22	569			03	006	10,200
VETERANS ADMIN. CENTER-WADSWORTH	J. CAREY	11	225	395				17,162
VETERANS ADMIN. (SEPULVEDA)								
WHITE MEMORIAL MEDICAL CENTER	J. J. VERSKA	12	511	650		02	004	12,600
OAKLAND								
HIGHLAND GENERAL	K. L. HARDY	8	230	2,035		02	004	
ORANGE								
ORANGE COUNTY MEDICAL CENTER	SEE UNIV. OF CALIF. (IRVINE) AFF. HOSPS., IRVINE							
SAN FRANCISCO								
UNIVERSITY OF CALIFORNIA PROGRAM	B. B. ROE		-			02	003	
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	B. B. ROE	11	319	271				11,500
VETERANS ADMIN.	D. J. ULLYOT	11	160	1,120				9,400
CONNECTICUT								
NEW HAVEN								
YALE-NEW HAVEN MEDICAL CENTER	W. W. L. GLENN					02	004	
YALE-NEW HAVEN	W. W. L. GLENN	25	571	1,586				12,650
HOSPITAL OF ST. RAPHAEL	M. G. CARTER	16	568	98				12,100
VETERANS ADMIN. (WEST HAVEN)	W. W. L. GLENN	6	135	125				10,543
DISTRICT OF COLUMBIA								
WASHINGTON								
GEORGE WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	P. C. ADKINS					01	002	13,196
GEORGE WASHINGTON UNIVERSITY	P. C. ADKINS	17	412	1,290				
CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA	J. G. RANDOLPH	11	185	450				
FLORIDA								
GAINESVILLE								
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	G. R. DAICOFF					02	004	
WILLIAM A. SHANDS TEACHING HOSP. AND CLINICS		23	658	1,694				12,000
VETERANS ADMIN.		22	421	1,261				12,225
MIAMI								
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	G. A. KAISER					02	004	
JACKSON MEMORIAL		21	661	710				11,950
GEORGIA								
ATLANTA								
EMORY UNIVERSITY AFFILIATED HOSPITALS	C. R. HATCHER, JR.					03	006	10,800
EMORY UNIVERSITY	C. R. HATCHER, JR.	12	722					
GRADY MEMORIAL	C. R. HATCHER, JR.	12	502	1,373				
VETERANS ADMIN. (DECATUR)	W. H. FLEMING	11	216					
AUGUSTA								
MEDICAL COLLEGE OF GEORGIA HOSPITALS	R. G. ELLISON					02	004	
EUGENE TALMADGE MEMORIAL	R. G. ELLISON	16	627	1,270				11,500
MEMORIAL MEDICAL CENTER (SAVANNAH)	R. G. ELLISON							
VETERANS ADMIN.	G. H. PURYEAR	6	85	475				10,100
DECATUR								
VETERAN ADMIN.	SEE EMORY UNIV. AFF. HOSPS. ATLANTA							
SAVANNAH								
MEMORIAL MEDICAL CENTER	SEE MEDICAL COLLEGE OF GEORGIA HOSPS., AUGUSTA							
ILLINOIS								
CHICAGO								
CHILDREN'S MEMORIAL	SEE VETERANS ADMIN., HINES							

32. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
ILLINOIS, CHICAGO - CONTINUED								
COOK COUNTY	C. J. TATOOLES	29	1,200	1,211		03	005	13,300
PRESBYTERIAN-ST. LUKE'S	O. C. JULIAN	79	1,600	3,600		02	004	12,342
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	C. F. KITTLE	14	348	827		02	004	10,800
CITY OF CHICAGO MUNICIPAL TUBERCULOSIS SANITARIUM	W. M. LEES	40	517	3,917				7,908
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS	D. M. LONG					02	006	13,200
UNIVERSITY OF ILLINOIS		16	324	1,470				
VETERANS ADMIN. (WEST SIDE)		20	200	1,300				
HINES								
VETERANS ADMIN.	R. PIFARRE	19	249	620		02	004	12,500
CHILDREN'S MEMORIAL (CHICAGO)	F. S. IDRISS	14	250					11,000
INDIANA								
INDIANAPOLIS								
INDIANA UNIVERSITY MEDICAL CENTER	H. KING					02	004	
INDIANA UNIVERSITY HOSPITALS								
VETERANS ADMIN.								
IOWA								
IOWA CITY								
UNIVERSITY OF IOWA HOSPITALS	J. L. EHRENHAFT	45	1,297	1,781		02	004	13,000
KANSAS								
KANSAS CITY								
UNIVERSITY OF KANSAS MEDICAL CENTER	L. J. HUMPHREY	6	131					
KENTUCKY								
LEXINGTON								
UNIVERSITY OF KENTUCKY MEDICAL CENTER	L. R. BRYANT			348		02	004	
UNIVERSITY	L. R. BRYANT	17	395	624				9,000
CENTRAL BAPTIST	L. R. BRYANT	11	508	2,324				
VETERANS ADMIN.	W. G. MALETTE	6	174	348				8,300
LOUISVILLE								
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	H. T. RANSDELL, JR.					02	004	
CHILDREN'S	W. W. JOHNSON	4	135	1,581				10,700
JEWISH		5	177					
LOUISVILLE GENERAL	H. T. RANSDELL, JR.	5	134	453				10,700
VETERANS ADMIN.	H. T. RANSDELL, JR.	11	90	579				9,370
LOUISIANA								
NEW ORLEANS								
CHARITY HOSPITAL OF LOUISIANA-TULANE UNIVERSITY DIVISION	T. DRAPANAS	3	88	563		00	002	8,400
LOUISIANA STATE UNIVERSITY AFFILIATED HOSPITALS	L. H. STRUG					01	002	
CHARITY HOSPITAL OF LOUISIANA	L. H. STRUG	3	80	461				8,400
VETERANS ADMIN.	S. F. SAYEGH	10	131	772				10,037
OCHSNER FOUNDATION	J. L. OCHSNER					01	002	10,500
MARYLAND								
BALTIMORE								
UNIVERSITY OF MARYLAND	J. S. MC LAUGHLIN	28	730	549		03	006	10,700
MOUNT WILSON STATE (MOUNT WILSON)								
MOUNT WILSON								
MOUNT WILSON STATE	SEE UNIVERSITY OF MARYLAND, BALTIMORE							
MASSACHUSETTS								
BOSTON								
BOSTON UNIVERSITY AFFILIATED HOSPITALS	R. L. BERGER					02	004	12,000
BOSTON CITY		12	293	680				
UNIVERSITY		10	242					
NEW ENGLAND DEACONESS	F. H. ELLIS	40	812	6,355		01	002	12,800
MICHIGAN								
ANN ARBOR								
UNIVERSITY	H. SLOAN	27	511	1,910		03	007	12,000
DETROIT								
HENRY FORD	C. J. DAVILA	41	1,039	1,384		03	003	12,000
MINNESOTA								
MINNEAPOLIS								
UNIVERSITY OF MINNESOTA AFFILIATED HOSPITALS	R. L. VARCO, E. HUMPHREY					02	004	
UNIVERSITY OF MINNESOTA HOSPITALS	R. L. VARCO, E. HUMPHREY							10,000
VETERANS ADMIN.	R. VARCO	18	144	275				9,800
ROCHESTER								
MAYO GRADUATE SCHOOL OF MEDICINE	D. C. MC GOON			7,822		03	006	12,500
ROCHESTER METHODIST		19	855					
ST. MARY'S		39	1,633					
MISSISSIPPI								
JACKSON								
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	J. D. HARDY					02	004	
UNIVERSITY	J. O. HARDY	13	333					13,630
VETERANS ADMIN. CENTER	J. H. CONN	10	167	709				13,071

32. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
MISSOURI								
COLUMBIA								
UNIVERSITY OF MISSOURI MEDICAL CENTER	C. H. ALMOND	12	309	649		02	004	10,000
MISSOURI STATE CHEST (MOUNT VERNON)	C. H. ALMOND, P. E. SAUER	376	1,439					12,500
ST.LOUIS								
BARNES HOSPITAL GROUP	C. S. WELDON	38	1,017	197		02	004	11,000
NEW JERSEY								
BROWNS MILLS								
DEBORAH	SEE HAHNEMANN MEDICAL COLLEGE AND HOSP., PHILADELPHIA, PA.							
NEW MEXICO								
ALBUQUERQUE								
UNIVERSITY OF NEW MEXICO								
AFFILIATED HOSPITALS	W. S. EDWARDS					01	002	
BERNALILLO COUNTY MEDICAL CENTER								
VETERANS ADMIN.								
NEW YORK								
ALBANY								
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	A. STRANAHAN					02	004	
ALBANY MEDICAL CENTER		22	1,041	400				13,000
VETERANS ADMIN.		3	140	585				15,000
BUFFALO								
S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS	W. M. CHARDACK					02	003	
BUFFALO GENERAL	G. SCHIMERT	11	151					12,500
CHILDREN'S HOSPITAL OF BUFFALO	S. SUBRAMANIAN	10	193	250				13,000
VETERANS ADMIN.	W. M. CHARDACK	18	199	320				12,500
NEW HYDE PARK								
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER PROGRAM	W. L. PHILLIPS					01	002	
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER		15	479	96				13,300
QUEENS HOSPITAL CENTER (NEW YORK CITY)		6	87	120				16,100
NEW YORK CITY								
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	W. A. COOK					01	002	
BRONX MUNICIPAL HOSPITAL CENTER		15	584	1,026				
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE		12	309					
COLUMBIA UNIVERSITY AFFILIATED HOSPITALS	R. H. WYLIE					02	004	
PRESBYTERIAN	R. H. WYLIE	40	1,000	2,500				16,000
HARLEM HOSPITAL CENTER	J. E. HUTCHINSON, 3D.	11	181	757				17,800
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	A. A. BAKST	13	326	357		01	002	13,300
MONTEFIORE HOSPITAL AND MEDICAL CENTER	G. ROBINSON	29	589	80		02	004	16,100
MOUNT SINAI	A. E. KARK, R. S. LITWAK	50	719	1,420		02	004	17,800
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	R. H. CLAUSS					02	004	13,300
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS		20	362					
UNIT 2 - METROPOLITAN HOSPITAL CENTER		14	97	313				
NEW YORK UNIVERSITY MEDICAL CENTER	F. C. SPENCER					04	008	
BELLEVUE HOSPITAL CENTER	F. C. SPENCER	7		109				
UNIVERSITY	F. C. SPENCER			1,880				
VETERANS ADMIN. (MANHATTAN)	O. A. TICE	30	268					13,878
QUEENS HOSPITAL CENTER	SEE LONG ISLAND JEWISH-HILLSIDE MED. CENTR., NEW HYDE PARK							
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	J. STUCKEY					02	004	
KINGS COUNTY HOSPITAL CENTER		24	280	847				16,100
STATE UNIVERSITY		7	117	5				14,600
ROCHESTER								
UNIVERSITY OF ROCHESTER								
AFFILIATED HOSPITALS	E. MAHONEY, R. WEINER					02	002	12,000
ROCHESTER GENERAL	R. WEINER	12	371					
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	E. MAHONEY							
NORTH CAROLINA								
CHAPEL HILL								
NORTH CAROLINA MEMORIAL	B. R. WILCOX	14	441	912		01	002	13,000
CHARLOTTE								
CHARLOTTE MEMORIAL	F. ROBICSEK	39	1,629	480		02	004	9,300
DURHAM								
DUKE UNIVERSITY MEDICAL CENTER	D. SABISTON, JR., W. SEALY	28	860	6,115		02	002	9,250
OTEEN								
VETERANS ADMIN.	T. TAKARO	54	1,486	950		02	004	11,940
WINSTON-SALEM								
BOWMAN GRAY SCHOOL OF MEDICINE AFFILIATED HOSPITALS								
NORTH CAROLINA BAPTIST	R. T. MYERS	18	408	30		02	004	11,000
OHIO								
CLEVELAND								
CASE WESTERN RESERVE UNIVERSITY								
AFFILIATED HOSPITALS	H. J. MENDELSOHN					02	004	
UNIVERSITY HOSPITALS OF CLEVELAND		17	663	369				12,500
CLEVELAND METROPOLITAN GENERAL		7	206	357				12,000
VETERANS ADMIN.		12	118	420				11,850

32. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
OHIO, CLEVELAND – CONTINUED								
CLEVELAND CLINIC	D. B. EFFLER	83	2,109	2,286		06	012	12,500
ST. VINCENT CHARITY	E. B. KAY	27	460	260		02	004	13,000
COLUMBUS								
OHIO STATE UNIVERSITY AFFILIATED HOSPITALS	K. P. KLASSEN	43	1,139	277		02	004	
OHIO STATE UNIVERSITY HOSPITALS CHILDREN'S								
OKLAHOMA								
OKLAHOMA CITY								
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER	G. R. WILLIAMS					02	004	10,000
UNIVERSITY OF OKLAHOMA HOSPITALS	G. R. WILLIAMS	6	136	373				
CHILDREN'S MEMORIAL								
VETERANS ADMIN.	L. J. GREENFIELD	6	654	813				
OREGON								
PORTLAND								
UNIVERSITY OF OREGON AFFILIATED HOSPITALS	A. STARR					03	005	11,000
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS	A. STARR	13	387	207				11,000
VETERANS ADMIN.	R. P. ANDERSON	9	189	1,664				11,171
PENNSYLVANIA								
PHILADELPHIA								
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	R. HINDAWI	40	2	8		02	004	12,500
DEBORAH (BROWNS MILLS, N.J.)	H. T. NICHOLS	17	280	725				10,600
TEMPLE UNIVERSITY AFFILIATED HOSPITALS	G. P. ROSEMOND					02	004	
TEMPLE UNIVERSITY	G. P. ROSEMOND							12,000
EPISCOPAL	T. J. O' NEILL, P. SPAGNA							
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	F. N. NIGUIDULA	8	171	288				11,000
UNIVERSITY OF PENNSYLVANIA AFFILIATED HOSPITALS	J. JOHNSON					02	004	
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA		47	550	1,220				13,287
CHILDREN'S HOSPITAL OF PHILADELPHIA		9	200	500				
VETERANS ADMIN.								11,125
PITTSBURGH								
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	H. T. BAHNSON					02	004	14,000
PRESBYTERIAN-UNIVERSITY		11	173	18				
CHILDREN'S HOSPITAL OF PITTSBURGH								
VETERANS ADMIN.		11	58	470				
ALLEGHENY GENERAL	G. J. MAGOVERN	26	675	1,279		02	004	14,000
ST. FRANCIS GENERAL	J. W. GIACOBINE	35	1,263	190		01	002	13,000
SHADYSIDE	W. B. FORD	47	1,175	432		01	002	12,000
WESTERN PENNSYLVANIA								
PUERTO RICO								
SAN JUAN								
UNIVERSITY OF PUERTO RICO AFFILIATED HOSPITALS	E. A. DEFENDINI					02	004	
UNIVERSITY DISTRICT								
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA		9	207	1,364				7,872
HOSPITAL DR. ALEJANDRO RUIZ SOLER (BAYAMON)								
SOUTH CAROLINA								
CHARLESTON								
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS	W. H. LEE, JR.					02	004	
MEDICAL UNIVERSITY OF SOUTH CAROLINA	W. H. LEE, JR.	25	656	1,681				10,400
CHARLESTON COUNTY	W. H. LEE, JR.	2	81					
VETERANS ADMIN.	P. HAIRSTON	11	178	659				10,277
TENNESSEE								
MEMPHIS								
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS	J. W. PATE					03	006	
CITY OF MEMPHIS HOSPITALS	J. W. PATE	11	273	307				8,712
VETERANS ADMIN.	C. E. EASTRIDGE	14	306	513				8,120
WEST TENNESSEE CHEST DISEASE	F. H. COLE	30	366	191				
NASHVILLE								
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	H. W. BENDER, JR.					02	002	
VANDERBILT UNIVERSITY	H. W. BENDER, JR.	9	186	1,200				10,500
MIDDLE TENNESSEE CHEST DISEASE	R. L. MC CRACKEN							
NASHVILLE METROPOLITAN GENERAL	J. L. SAWYERS							
VETERANS ADMIN.	W. G. GOBBEL, JR.	18	288	1,000				11,000
TEXAS								
DALLAS								
ST. PAUL	H. E. WILSON	26	176	25		01	002	10,200
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL AFFILIATED HOSPITALS	W. L. SUGG					03	006	
PARKLAND MEMORIAL	W. L. SUGG	9	384	1,656				9,391
BAYLOR UNIVERSITY MEDICAL CENTER	D. L. PAULSON	38	1,154	186				9,780
CHILDREN'S MEDICAL CENTER	W. L. SUGG							
VETERANS ADMIN.	R. R. SHAW	30	344	636				8,546
GALVESTON								
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	J. R. DERRICK					01	002	

32. THORACIC SURGERY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Length of Approved Program (Yrs.)	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)
TEXAS - CONTINUED								
HOUSTON								
BAYLOR COLLEGE OF MEDICINE								
AFFILIATED HOSPITALS	M. E. DE BAKEY					03	006	11,400
BEN TAUB GENERAL		12	485	446				
METHODIST		199	5,279					
VETERANS ADMIN.		7	194	710				
TEXAS HEART INSTITUTE	D. A. COOLEY	92	2,436	1,980		01	002	10,500
ST. LUKE'S EPISCOPAL	W. D. SEYBOLD	78	2,044					10,500
TEXAS CHILDREN'S	L. W. ABLE, F. H. AVES	1	12	23				10,500
UTAH								
SALT LAKE CITY								
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	R. M. NELSON					04	008	
UNIVERSITY		1	365	121				10,700
LATTER-DAY SAINTS		29	1,006	113				11,200
PRIMARY CHILDREN'S		4	110					
VETERANS ADMIN.								
VIRGINIA								
CHARLOTTESVILLE								
UNIVERSITY OF VIRGINIA	S. P. NOLAN	30	1,200	800		02	004	
WISCONSIN								
MADISON								
UNIVERSITY OF WISCONSIN								
AFFILIATED HOSPITALS	D. R. KAHN					02	004	11,845
UNIVERSITY HOSPITALS	D. R. KAHN	25	495	922				
MADISON GENERAL								
VETERANS ADMIN.	J. T. MENDENHALL	3	25	5				
MILWAUKEE								
MEDICAL COLLEGE OF WISCONSIN								
AFFILIATED HOSPITALS	O. J. LEPLEY, JR.					03	006	
EVANGELICAL DEACONESS	B. G. NARDOICK	11	251	112				
MILWAUKEE COUNTY GENERAL	O. J. LEPLEY, JR.	15	220	793				12,078
MILWAUKEE CHILDREN'S	M. GLICKLICH	6	160	69				
ST. LUKE'S	D. J. LEPLEY, JR.	40	1,718	766				10,000
VETERANS ADMIN. CENTER (WOOD)	B. F. STENGEL	11	176	1,352				12,413
ST. JOSEPH'S	R. R. WATSON					01	002	

33. UROLOGY

Residency programs in the following hospitals have been approved by the Council on Medical Education, 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 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES AIR FORCE								
TEXAS								
WILFORD HALL U. S. A. F. MEDICAL CENTER, SAN ANTONIO	D. M. WOODHEAD	45	1,036	1,237	02	008		
UNITED STATES ARMY								
CALIFORNIA								
LETTERMAN GENERAL, SAN FRANCISCO	L. MALDONADO	22	691	26,442	01	004		
COLORADO								
FITZSIMONS GENERAL, DENVER	E. L. LEWIS	19	632	9,508	01	002		
DISTRICT OF COLUMBIA								
WALTER REED GENERAL, WASHINGTON	A. BORSKI	43	980	15,541	02	009		
HAWAII								
TRIPLER GENERAL, HONOLULU	M. P. GANGAI	27	806	18,182	01	004		
TEXAS								
WILLIAM BEAUMONT GENERAL, EL PASO	W. AUSTERMAN	20	602	13,647	01	003		
R. E. THOMASON GENERAL (EL PASO)								
BROOKE GENERAL, SAN ANTONIO	F. E. CECCARELLI	33	827	15,786	01	007		
WASHINGTON								
MADIGAN GENERAL, TACOMA	J. N. WETTLAUFER	24	865	20,547	01	004		
UNITED STATES NAVY								
CALIFORNIA								
NAVAL, OAKLAND	G. A. LE BLANC	12	557	6,261	01	004		
NAVAL, SAN DIEGO	M. B. ROTNER	70	2,064	40,638	02	008		
MARYLAND								
NAVAL, BETHESDA	M. EDSON	32	713	15,899	02	006		

33. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
UNITED STATES NAVY - CONTINUED								
MASSACHUSETTS								
NAVAL, CHELSEA	VETERANS ADMIN., BOSTON							
PENNSYLVANIA								
NAVAL, PHILADELPHIA	E. C. SACHER	32	693	11,062	01	004		
VIRGINIA								
NAVAL, PORTSMOUTH	O. W. CHENAULT, JR.	33	738	15,234	01	004		
UNITED STATES PUBLIC HEALTH SERVICE								
LOUISIANA								
U. S. PUBLIC HEALTH SERVICE, NEW ORLEANS	SEE TULANE UNIVERSITY AFFILIATED HOSPITALS, NEW ORLEANS							
NEW YORK								
U.S. PUBLIC HEALTH SERVICE (STATEN ISLAND), NEW YORK CITY	M. W. JUSTICE	34	657	6,363	01	004		
WASHINGTON								
U. S. PUBLIC HEALTH SERVICE	SEE UNIVERSITY OF WASHINGTON AFFILIATED HOSPITALS, SEATTLE							
OTHER FEDERAL								
CANAL ZONE								
GORGAS, BALBOA HEIGHTS	D. T. SCHAMBER	13	526	8,311	01	003	12,127	
NONFEDERAL AND VETERANS ADMINISTRATION								
ALABAMA								
BIRMINGHAM								
CARRAWAY METHODIST MEDICAL CENTER	H. C. HUDSON	24	1,043	8,169	01	004	10,200	
UNIVERSITY OF ALABAMA MEDICAL CENTER	S. W. SHIRLEY				03	009		
CHILDREN'S	E. VAN SCOTT	10	1,027	807				
UNIVERSITY OF ALABAMA HOSPITALS AND CLINICS	S. W. SHIRLEY	19	649	3,345			9,400	
VETERANS ADMIN.	S. W. SHIRLEY	27	768	2,049			9,400	
MOBILE								
MOBILE GENERAL	SEE OCHSNER FOUNDATION, NEW ORLEANS, LA.							
ARKANSAS								
LITTLE ROCK								
UNIVERSITY OF ARKANSAS MEDICAL CENTER	J. E. MOBLEY				02	008		
ARKANSAS CHILDREN'S	J. E. MOBLEY	3	146	552,960				
ARKANSAS STATE		4	53	275				
UNIVERSITY		14	428	2,160	02	008	7,800	
VETERANS ADMIN. CONSOLIDATED		35	981	1,776			9,420	
CALIFORNIA								
DAVIS								
UNIVERSITY OF CALIFORNIA (DAVIS) AFFILIATED HOSPITALS	J. M. PALMER				01	003		
KAISER FOUNDATION (SACRAMENTO)	E. A. NORCOTT	6	469	9,546			9,480	
SACRAMENTO MEDICAL CENTER (SACRAMENTO)	J. M. PALMER	21	639	2,455			10,837	
VETERANS ADMIN. (MARTINEZ)	D. H. SCHNEIDER	36	762	2,960			10,332	
IRVINE								
UNIVERSITY OF CALIFORNIA (IRVINE) AFFILIATED HOSPITALS	D. C. MARTIN				03	009		
ORANGE COUNTY MEDICAL CENTER (ORANGE)	D. C. MARTIN	7	571	2,198			14,588	
VETERANS ADMIN. (LONG BEACH)	A. J. BISCHOFF	35	922	5,140			13,678	
LONG BEACH								
VETERANS ADMIN.	SEE UNIV. OF CALIF. (IRVINE) AFFIL. HOSPS., IRVINE							
LOS ANGELES								
KAISER FOUNDATION	J. F. COOPER	6	2,086	25,255	02	006	12,000	
LOS ANGELES COUNTY-U.S.C. MEDICAL CENTER	J. W. MORROW	37	1,286	12,132	04	014	14,340	
U. C. L. A. AFFILIATED HOSPITALS	J. KAUFMAN, W. GOODWIN				02	008		
U. C. L. A.	J. KAUFMAN, W. GOODWIN	26	1,194	5,491			10,200	
VETERANS ADMIN. (SEPULVEDA)								
LOS ANGELES COUNTY HARBOR GENERAL (TORRANCE)	S. A. BROSMAN	21	297	4,836			14,340	
WHITE MEMORIAL MEDICAL CENTER	R. T. BERGMAN	11	463	3,652	01	003	10,800	
MARTINEZ								
VETERANS ADMIN.	D. H. SCHNEIDER	36	762	2,960	01	003	10,332	
VETERANS ADMIN.	SEE UNIV. OF CALIF. (DAVIS) AFFIL. HOSPS., DAVIS							
OAKLAND								
HIGHLAND GENERAL	H. P. IRONSON	5	191	2,534	01	003		
ORANGE								
ORANGE COUNTY MEDICAL CENTER	SEE UNIV. OF CALIF. (DAVIS) AFFIL. HOSPS., DAVIS							
PALO ALTO								
VETERANS ADMIN.	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
SACRAMENTO								
KAISER FOUNDATION (SACRAMENTO)	SEE UNIV. OF CALIF. (DAVIS) AFFIL. HOSPS., DAVIS							
SACRAMENTO MEDICAL CENTER	SEE UNIV. OF CALIF. (DAVIS) AFFILIATED HOSPITALS, DAVIS							
SAN DIEGO								
UNIVERSITY OF CALIFORNIA (SAN DIEGO) AFFILIATED HOSPITALS	R. F. GITTES				02	006		
MERCY HOSPITAL AND MEDICAL CENTER								
UNIVERSITY HOSPITAL OF SAN DIEGO COUNTY		13	723	5,473			10,200	
VETERANS ADMIN.								

33. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
CALIFORNIA - CONTINUED								
SAN FRANCISCO								
UNIVERSITY OF CALIFORNIA PROGRAM	D. R. SMITH				03	009		
H. C. MOFFITT-UNIVERSITY OF CALIFORNIA HOSPITALS	D. R. SMITH	14	583	3,993			10,000	
HARKNESS COMMUNITY HOSPITAL AND MEDICAL CENTER	C. S. HARROD	15	549	1,750			10,500	
SAN FRANCISCO GENERAL	F. HINMAN	11	390	2,289			9,924	
VETERANS ADMIN.	F. S. HOWARD	15	410	2,264			9,400	
SAN JOSE								
SANTA CLARA VALLEY MEDICAL CENTER	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
SANTA CLARA								
KAISER FOUNDATION	SEE STANFORD UNIVERSITY AFFILIATED HOSPITALS, STANFORD							
STANFORD								
STANFORD UNIVERSITY AFFILIATED HOSPITALS	T. A. STAMEY				03	012		
STANFORD UNIVERSITY	T. A. STAMEY	17	992	5,003			9,700	
VETERANS ADMIN. (PALO ALTO)	J. S. ELLIOT	14	354	1,966			9,700	
SANTA CLARA VALLEY MEDICAL CENTER (SAN JOSE)	D. M. GROSS	8	297	2,599			11,045	
KAISER FOUNDATION (SANTA CLARA)	J. NESBET	8	487	8,905			9,480	
TORRANCE								
LOS ANGELES COUNTY HARBOR GENERAL	SEE U.C.L.A. AFFILIATED HOSPITALS, LOS ANGELES							
COLORADO								
DENVER								
UNIVERSITY OF COLORADO AFFILIATED HOSPITALS	O. STONINGTON				02	006		
UNIVERSITY OF COLORADO MEDICAL CENTER	O. STONINGTON, A. DEFALCO	11	481	4,094			9,900	
DENVER GENERAL	N. E. PETERSON	11	186	2,136			10,006	
VETERANS ADMIN.	O. STONINGTON	18	454	1,140			9,620	
CONNECTICUT								
HARTFORD								
UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS	E. M. SIGMAN				02	006		
HARTFORD	R. HEPBURN, H. RIDLON	60	2,116	400			11,100	
NEW BRITAIN GENERAL (NEW BRITAIN)	E. M. SIGMAN							
ST. FRANCIS		27	1,033					
NEWINGTON CHILDREN'S (NEWINGTON)	H. RIDLON	1	19	36				
VETERANS ADMIN. (NEWINGTON)		11	180	974			11,600	
NEW HAVEN								
YALE-NEW HAVEN MEDICAL CENTER	B. LYTTON				02	008		
YALE-NEW HAVEN		42	1,793	4,441			10,450	
VETERANS ADMIN. (WEST HAVEN)	B. LYTTON	14	534	1,445			10,543	
WATERBURY (WATERBURY)	J. K. SHEARER	14	619	75				
NEWINGTON								
NEWINGTON CHILDREN'S	SEE UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS, HARTFORD							
VETERANS ADMIN.	SEE UNIVERSITY OF CONNECTICUT AFFILIATED HOSPITALS, HARTFORD							
WATERBURY								
WATERBURY	SEE YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN							
WEST HAVEN								
VETERANS ADMIN.	SEE YALE-NEW HAVEN MEDICAL CENTER, NEW HAVEN							
DELAWARE								
WILMINGTON								
WILMINGTON MEDICAL CENTER	H. J. REPMAN	27	1,214	1,075	01	003	10,750	
VETERANS ADMIN.	SEE THOS. JEFFERSON UNIV. AFFIL. HOSPS., PHILADELPHIA							
DISTRICT OF COLUMBIA								
WASHINGTON								
FREEDMEN'S	G. W. JONES	16	562	3,920	02	006	11,342	
GEORGETOWN UNIVERSITY AFFILIATED HOSPITALS	R. BAKER				02	008		
DISTRICT OF COLUMBIA GENERAL	R. BAKER	15	199	1,431			11,300	
GEORGETOWN UNIVERSITY	R. BAKER	22	942	610			10,550	
SIBLEY MEMORIAL								
VETERANS ADMIN.	R. BAKER, C. W. SCHMIDT	25	518				10,022	
GEORGE WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	F. DERRICK, JR.				03	009	10,022	
CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA	J. C. KENEALY	8	927	575				
DISTRICT OF COLUMBIA GENERAL	F. DERRICK, JR.	12	127	1,372			11,300	
GEORGE WASHINGTON UNIVERSITY	F. DERRICK, JR.	23	842	750			10,022	
VETERANS ADMIN.	F. DERRICK, JR., C. SCHMIDT	25	518				10,022	
WASHINGTON HOSPITAL CENTER	W. D. JARMAN	52	2,181	1,642	02	006	10,550	
CHILDREN'S HOSPITAL OF THE DISTRICT OF COLUMBIA	J. C. KENEALY	8	927	575				
FLORIDA								
GAINESVILLE								
UNIVERSITY OF FLORIDA AFFILIATED HOSPITALS	D. M. ORYLIE				02	006	8,625	
WILLIAM A. SHANDS TEACHING HOSPITAL AND CLINICS	D. M. DRYLIE	9	379	4,019				
VETERANS ADMIN.	G. H. MILLER, JR.	19	630	3,394				
JACKSONVILLE								
JACKSONVILLE HOSPITALS EDUCATIONAL PROGRAM	W. A. VAN NORTWICK				01	003	8,900	
UNIVERSITY HOSPITAL OF JACKSONVILLE		10	309	8,500				
ST. VINCENT'S								
MIAMI								
UNIVERSITY OF MIAMI AFFILIATED HOSPITALS	V. A. POLITANO				04	011		
JACKSON MEMORIAL		46	1,641	4,053			10,450	
VETERANS ADMIN.		32	522	2,810			10,050	

33. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
FLORIDA – CONTINUED								
MIAMI BEACH								
MOUNT SINAI HOSPITAL OF GREATER MIAMI	S. GOLDMAN	43	1,963	1,491	01	003	10,400	
TAMPA								
TAMPA GENERAL	R. P. FINNEY	24	1,095	868	01	003	9,450	
VETERANS ADMIN.								
GEORGIA								
ATLANTA								
EMORY UNIVERSITY AFFILIATED HOSPITALS	K. N. WALTON				03	009		
EMORY UNIVERSITY								
GRADY MEMORIAL	K. N. WALTON	21	603	8,189			9,360	
HENRIETTA EGLESTON HOSPITAL FOR CHILDREN								
VETERANS ADMIN. (DECATUR)	E. HALTIWANGER	22	350	1,365				
AUGUSTA								
MEDICAL COLLEGE OF GEORGIA HOSPITALS	J. R. RINKER				02	006		
EUGENE TALMADGE MEMORIAL	J. R. RINKER	16	467	2,334			10,000	
VETERANS ADMIN.	A. G. FRANCESCHI	18	427	1,749			8,100	
DECATUR								
VETERANS ADMIN.	SEE EMORY UNIV. AFFIL. HOSPS., ATLANTA							
SAVANNAH								
MEMORIAL MEDICAL CENTER	P. L. SCARDINO	39	1,926	1,381	01	003	8,862	
ILLINOIS								
CHICAGO								
CHICAGO MEDICAL SCHOOL AFFILIATED HOSPITALS	N. SADOUGHI				01	003	10,200	
MOUNT SINAI HOSPITAL MEDICAL CENTER OF CHICAGO	N. SADOUGHI	16	1,352	1,452				
LOUIS A. WEISS MEMORIAL	H. SGHN	20	888	185				
COOK COUNTY	I. M. BUSH	75	5,284	10,604	03	010	10,900	
MICHAEL REESE HOSPITAL AND MEDICAL CENTER	D. PRESMAN	32	851	1,961	02	006	11,100	
MERCY HOSPITAL AND MEDICAL CENTER	E. T. WILSON	26	699	600			10,200	
NORTHWESTERN UNIVERSITY–MC GAW MEDICAL CENTER	J. T. GRAYHACK				03	012	11,750	
CHICAGO WESLEY MEMORIAL	V. J. O' CONOR, JR.	35	591	1,666				
CHILDREN'S MEMORIAL	L. R. KING	11	778	2,400				
PASSAVANT MEMORIAL	J. T. GRAYHACK	16	599	1,666				
VETERANS ADMIN. RESEARCH	J. T. GRAYHACK	28	616	3,549				
EVANSTON (EVANSTON)	J. B. GRAHAM	11	430	311				
PRESBYTERIAN-ST. LUKE'S	C. A. MC KIEL	28	1,195	1,411	01	003	9,946	
UNIVERSITY OF CHICAGO HOSPITALS AND CLINICS	C. W. VERMEULEN	12	419	3,929	01	003	11,500	
UNIVERSITY OF ILLINOIS AFFILIATED HOSPITALS	S. S. CLARK				02	006	11,220	
UNIVERSITY OF ILLINOIS		13	407	3,621				
VETERANS ADMIN. (WEST SIDE)		40	1,000	4,760				
EVANSTON								
EVANSTON	SEE NORTHWESTERN UNIVERSITY MEDICAL CENTER, CHICAGO							
HINES								
VETERANS ADMIN.	F. A. LLOYD	52	1,075	4,785	03	009	10,700	225785
INDIANA								
INDIANAPOLIS								
INDIANA UNIVERSITY MEDICAL CENTER	J. P. DONOHUE				03	009		
INDIANA UNIVERSITY HOSPITALS	J. P. DONOHUE	18	627	1,636			10,000	
MARION COUNTY GENERAL	R. A. GARRETT	9	411	4,246			10,000	
VETERANS ADMIN.	J. P. DONOHUE	16	433	1,748			10,750	
METHODIST HOSPITAL OF INDIANA	D. NEWMAN	70	3,830	878	02	008	10,605	
IOWA								
DES MOINES								
VETERANS ADMIN.	SEE UNIVERSITY OF IOWA AFFILIATED HOSPITALS, IOWA CITY							
IOWA CITY								
UNIVERSITY OF IOWA AFFILIATED HOSPITALS	R. H. FLOCKS				04	020		
UNIVERSITY OF IOWA HOSPITALS	R. H. FLOCKS	82	2,511	18,231			9,500	
VETERANS ADMIN. (DES MOINES)	K. H. MOON	26	614	3,178			11,457	
KANSAS								
KANSAS CITY								
UNIVERSITY OF KANSAS MEDICAL CENTER	W. L. VALK	22	920	4,148	03	008	9,500	
VETERANS ADMIN. (KANSAS CITY, MO.)	W. K. MEBUST	31	948	1,414			9,500	
KENTUCKY								
LEXINGTON								
UNIVERSITY OF KENTUCKY MEDICAL CENTER	A. A. HELLEBUSCH				02	002		
ST. JOSEPH		17	852					
UNIVERSITY		13	383	1,440				
VETERANS ADMIN.		14	428	1,253			8,300	
LOUISVILLE								
UNIVERSITY OF LOUISVILLE AFFILIATED HOSPITALS	M. AMIN				02	006		
CHILDREN'S	L. W. HOWERTON, JR.	5	342	463			8,600	
LOUISVILLE GENERAL	M. AMIN	9	254	5,115			8,600	
VETERANS ADMIN.	R. LICH, JR.	12	322	2,481			8,370	
LOUISIANA								
BATON ROUGE								
EARL K. LONG MEMORIAL	SEE LOUISIANA STATE UNIV. AFFIL. HOSPS., NEW ORLEANS							

33. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
LOUISIANA - CONTINUED								
MONROE								
E. A. CONWAY MEMORIAL HOSPITAL	SEE OCHSNER FOUNDATION HOSP., NEW ORLEANS							
NEW ORLEANS								
LOUISIANA STATE UNIVERSITY								
AFFIL. HOSPITALS								
CHARITY HOSPITAL OF LOUISIANA								
EARL K. LONG MEMORIAL (BATON ROUGE)								
OCHSNER FOUNDATION	W. BRANNAN	17	836	14,346	02	006	9,000	196685
E. A. CONWAY MEMORIAL (MONROE)	W. E. KITTREDGE	4	247	2,098				
MOBILE GENERAL (MOBILE, ALA.)	J. HYMAN, W. E. KITTREDGE	6	278	1,212			11,640	
TULANE UNIVERSITY AFFILIATED								
HOSPITALS	J. U. SCHLEGEL				04	020		
CHARITY HOSPITAL OF LOUISIANA	J. U. SCHLEGEL	33	677	11,735			7,800	
TOURO INFIRMARY	J. L. FISCHMAN	28	1,013	1,651			9,000	
U. S. PUBLIC HEALTH SERVICE	H. P. GUTIERREZ	12	371	2,544				
VETERANS ADMIN.	J. U. SCHLEGEL	15	354	4,479			10,037	
SHREVEPORT								
L.S.U. (SHREVEPORT) AFFILIATED								
HOSPITALS	B. E. TRICHEL				02	008		
CONFEDERATE MEMORIAL MEDICAL CENTER		24	1,113	4,824			7,800	
VETERANS ADMIN.		19	314	1,124			9,876	
MARYLAND								
BALTIMORE								
JOHNS HOPKINS	W. W. SCOTT	35	1,288	10,706	04	013	10,500	
SINAI HOSPITAL OF BALTIMORE	M. A. ROBBINS	27	846	1,201	01	003	12,000	
UNIVERSITY OF MARYLAND								
AFFILIATED HOSPITALS	J. D. YOUNG				03	009		
UNIVERSITY OF MARYLAND	J. D. YOUNG	24	644	4,928	03	009	10,700	
VETERANS ADMIN.								
MASSACHUSETTS								
BOSTON								
BOSTON UNIVERSITY AFFILIATED								
HOSPITALS	G. AUSTEN, JR.				03	009		
BOSTON CITY	G. AUSTEN, JR.	19	600	7,903			11,100	
UNIVERSITY	C. A. OLSSON	8	413	511			10,100	
LAHEY CLINIC	L. ZINMAN	46	7,997	7,997	02	006	10,700	
NEW ENGLAND DEACONESS	L. M. WOODRUFF	43	756				10,200	
LAWRENCE F. QUIGLEY MEMORIAL (CHELSEA)	L. M. WOODRUFF	9	208	1,311			10,200	
MASSACHUSETTS GENERAL	G. R. PROUT, JR.	54	2,317	8,034	03	007	10,200	
NEW ENGLAND MEDICAL CENTER								
HOSPITALS	S. A. MAHONEY	16	663	1,750	01	003	10,165	
PETER BENT BRIGHAM	J. H. HARRISON	18	626	1,526	02	006	10,700	
VETERANS ADMIN.	C. A. OLSSON	28	803	1,644	01	003	10,690	
CARDINAL CUSHING GENERAL (BROCKTON)								
NAVAL (CHELSEA)	T. A. LOVE	12	380	4,800				
BROCKTON								
CARDINAL CUSHING GENERAL	SEE VETERANS ADMIN., BOSTON							
CHELSEA								
LAWRENCE F. QUIGLEY MEMORIAL	SEE LAHEY CLINIC, BOSTON							
MICHIGAN								
ALLEN PARK								
VETERANS ADMIN.	SEE WAYNE STATE UNIV. AFFIL. HSPS., DETROIT							
ANN ARBOR								
UNIVERSITY OF MICHIGAN								
AFFILIATED HOSPITALS	J. LAPIDES				04	012		
UNIVERSITY	J. LAPIDES	32	1,207	6,295			10,000	
ST. JOSEPH MERCY	S. L. FELLMAN	26	1,696	5,203			11,800	
VETERANS ADMIN.	J. LAPIDES, J. W. KONNAK	26	602	1,483			10,500	
WAYNE COUNTY GENERAL (ELOISE)	J. LAPIDES	15	447	2,055			11,483	
DETROIT								
HARPER	E. J. SHUMAKER	36	1,194	790	01	003	11,100	
HENRY FORD	J. C. CERNY	13	97	13,406	03	009	10,300	
SINAI HOSPITAL OF DETROIT	W. H. RATTNER	24	966	580	01	003	10,650	
WAYNE STATE UNIVERSITY								
AFFILIATED HOSPITALS	J. M. PIERCE, JR.				02	006		
CHILDREN'S HOSPITAL OF MICHIGAN	A. D. PERLMUTTER	6	284	455				
DETROIT GENERAL	J. M. PIERCE, JR.	35	479	4,551			11,160	
VETERANS ADMIN. (ALLEN PARK)	J. M. PIERCE, JR.	22	44	2,405			11,280	
ELOISE								
WAYNE COUNTY GENERAL	SEE UNIVERSITY OF MICHIGAN AFFILIATED HOSPITALS, ANN ARBOR							
GRAND RAPIDS								
BUTTERWORTH	J. L. IRWIN	20	825	337	01	003	9,816	
ROYAL OAK								
WILLIAM BEAUMONT	H. E. LICHTWARDT	35	2,019	602	02	006	11,500	
MINNESOTA								
MINNEAPOLIS								
UNIVERSITY OF MINNESOTA								
AFFILIATED HOSPITALS	E. E. FRALEY				04	014		
UNIVERSITY OF MINNESOTA HOSPITALS	E. E. FRALEY	30	600	1,500			8,000	
HENNEPIN COUNTY GENERAL	A. C. MARKLAND						9,250	
VETERANS ADMIN.	C. BLACKARD	46	727	5,825				
ROCHESTER								
MAYO GRADUATE SCHOOL OF MEDICINE	D. C. UTZ			39,452	05	020	10,500	
ROCHESTER METHODIST		41	1,514					
ST. MARY'S		39	982					
ST. PAUL								
ST. PAUL-RAMSEY	A. CASS	15	661	2,664	01	004	8,750	133585

33. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
MISSISSIPPI								
JACKSON								
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER	W. L. WEEMS				02	006		195785
UNIVERSITY	W. L. WEEMS	18	608	2,950			9,500	
VETERANS ADMIN. CENTER	L. E. DEDDENS	25	455	3,070			9,413	
MISSOURI								
COLUMBIA								
UNIVERSITY OF MISSOURI MEDICAL CENTER	I. M. THOMPSON	19	781	4,212	02	008	10,000	
KANSAS CITY								
KANSAS CITY GENERAL HOSPITAL AND MEDICAL CENTER	H. N. HABIB	9	292	3,359	04	010	9,285	
VETERANS ADMIN.	SEE UNIVERSITY OF KANSAS MEDICAL CENTER, KANSAS CITY, KANSAS							
ST.LOUIS								
HOMER G. PHILLIPS	M. ABRAMS	18	362	2,424	01	003	10,037	
ST. LOUIS CITY	D. J. MEHAN	11	338	2,653	02	006	10,037	
ST. LOUIS UNIVERSITY GROUP OF HOSPITALS	H. SCHOENBERG				02	006		
CARDINAL GLENNON MEMORIAL HOSPITAL FOR CHILDREN	H. SCHOENBERG							
FIRMIN DESLOGE GENERAL ST. MARY'S	H. SCHOENBERG, W. MELICK	20	782	15			9,600	
WASHINGTON UNIVERSITY AFFILIATED HOSPITALS	S. BOYARSKY				03	009		
BARNES HOSPITAL GROUP		35	1,392	2,140			10,000	
VETERANS ADMIN.		23	498	2,060				
NEBRASKA								
OMAHA								
CREIGHTON UNIVERSITY AFFILIATED HOSPITALS	M. P. WALZAK				01	003		
CREIGHTON MEMORIAL ST. JOSEPH'S								
DOUGLAS COUNTY								
VETERANS ADMIN.								
UNIVERSITY OF NEBRASKA AFFILIATED HOSPITALS	F. F. BARTONE				01	004		
UNIVERSITY OF NEBRASKA	F. F. BARTONE	6	200	1,129			9,600	
BISHOP CLARKSON MEMORIAL								
DOUGLAS COUNTY	F. F. BARTONE							
NEBRASKA METHODIST	H. KAMMANDEL	21	1,091					
VETERANS ADMIN.	F. F. BARTONE	17	480	865			10,344	
NEW HAMPSHIRE								
HANOVER								
DARTMOUTH MEDICAL SCHOOL AFFILIATED HOSPITALS	L. J. MORIN				01	003	9,700	
MARY HITCHCOCK MEMORIAL		16	782	2,104				
VETERANS ADMIN. CENTER (WHITE RIVER JUNCTION, VT.)		8	333	1,012				
NEW JERSEY								
CAMDEN								
COOPER	SEE THOMAS JEFFERSON UNIV. AFFILIATED HOSPITALS, PHILA.							
EAST ORANGE								
VETERANS ADMINISTRATION	SEE CMDNJ-NEW JERSEY MED. SCHOOL AFFIL. HOSPS., NEWARK							
JERSEY CITY								
JERSEY CITY MEDICAL CENTER	SEE CMDNJ-NEW JERSEY MED. SCHOOL AFFIL. HOSPS., NEWARK							
NEWARK								
CMDNJ-NEW JERSEY MEDICAL SCHOOL AFFILIATED HOSPITALS	J. J. SEEBODE				04	012	11,800	
MARTLAND	J. J. SEEBODE	18	426	2,227			11,800	
VETERANS ADMIN. (EAST ORANGE)	M. MALAMENT	35	621	1,450			11,300	
JERSEY CITY MEDICAL CENTER (JERSEY CITY)								
NEW MEXICO								
ALBUQUERQUE								
UNIVERSITY OF NEW MEXICO AFFILIATED HOSPITALS	L. H. W. BANOWSKY				02	004		
BERNALILLO COUNTY MEDICAL CENTER		8	302	2,041			6,000	
VETERANS ADMIN.		18	669	1,825			8,900	
NEW YORK								
ALBANY								
ALBANY MEDICAL CENTER AFFILIATED HOSPITALS	M. W. WOODRUFF				02	006		
ALBANY MEDICAL CENTER		23	1,888	819	02	006	10,600	
VETERANS ADMIN.		16	598	1,305			12,300	
BUFFALO								
MILLARD FILLMORE	P. A. GRECO	35	1,212	5,135	01	003	10,500	
ROSWELL PARK MEMORIAL INSTITUTE-SISTERS OF CHARITY	G. J. HARDNER				01	003		
ROSWELL PARK MEMORIAL INSTITUTE	D. J. ALBERT	29	3,000	4,200			8,330	
SISTERS OF CHARITY	G. J. HARDNER	16	620	2,172			9,910	
S.U.N.Y. AT BUFFALO AFFILIATED HOSPITALS	W. J. STAUBITZ				03	012		
BUFFALO GENERAL	W. J. STAUBITZ	71	846	892			10,500	
CHILDREN'S HOSPITAL OF BUFFALO	W. J. STAUBITZ						10,500	
DEACONESS HOSPITAL OF BUFFALO	T. F. KAISER	30	1,030	936			10,500	
EDWARD J. MEYER MEMORIAL	W. J. STAUBITZ	25	377	2,273				
VETERANS ADMIN.	M. J. GONDER	34	429	1,480			10,000	
EAST MEADOW								
NASSAU COUNTY MEDICAL CENTER-MEADOWBROOK DIV.	M. GOLDFARB	15	544	2,506	01	003	10,112	
MINEOLA								
NASSAU	M. SPATZ	18	847	69	01	003	12,660	

33. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
NEW YORK - CONTINUED								
NEW HYDE PARK								
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER PROGRAM	S. H. ROTHFELD				02	006	13,300	
LONG ISLAND JEWISH-HILLSIDE MEDICAL CENTER		16	661	417				
QUEENS HOSPITAL CENTER (NEW YORK CITY)		30	443	3,444				
NEW YORK CITY								
ALBERT EINSTEIN COLLEGE OF MEDICINE AFFILIATED HOSPITALS	H. R. NEWMAN				04	011	14,000	
BRONX MUNICIPAL HOSPITAL CENTER		33	746	4,142				
HOSPITAL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE		23	493	1,411				
LINCOLN								
BETH ISRAEL MEDICAL CENTER	L. ORKIN	54	1,525	2,718	02	008	13,300	
FRANCIS DELAFIELD	R. J. VEENEMA	30	305	1,562	02	006	13,300	
FRENCH AND POLYCLINIC MEDICAL SCHOOL AND HEALTH CENTER	R. D. AMELAR	43	1,381	922	01	004	14,450	147585
JEWISH HOSPITAL AND MEDICAL CENTER OF BROOKLYN	S. R. WEINBERG	35	1,008	1,850	01	003	13,300	
LENOX HILL	J. H. MC GOVERN	17	625	1,329	01	003	14,000	
LONG ISLAND COLLEGE	J. J. IPPOLITO	28	841	1,570	01	003	12,300	
METHODIST HOSPITAL OF BROOKLYN	J. J. IPPOLITO	18	420	800			13,600	
MAIMONIDES MEDICAL CENTER TRAINING PROGRAM	G. WISE				02	006	14,000	
MAIMONIDES MEDICAL CENTER		47	1,300	1,500				
CONEY ISLAND		21	398	3,238				
MISERICORDIA - FORDHAM TRAINING PROGRAM	R. L. GENTILE				01	003	13,300	
MISERICORDIA		15	381	561				
FORDHAM		25	373	2,009				
MONTEFIORE HOSPITAL TRAINING PROGRAM	S. FREED				03	009	14,000	
MONTEFIORE HOSPITAL AND MEDICAL CENTER		37	881	2,148				
MORRISANIA CITY		10	211	2,095				
MOUNT SINAI HOSPITAL TRAINING PROGRAM	H. BRENDLER				04	012		
MOUNT SINAI	H. BRENDLER	31	370	3,275			14,000	
CITY HOSPITAL CENTER AT ELMHURST	M. PINCUS	18	352	3,326			13,300	
VETERANS ADMINISTRATION (BRONX)	H. BRENDLER	31	733	3,235			13,878	
NEW YORK	V. F. MARSHALL	68	2,171	7,177	02	006	13,300	
NEW YORK MEDICAL COLLEGE-METROPOLITAN HOSPITAL CENTER	G. R. NAGAMATSU				03	009	13,300	
UNIT 1 - FLOWER AND FIFTH AVENUE HOSPITALS		17	529	303				
UNIT 2 - METROPOLITAN HOSPITAL CENTER		37	303	3,181				
UNIT 3 - BIRD S. COLER MEMORIAL HOSPITAL AND HOME		62	56					
NEW YORK UNIVERSITY MEDICAL CENTER	P. A. MORALES				04	016		
UNIVERSITY	P. A. MORALES	31	1,319					
VETERANS ADMIN. (MANHATTAN)	P. A. MORALES	48	818				13,878	
BELLEVUE HOSPITAL CENTER	S. AL-ASKARI	30	345	4,215				
PRESBYTERIAN	J. K. LATTIMER	77	2,597	11,200	05	014	13,700	
QUEENS HOSPITAL CENTER	SEE L. I. JEWISH-HILLSIDE MED. CTR. PROG., NEW HYDE PARK							
ROOSEVELT	P. B. SNYDER	24	848	2,874	03	003	11,800	149685
ST. LUKE'S HOSPITAL CENTER	R. W. LAVENGOOD, JR.	32	767	4,768	01	004	13,500	
STATE UNIVERSITY - KINGS COUNTY HOSPITAL CENTER	K. WATERHOUSE				04	013		
BROOKLYN-CUMBERLAND MEDICAL CENTER	P. FINKELSTEIN	23	1,286	2,247			14,000	
KINGS COUNTY HOSPITAL CENTER	K. WATERHOUSE	33	876	5,464			14,700	
STATE UNIVERSITY	K. WATERHOUSE	15	578	4,293			13,200	
VETERANS ADMIN. (BROOKLYN)	H. GRUBER	36	971	2,270			13,878	
ROCHESTER								
STRONG MEMORIAL HOSPITAL OF THE UNIVERSITY OF ROCHESTER	A. T. K. COCKETT	18	1,070	1,387	02	008	10,000	
SYRACUSE								
S. U. N. Y. UPSTATE MEDICAL CENTER	O. M. LILIEN				02	006	10,400	
CROUSE IRVING-MEMORIAL	I. GOLDMAN	10	448					
STATE UNIVERSITY	O. M. LILIEN	16	634	1,123				
VETERANS ADMIN.	O. M. LILIEN	15	354	1,435				
NORTH CAROLINA								
CHAPEL HILL								
NORTH CAROLINA MEMORIAL	F. A. FRIED	9	361	3,563	02	006	10,500	
CHARLOTTE								
CHARLOTTE MEMORIAL	C. J. HAWES	56	2,547	1,429	01	004	9,300	
DURHAM								
DUKE UNIVERSITY AFFILIATED HOSPITALS	J. F. GLENN				04	012		
DUKE UNIVERSITY MEDICAL CENTER	J. F. GLENN	8	1,303	12,015			9,250	
VETERANS ADMIN.	J. E. DEES	19	669	2,267			9,250	
VETERANS ADMIN. (OTEEN)	S. V. KISHEV	26	459	1,125			11,940	
OTEEN								
VETERANS ADMINISTRATION	SEE DUKE UNIVERSITY AFFILIATED HOSPITALS, DURHAM							
WINSTON-SALEM								
BOWMAN GRAY SCHOOL OF MEDICINE AFFILIATED HOSPITALS								
NORTH CAROLINA BAPTIST	W. H. BOYCE	32	1,293	2,372	02	006	9,000	
OHIO								
AKRON								
AKRON CITY	W. A. KEITZER	42	1,885	468	01	004	9,600	
AKRON GENERAL	R. C. ACKLES	28	1,047	1,036	01	003	10,300	

33. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
OHIO – CONTINUED								
CINCINNATI								
GOOD SAMARITAN	H. W. RATLEDGE				01	003		
UNIVERSITY OF CINCINNATI HOSPITAL GROUP	A. T. EVANS				04	012		
CINCINNATI GENERAL		24	1,223	4,708			10,200	
CHILDREN'S		6	474	302				
CHRIST		50	2,651	176			10,815	
VETERANS ADMIN.		29	445	1,550			10,590	
CLEVELAND								
CASE WESTERN RESERVE UNIVERSITY AFFILIATED HOSPITALS	L. PERSKY				02	006		
UNIVERSITY HOSPITALS OF CLEVELAND		32	1,704	2,697			11,000	
CLEVELAND METROPOLITAN GENERAL		13	592	2,902			11,000	
VETERANS ADMIN.		30	665	2,040			11,350	
CLEVELAND CLINIC	R. A. STRAFFON	63	4,829	9,670	03	009	10,500	
ST. VINCENT CHARITY	J. A. KMIECK	16	332	965				
HURON ROAD	P. F. BOYD	24	753	494	01	003	11,460	
COLUMBUS								
OHIO STATE UNIVERSITY AFFILIATED HOSPITALS	C. C. WINTER				02	007	7,300	
OHIO STATE UNIVERSITY HOSPITALS		25	867	4,767				
CHILDREN'S		10	504	633				
DAYTON								
VETERANS ADMIN. CENTER	B. PILLOFF	24	375	1,998	01	003	11,752	
TOLEDO								
MEDICAL COLLEGE OF OHIO AT TOLEDO AFFILIATED HOSPITALS	K. KROPP				02	006	10,200	157985
HOSPITAL OF THE MEDICAL COLLEGE OF OHIO	K. KROPP	16	189	559			10,200	
ST. VINCENT HOSPITAL AND MEDICAL CENTER	J. B. WESTHOVEN	29	3,925	308			10,800	
OKLAHOMA								
OKLAHOMA CITY								
UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER	W. L. PARRY				03	009	9,500	
UNIVERSITY OF OKLAHOMA HOSPITALS		16	784	2,806			9,500	
VETERANS ADMIN.		23	680	3,300				
OREGON								
PORTLAND								
UNIVERSITY OF OREGON AFFILIATED HOSPITALS	C. V. HODGES				03	012		
UNIVERSITY OF OREGON MEDICAL SCHOOL HOSPITALS AND CLINICS		21	803	3,366			8,600	
VETERANS ADMIN.		18	510	693			9,371	
PENNSYLVANIA								
ABINGTON								
ABINGTON MEMORIAL	SEE HAHNEMANN MEDICAL COLL. AFFILI. HOSPITALS, PHILADELPHIA							
CHESTER								
CROZER-CHESTER MEDICAL CENTER	SEE HAHNEMANN MEDICAL COLL. AFFILI. HOSPITALS, PHILADELPHIA							
DANVILLE								
GEISINGER MEDICAL CENTER	H. E. BROWN	23	1,071	12,523	01	003	10,000	160885
ERIE								
HAMOT	J. H. PETRE	33	1,492	5,307	01	003		
ST. VINCENT	R. B. ROTH	45	1,998	11,418	02	006	8,800	
HARRISBURG								
HARRISBURG	SEE M. S. HERSHEY MED. CTR.-THE PENN. STATE UNIV., HERSHEY							
HERSHEY								
MILTON S. HERSHEY MEDICAL CENTER OF THE PENNSYLVANIA STATE UNIVERSITY	T. J. ROHNER, JR.	4	167	1,061	01	003	10,224	
HARRISBURG (HARRISBURG)	L. V. KOST, JR.	35	1,036	367			10,800	
PHILADELPHIA								
ALBERT EINSTEIN MEDICAL CENTER	W. WOLGIN		1,255	1,051	01	004	10,700	
EPISCOPAL	M. BOGASH	15	456	1,350	01	003	10,400	
GRADUATE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	H. M. BURROS	10	259	1,017	01	003	11,180	
HAHNEMANN MEDICAL COLLEGE AFFILIATED HOSPITALS	P. GONICK				02	006		
HAHNEMANN MEDICAL COLLEGE AND HOSPITAL	P. GONICK	12	395	2,172			10,200	
ABINGTON MEMORIAL (ABINGTON)	G. J. GISLASON	18	799	215			9,800	
CROZER-CHESTER MEDICAL CENTER (CHESTER)	L. IOZZI	27	1,023	472				
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA	J. J. MURPHY	27	1,118	2,322	02	006	10,969	
VETERANS ADMIN.	J. J. MURPHY	29	459	2,600			11,125	
PENNSYLVANIA	T. R. MALLOY	17	596	1,540	01	002	11,100	
PHILADELPHIA GENERAL	P. LEBERMAN	21	207	3,911	02	006	10,550	
TEMPLE UNIVERSITY AFFILIATED HOSPITALS	K. B. CONGER				02	006		
TEMPLE UNIVERSITY	K. B. CONGER	21	536	1,950			10,700	
HOSPITAL OF THE MEDICAL COLLEGE OF PENNSYLVANIA	L. KARAFIN							
ST. CHRISTOPHER'S HOSPITAL FOR CHILDREN	K. B. CONGER	4	215	525			11,000	
THOMAS JEFFERSON UNIVERSITY AFFILIATED HOSPITALS	P. D. ZIMSKIND				01	007		
THOMAS JEFFERSON UNIVERSITY		38	1,130	2,823			10,900	
VETERANS ADMIN. (WILMINGTON, DEL.)		32	606	1,024				
COOPER (CAMDEN, N.J.)								

33. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
PENNSYLVANIA - CONTINUED								
PITTSBURGH								
HOSPITALS OF THE UNIVERSITY HEALTH CENTER OF PITTSBURGH	F. N. SCHWENTKER				02	006		
PRESBYTERIAN-UNIVERSITY		24	717	1,169				
CHILDREN'S HOSPITAL OF PITTSBURGH		7	523	580				
VETERANS ADMIN.		22	178	1,795				
MERCY	C. C. ALTMAN	24	859	775	01	003	11,400	
WESTERN PENNSYLVANIA	S. M. JOHNSON, JR.	31	1,098	602	01	003	11,200	165985
PUERTO RICO								
SAN JUAN								
UNIVERSITY OF PUERTO RICO AFFILIATED HOSPITALS	B. GONZALEZ-FLORES				05	015		
I. GONZALEZ MARTINEZ	B. GONZALEZ FLORES	9	108	929			9,075	
MUNICIPAL HOSPITAL DR. RAFAEL LOPEZ NUSSA	R. FORTUNO	18	569	6,103			7,872	
UNIVERSITY DISTRICT	B. GONZALEZ-FLORES	12	390	8,731			9,075	
VETERANS ADMIN. CENTER	B. GONZALEZ-FLORES	35	708	6,192			9,447	
RHODE ISLAND								
PROVIDENCE								
RHODE ISLAND	E. K. LANDSTEINER	24	951	1,622	01	004	10,100	
SOUTH CAROLINA								
CHARLESTON								
MEDICAL UNIVERSITY OF SOUTH CAROLINA TEACHING HOSPITALS	K. M. LYNCH, JR.				02	006		
MEDICAL UNIVERSITY OF SOUTH CAROLINA	K. M. LYNCH, JR.	32	1,200	1,900			8,400	
CHARLESTON COUNTY	K. M. LYNCH, JR.	4	162	960,459				
VETERANS ADMIN.	W. R. TURNER	10	361	1,203			8,777	
TENNESSEE								
MEMPHIS								
UNIVERSITY OF TENNESSEE AFFILIATED HOSPITALS	A. W. BIGGS				04	012		
CITY OF MEMPHIS HOSPITALS	A. W. BIGGS	21	719	6,482			8,232	
VETERANS ADMIN.	W. P. JORDAN, JR.	24	691	2,795			8,120	
NASHVILLE								
GEORGE W. HUBBARD HOSPITAL OF THE MEHARRY MEDICAL COLLEGE	D. V. BRADLEY	7	193	733	01	003	8,760	
VANDERBILT UNIVERSITY AFFILIATED HOSPITALS	R. K. RHAMY				02	008		
BAPTIST		62	3,028					
NASHVILLE METROPOLITAN GENERAL	J. L. SAWYERS	6	238	1,437				
VANDERBILT UNIVERSITY	R. K. RHAMY	14	590	6,958			9,000	
VETERANS ADMIN.	R. K. RHAMY	15	713	3,252			8,500	
TEXAS								
DALLAS								
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL SCHOOL AFFILIATED HOSPITALS	P. C. PETERS				03	015		
PARKLAND MEMORIAL	P. C. PETERS	16	535	3,996			7,893	
BAYLOR UNIVERSITY MEDICAL CENTER	F. FUQUA	55	2,676	415			9,180	
PRESBYTERIAN HOSPITAL OF DALLAS		17	1,131					
VETERANS ADMIN.	T. D. ALLEN	30	572	1,870			8,546	
JOHN PETER SMITH (FORT WORTH)	G. F. BEGLEY	6	215	1,802			10,320	
EL PASO								
R. E. THOMASON GENERAL	WM. BEAUMONT GEN., EL PASO, TEXAS U. S. ARMY							
FORT WORTH								
JOHN PETER SMITH	SEE UNIV. OF TEXAS S. W. MED. SCHOOL AFFIL. HOSPS., DALLAS							
GALVESTON								
UNIVERSITY OF TEXAS MEDICAL BRANCH HOSPITALS	D. F. MC DONALD	13	491	3,458	01	004	9,600	
HOUSTON								
BAYLOR COLLEGE OF MEDICINE AFFILIATED HOSPITALS	R. SCOTT, JR.				04	016	9,600	
BEN TAUB GENERAL	R. SCOTT, JR.	18	641	9,212				
ST. LUKE'S EPISCOPAL	F. B. SCOTT	45	2,685	153				
TEXAS CHILDREN'S	R. SCOTT, JR., C. CARLTON, JR.	15	1,434	293				
VETERANS ADMIN.	P. D. BEACH	33	720	3,086				
HERMANN	C. M. CRIGLER	31	1,793	2,369	02	006	9,000	
UNIVERSITY OF TEXAS M. D. ANDERSON HOSPITAL AND TUMOR INSTITUTE	D. E. JOHNSON	15	551	5,085				
SAN ANTONIO								
UNIVERSITY OF TEXAS AT SAN ANTONIO TEACHING HOSPITALS	H. M. RADWIN				02	007	9,000	
BEXAR COUNTY TEACHING	H. M. RADWIN	17	458	3,340				
SANTA ROSA MEDICAL CENTER	C. A. HULSE							
TEMPLE								
SCOTT & WHITE MEMORIAL	P. S. NUSSBAUM	32	965	10,064	01	004	9,400	172585
VETERANS ADMIN. CENTER	P. S. NUSSBAUM	15	254	1,355			10,200	
UTAH								
SALT LAKE CITY								
UNIVERSITY OF UTAH AFFILIATED HOSPITALS	R. G. MIDDLETON				02	006	9,200	
UNIVERSITY		21	398	1,721				
VETERANS ADMIN.								
VERMONT								
BURLINGTON								
MEDICAL CENTER HOSPITAL OF VERMONT	G. W. LEADBETTER, JR.	18	1,024	702	01	003	8,100	
WHITE RIVER JUNCTION								
VETERANS ADMIN. CENTER	SEE DARTMOUTH MED. SCHOOL AFFIL. HOSPITALS, HANOVER, N.H.							

33. UROLOGY—Continued

	Chief of Service or Program Director	Average Daily Census	Annual Admissions	Annual Outpatient Visits	Positions Offered 1973-1974 1st Yr.	All Yrs.	Annual Salary (Min.)	NIRMP Number
VIRGINIA								
CHARLOTTESVILLE								
UNIVERSITY OF VIRGINIA								
AFFILIATED HOSPITALS	J. Y. GILLENWATER				02	008		
UNIVERSITY OF VIRGINIA	J. Y. GILLENWATER	28		9,710				
VETERANS ADMIN. (SALEM)	F. L. BROCHU						11,680	
DANVILLE								
MEMORIAL	R. R. LANDES	46	2,313	20,000	01	003	10,000	
NORFOLK								
NORFOLK GENERAL	P. C. DEVINE	40	1,574	1,284	02	006	10,500	174185
RICHMOND								
VIRGINIA COMMONWEALTH UNIVERSITY								
M.C.V. AFFILIATED HOSPITALS	W. W. KOONTZ, JR.				03	009		
MEDICAL COLLEGE OF VIRGINIA HOSPITALS	W. W. KOONTZ, JR.	36	1,064	4,800			9,400	
RICHMOND MEMORIAL	J. E. HILL, J. F. SMITH	12	494	112			8,900	
VETERANS ADMIN.	R. C. BUNTS	35	921	2,733			9,400	
SALEM								
VETERANS ADMIN.	SEE UNIV. OF VIRGINIA AFFIL. HOSPS., CHARLOTTESVILLE							
WASHINGTON								
SEATTLE								
UNIVERSITY OF WASHINGTON								
AFFILIATED HOSPITALS	J. S. ANSELL				03	009		191885
HARBORVIEW MEDICAL CENTER	R. W. SKOGLUND, JR.		366	2,853				
UNIVERSITY	J. S. ANSELL	7	394	2,933			9,204	
U. S. PUBLIC HEALTH SERVICE	G. D. MONDA	10	525	2,603			7,700	
VETERANS ADMIN.	J. S. ANSELL		318	1,277			8,700	
VIRGINIA MASON	R. J. CORREA, JR.	12	1,141	6,074				
WEST VIRGINIA								
CHARLESTON								
CHARLESTON AREA MEDICAL CENTER	J. LANE				01	003	8,220	
MEMORIAL DIVISION		28	1,202	581				
CHARLESTON GENERAL DIVISION		10	456					
MORGANTOWN								
WEST VIRGINIA UNIVERSITY MEDICAL CENTER	D. F. MILAM	16	659	2,558	02	006	9,000	
WISCONSIN								
MADISON								
UNIVERSITY OF WISCONSIN								
AFFILIATED HOSPITALS	J. B. WEAR, JR.				03	009	9,785	
MADISON GENERAL	J. MUELLER	6	665					
ST. MARYS HOSPITAL MEDICAL CENTER	A. SONNELAND	12	539					
UNIVERSITY HOSPITALS	J. B. WEAR, JR.	17	607	3,273				
VETERANS ADMIN.	P. O. MADSEN	28	672	1,982				
MILWAUKEE								
MEDICAL COLLEGE OF WISCONSIN								
AFFILIATED HOSPITALS	N. B. HODGSON				02	010		
COLUMBIA	N. B. HODGSON	11	535					
LUTHERAN HOSPITAL OF MILWAUKEE	N. B. HODGSON	8	306	176			9,963	
MILWAUKEE CHILDREN'S	R. B. BOURNE	4	10	143			10,000	
MILWAUKEE COUNTY GENERAL	N. B. HODGSON	15	395	2,941			10,066	
VETERANS ADMIN. CENTER (WOOD)	N. B. HODGSON	23	485	7,421			10,413	

Essentials of Approved Residencies*

INTRODUCTION

Residencies in the clinical divisions of medicine, surgery, and other special fields provide advanced training in preparation for the practice of a specialty. Approval for residency training in the clinical specialties is limited to programs conducted in general or special hospitals. However, the term residency training is also applied to certain non-clinical programs in graduate medical education which may be conducted in organized medical facilities outside of a hospital.

It is desirable, for the purpose of clarification, to differentiate between two terms commonly used in referring to higher medical education. Graduate training, as used in these Essentials, refers to the various recognized plans of training which lead to qualification in a specialty. Postgraduate training in contrast, refers to formally organized shorter courses, offered by medical schools, hospitals, clinics and medical organizations which provide advanced instruction in a limited field, primarily designed for physicians in practice. Residencies in the following branches of medicine are approved by the Council.

1. Anesthesiology
2. Colon and Rectal Surgery
3. Dermatology
4. Family Practice
5. General Practice
6. General Surgery
7. Internal Medicine
8. Neurological Surgery
9. Neurology
10. Obstetrics and Gynecology
11. Ophthalmology
12. Orthopedic Surgery
13. Otolaryngology
14. Pathology
15. Pediatrics
    - Allergy[1]
    - Cardiology[1]
16. Physical Medicine and Rehabilitation
17. Plastic Surgery
18. Preventive Medicine
    - General Preventive Medicine
    - Aerospace Medicine
    - Occupational Medicine
    - Public Health
19. Psychiatry and Neurology
    - Child Psychiatry[2]
20. Radiology
    - Diagnostic Radiology
    - Therapeutic Radiology
21. Thoracic Surgery[3]
22. Urology

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 additional experience. The number of service or ward beds, rather than the total bed capacity, is of significance in this connection. In hospitals admitting principally private patients, the availability of these patients for teaching purposes is an essential consideration.

Official approval is extended to general and special hospitals offering acceptable programs in the various specialty fields. Programs conducted in hospitals associated with medical schools are ordinarily of three or more years in duration and offer special facilities for progressively graded, comprehensive training. A number of hospitals not directly affiliated with medical schools, have organized programs of graduate training which comply with all the requirements of the Essentials of Approved Residencies. Some of these hospitals, utilizing their own facilities to the fullest extent, have developed acceptable, fully approved programs. Other hospitals of this type, have supplemented their educational program through affiliation with medical and graduate schools, or with other hospitals which are able to augment the resident's training in those phases which might otherwise be considered deficient. The rotation of residents from an approved hospital to an affiliated institution which is able to provide experience lacking to the parent hospital is often desirable, when properly supervised.

Plant and Equipment.—The physical plant should be adequately constructed and planned to assure proper medical and hospital care as well as safety and comfort for the patient. Equipment, appliances, and apparatus such as are commonly employed in the practice of modern, scientific medicine, should be available. In those departments in which residencies are being offered, space and equipment should be made available for the use of the resident staff in addition to that ordinarily required by the service.

1. STAFF

The teaching staff should be composed of 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.

*Previous versions of this publication were given the caption "Approved Residencies and Fellowships." Because of the multiple meanings of Fellowship, this part of the caption has been deleted. There is no accompanying intent to change the Council's relationship to programs identified by the sponsoring institution under this term.

1. Candidates may be certified by either the American Board of Internal Medicine or by the American Board of Pediatrics: applicants must fulfill the certification requirements of the board concerned before they are eligible for examination in the subspecialty.
2. In most instances, candidates must be certified in psychiatry by the American Board of Psychiatry and Neurology before they are eligible for certification in the subspecialty.
3. Candidates must fulfill the certification requirements of the American Board of Surgery before they are eligible for examination by the Board of Thoracic Surgery.

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 recurringly evaluated. Other educational activities requiring the full support and cooperation of the staff are described under Training Program, and Applied Basic Sciences (Section 1-7, 1-9) and under Special Requirements (Section VI).

2. DEPARTMENT OF RADIOLOGY

The department of radiology should be under the direction of a qualified radiologist proficient in the various functions of his specialty. He must cooperate fully in the training of all hospital residents and supervise any direct contact which they may have with the work of the department. This supervision, if not full time, necessitates at least daily visits to the hospital during which the radiologist is expected to be available for consultation with the resident staff in addition to supervising the work of the department.

The department should contain modern roentgenographic, roentgenoscopic, and where indicated, therapeutic equipment and radium adequate for the needs of the hospital. The department should be properly organized to carry out its functions in an effective manner. It should keep adequately indexed records, including cross indices, to assure efficient operation and to facilitate investigative work. These requirements are essential in institutions offering residency programs in any field.

3. DEPARTMENT OF PATHOLOGY

The department of pathology should be under the direction of a qualified pathologist who shall be prepared to cooperate fully in the training of all hospital residents and supervise any direct contact they may have with the laboratory. There should be continuous supervision of the laboratory by the pathologist who, preferably, should have no 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. MEDICAL LIBRARY

Institutions offering approved residencies should maintain an adequate medical library containing 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.

The medical library should be in the charge of a qualified person who should act not only as custodian of its contents, but also arrange for the necessary cataloguing and indexing which will facilitate reference work by the resident and attending staff. A permanent committee of the medical staff should be responsible for the organization and development of this department.

The medical library should be readily accessible to the resident staff, located if practicable, within the main building of the hospital. Its size may depend to some extent on the availability and the use which can be made of other library facilities in nearby institutions. Every hospital conducting graduate training must have, however, a basic collection of medical texts and journals available for ready reference, whether or not accessory facilities are available.

5. MEDICAL RECORDS DEPARTMENT

The record department should be adequately supervised, preferably by a qualified medical record librarian. An efficient record system should be maintained, including alphabetical and diagnostic patient indices. Operative reports, roentgenological, and pathological records should be properly classified, permitting a ready reference. The employment of the Standard Nomenclature of Diseases and Operations is recommended for all medical records, although Current Medical Terminology may provide an additional useful tool in the management and utilization of clinical records. For coding or indexing, either the Standard Nomenclature of Diseases and Operations (SNDO) or the International Classification of Diseases, Adapted for Indexing Hospital Records by Diseases and Operations (ICDA) may be used.

Clinical records must be complete and include the patient's

chief complaint, case history, physical examination on admission, a provisional diagnosis, record of laboratory examinations, therapy employed, descriptions of operations if performed, adequate progress notes, consultation remarks, a final diagnosis, condition on discharge, necropsy observations in case of death if postmortem examination is performed, and an appropriate summary. The records should show by signatures or at least initials, the names of all physicians writing the record in whole or part, as well as the names of the staff members by whom the records are verified. Each completed record should be verified by a responsible staff member.

In a hospital assuming responsibility for graduate training, it is expected that the clinical records be sufficiently comprehensive to permit of their use for teaching purposes. While responsibility for the preparation of parts of the record, such as the admission work-up, may be delegated to the intern or resident assigned to the case, the ultimate responsibility for the completed record lies with the staff member in charge.

There should be a records committee of the staff which will meet periodically with the record librarian to review the clinical charts and report their findings. This committee may be empowered to make recommendations concerning the disciplinary measures necessary to assure the maintenance of adequate clinical records on a current basis. Satisfactory records can be maintained only through the continuous and cooperative efforts of the staff, the medical records department, and the hospital administration.

6. SELECTION OF RESIDENTS

The development of a satisfactory program requires, first of all, a careful selection of applicants for appointment to the resident staff. The hospital administration and medical staff, through appropriate review of credentials, should ascertain that the personal and medical qualifications of applicants selected for residency positions are satisfactory. There should be confidence that the residents appointed have the high standards of integrity, motivation, industry, resourcefulness, health and basic medical knowledge necessary to take full advantage of the further educational experience offered. This should include assignment of carefully graded and progressive responsibility for patient care. The qualifications of the resident staff should leave no doubt as to their competence to accept this assignment, since the primary obligation of the hosptal 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 Council for Foreign Medical Graduates, 3930 Chestnut St., Philadelphia, Pa., has been established to provide as comparable knowledge of qualifications as possible. The Council recommends that hospitals considering foreign medical school graduates for residency positions acquire reasonable assurance in regard to their medical qualifications through utilization of the program of the Educational Council.

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

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

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

Even though a foreign medical graduate may possess a full and unrestricted state license, ECFMG certification may be necessary if he expects to be licensed in another state by reciprocity or endorsement; furthermore, such certification may be necessary as a requirement for qualification for specialty certification by the majority of American specialty boards.]

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

7. TRAINING PROGRAM

Duration.—Graduate training in the various branches of medicine should be of sufficient duration and educational content to enable the resident on completion of his training, to begin the practice of his specialty in a scientific manner. With the exception of a few specialties, *e.g.*, pediatrics, a fully organized, comprehensive program should include three or more years of formal residency training. Not all hospitals, however, are able to develop programs of this type. A given approved residency may not provide complete training in a specialty field but if properly organized can make a substantial contribution to the resident's advanced training. It is desirable that hospitals, which cannot, for one reason or another, develop a fully approved program, integrate their training plan with that of other approved hospitals to assure the resident of the opportunity of completing his training, during which he is given progressively graded responsibility.

Part-Time 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 and critical analysis of pertinent medical literature is an important feature of medical training. The journal club or seminar is an excellent means of stimulating interest in scientific literature. In smaller hospitals, it may be conducted as a joint activity of several departments. Particularly in larger hospitals where the number of residents justify, separate meetings of this type for each service is considered advantageous. There are several methods of conducting a successful journal club. Each member of the resident staff can be requested to make a comprehensive review of the important articles contained in one or more current medical journals, reporting regularly at these meetings. The plan may be supplemented by assignment of a specific subject or disease entity to one or more of the participants for a complete review of the related past and current literature. Other plans for stimulating study of this nature may be arranged in conjunction with medical staff conferences, or through clinical research pertaining to problems under discussion, or in connection with patients under treatment in the hospital. A successful journal club will prove stimulating not only to the resident staff, but to the attending staff as well.

Resident Assignments. Hospital Service. — The resident staff should be assigned to a sufficient number and variety of hospital patients to assure a broad training and experience. However, hospital duties should not be so extensive as to prevent giving ample time for other important phases of the training program. The completeness of the preliminary study of all patients, necessary in arriving at a correct diagnosis, should be emphasized. The variety of the pathological conditions encountered are also of primary importance.

Outpatient Department.—The importance of the outpatient department and its role in the training of the resident staff should be emphasized. Here there is opportunity for acquiring further knowledge and experience, particularly in differential diagnosis and follow-up observation. Study of end results in patients operated upon is of primary importance. The resident staff should have a definite assignment to the scheduled clinics. They should be required either to attend all clinics of the hospital service to which they are assigned or, to devote full or part time to a series of clinics during a certain period of their training. The former plan is considered more satisfactory because it provides a longer contact with the same patients, including the periods before and after hospitalization. Other activities should not be allowed to conflict with the work of the resident staff in the outpatient department.

The major repsonsibilities 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 responsibilty for major surgical procedures. A more detailed discussion of this phase of the resident's training is found under the appropriate sections of the specialties concerned.

Teaching and Investigation.—Residents should be assigned to teaching responsibilities as their experience increases. The stimulating teacher-student relationship should be part of the resident's experience, not only as a student of the attending physician, but as a teacher of interns and nurses and, in hospitals affiliated with medical schools, of junior and senior medical students.

When the facilities of an institution permit, and when the residents are competent and interested, they should be encouraged to engage in investigative work. Such investigation may take the form of research in the hospital laboratories or wards, comprehensive summaries of medical literature, or the preparation of statistical analyses based on clinical case records. The interests of the various members of the resident staff should be carefully considered when arranging assignments to this activity, inasmuch as ability and desire to do this type of work differ widely. Intelligent direction and supervision should be provided in selecting the project to be undertaken and in its development. It is realized that only an occasional individual will make contributions or discoveries of lasting value to the medical profession. However, those who undertake and pursue a research problem receive a stimulus which can be obtained in no other way. An understanding of the methods and problems involved in research leads to a better interpretation of the great mass of current scientific literature which must be constantly reviewed by the progressive physician or surgeon.

When feasible each member of the resident staff, either individually or in collaboration with other members of the department, should be encouraged to prepare a formal paper suitable for publication.

It is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental essential requirements for an approved program and either alone or in collaboration should attain comparable results in the quality of training and amount of experience obtained.

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 followng basic sciences to his special field of medicine: anatomy, bacteriology, biochemistry, pathology, pharmacology, and physiology.

Undergraduate education in an approved medical school provides a background for an understanding of these sciences. In a graduate training program, therefore, training in basic sciences should stress reviews of their clinical application and not constitute primarily a review of undergraduate work.

Anatomy.—Anatomy at the residency level may be taught, reviewed or learned from the living body, on the operating or examining table, or from the fresh tissues in the pathological laboratory. More important in anatomical instruction of residents than an available anatomical laboratory is the attitude and enthusiasm of the hospital staff in availing themselves of opportunities to teach and learn applied gross and microscopic anatomy from clinical and pathological material. Opportunities for anatomical dissection, when available, may be utilized for supplementary training.

Bacteriology.—Hospital laboratories should have adequate facilities and personnel qualified to carry out diagnostic bacteriological studies, and those in the allied fields of parasitology, mycology, immunology, and serology. The resident staff should make use of the educational opportunity provided through the study of bacteriological material from the hospital services, correlating the laboratory study with its clinical application. Members of the resident staff who exhibit a particular interest in this field might well be assigned to the department for additional investigative work.

Biochemistry.—The hospital biochemistry laboratory should provide the resident with opportunities to broaden his knowledge of biochemistry as related to such clinical problems as he may encounter in his specialty; for example, water balance, acid-base equilibrium, glucose tolerance, and blood or urine levels of significant metabolic, nutritional, or therapeutic element. Such applied basic science work in biochemistry is far more valuable than a formal review course in the field.

Pathology.—In a well conducted department of pathology of an approved hospital there is opportunity for correlating much basic medical science material with problems of clinical medicine. Applied gross and microscopic anatomy may be effectively learned from necropsy and surgical specimens. The clinical-pathological conference should and can be one of the most effective devices for correlation of the basic sciences with clinical medicine.

Pharmacology.—Since the principles of pharmacology are involved in every therapeutic administration of chemical substances to patients, the wards of the residency hospitals provide very suitable opportunities for the resident to apply and expand the knowledge of pharmacology previously gained in medical school.

Physiology.—Historically, one of the most fruitful fields of investigation into the normal functions of the body has been the study of abnormality of function to which the resident in clinical medicine is constantly exposed. Clinical medicine affords a rich field for the study of physiology and a potent stimulus to the resident to apply the basic principles of this science. Much of the equipment and special apparatus employed in clinical studies of the patient are likewise used in physiology, so that clinical studies provide ample opportunity and stimulation for the resident to supplement his knowledge of physiology with applications of the science to clinical problems. Encouragement and opportunity for an enlarged understanding of body function in health and disease should be part of the experience of the resident in any of the specialities in the course of his clinical work.

10. HOSPITAL-RESIDENT AGREEMENT

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

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

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

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

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

A breach of the agreement by either a hospital or a resident is not condoned by the Council.

Whenever complaint of such a breach is made, it is the policy of the Council to ask each of the parties involved to submit an explanatory statement. Such statements become a part of the physician's and hospital's records, and are made available upon request to authorized agencies.

11. EMPLOYMENT RELATIONSHIPS 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 accordance with the following resolutions of the House of Delegates:

Resolved, That the Council on Medical Education and Hospitals is hereby authorized to express its approval of such special examining boards as conform to the standards of administration formulated by the Council; and be it further

Resolved, That the Board of Trustees of the American Medical Association be urged to use the machinery of the American Medical Association, including the publication of its Directory, in furthering the work of such examining boards as may be accredited by the Council. (See the Council's "Essentials for Approval of Examining Boards in Medical Specialties.")

American Board of Anesthesiology
Robert T. Patrick, M.D., Secretary-Treasurer
100 Constitution Plaza, Hartford, Conn. 06103

American Board of Colon and Rectal Surgery
Patrick H. Hanley, M.D., Secretary
1514 Jefferson Highway, New Orleans, Louisiana 70121

American Board of Dermatology
Clarence S. Livingood, M.D., Executive Secretary
Henry Ford Hospital, Detroit, Mich. 48202

American Board of Family Practice
Nicholas J. Pisacano, M.D., Secretary
University of Kentucky Medical Center
Lexington, Kentucky 40506

American Board of Internal Medicine
Palmer H. Futcher, M.D., Executive Director
3930 Chestnut St., Philadelphia, Pennsylvania 19104

American Board of Neurological Surgery
Richard L. DeSaussure, Jr., M.D., Secretary-Treasurer
20 S. Dudley Ave., Suite 101, Memphis, Tenn. 38103

American Board of Obstetrics and Gynecology
Clyde L. Randall, M.D., Secretary-Treasurer
100 Meadow Road, Buffalo, New York 14216

American Board of Ophthalmology
Francis H. Adler, M.D., Secretary-Treasurer
8870 Towanda St., Philadelphia, Pa. 19118

American Board of Orthopaedic Surgery
Wood W. Lovell, M.D., 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., Secretary-Treasurer
Office of Board, Suite 1820
610 N. Florida Ave., Tampa, Fla. 33602

American Board of Pediatrics
F. Howell Wright, M.D., Executive Secretary
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
1903 S. Broadway, Rochester, Minn. 55901

American Board of Plastic Surgery
Mar W. McGregor, M.D., Secretary-Treasurer
4647 Pershing Ave., St. Louis, Mo. 63108

American Board of Preventive Medicine
Harold V. Ellingson, M.D., Secretary-Treasurer
410 W. 10th Ave., Columbus, Ohio 43210

American Board of Psychiatry and Neurology
Lester H. Rudy, M.D., 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
Rollin A. Daniel, Jr., M.D., Secretary-Treasurer
14624 East Seven Mile Rd., Detroit, Michigan 48205

American Board of Urology
James H. McDonald, M.D., Secretary-Treasurer
Oakbrook Towers, Suite 4-G, Oakbrook, Ill. 60521

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 must first fulfill the general certification requirements of the American board concerned, including the examinations.

In addition, two conjoint Boards are now approved:

American Board of Allergy and Immunology
Frederic D. Burg, M.D., Executive Secretary
3930 Chestnut St., Philadelphia, Pa. 19104

American Board of Nuclear Medicine
Merrill I. Bender, M.D.
211 E. 43rd St., Suite 2402, New York, New York 10017

These Boards 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

Procedures for considering an institution for approval of a residency for training in a recognized specialty are as follows:

The institution should make application to the Council on Medical Education of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

The Council provides application blanks and arranges to conduct a survey of the institution to determine whether the residency fully complies with the standards set forth in these "Essentials."

For one specialty, the Council prepares a report on its survey findings and conclusions which is submitted to the specialty board concerned for its recommendations. Approval is granted by the Council when it is satisfied that the training provided is entirely satisfactory and also acceptable for the purpose of preparation for examination by a specialty board.

For all other specialties, individual Review Committees representing the Council, the specialty boards, and certain other national organizations collaborate in reviewing programs and authorizing their listing in the Directory of Approved Internships and Residencies published annually by the Council on Medical Education of the American Medical Association.

Recognition may be withdrawn whenever the training program no longer conforms to these "Essentials" or when the positions remain vacant for a period of two or more years.

VI. SPECIAL REQUIREMENTS

The following regulations pertaining to individual special-required for competence in the practice of the various specialties of medicine and for admission to the examinations of the American boards in those specialties.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

1. Special Requirements for Residency Training in Anesthesiology

Objectives.—An approved three-year training program in anesthesiology is expected to provide instruction and experience of such a nature and in such an atmosphere that the physician so engaged will be prepared and inclined to employ his knowledge and talents as a physician in the field of anesthesiology. It is essential that the physician who desires to be qualified in anesthesiology be thoroughly familiar not only with applied anatomy, physiology, pharmacology and biochemistry, but also with the patient in health and disease. Only by acquisition of such knowledge can he be expected not only to predict the influence of anesthesia and surgery upon the patient and adjust for it, but also to interpret and treat, as well, the unanticipated changes that occur. Although technical proficiency in the management of anesthesia is essential, a director of a program warranting sustained approval should strive to teach more than the development of technical skill.

It is not the intent to dictate the teaching methods employed in accomplishing the objectives outlined. It is recognized that there are many approaches to the development of a qualified anesthesiologist and these *Essentials* set forth only certain minimum standards.

General Considerations for an Approved Three-Year Program.—After July 1, 1973, the Residency Review Committee for Anesthesiology will approve only those programs adjudged to have the educational resources to provide three years of training in this specialty. Institutions presently offering two years of training and wishing to qualify for the three-year program should expand the scope of education to include a more thorough preparation in the pertinent basic sciences and related fields of general medicine which are mentioned in succeeding paragraphs than is possible in two-year programs presently being offered. Requests for three-year approval which do not conform to this purpose will not be favorably considered.

Institutions presently approved for two years which wish to qualify for three-year approval should supply a prospectus

for a three-year program with the application. The educational experience permitted by the added year need not, and perhaps should not, comprise the third chronologic year of the program. Those portions of the program designed to increase the scope of training beyond the usual clinical anesthesia experience should be described in some detail, specifying time allotment, place, names of instructors, and such other information as may be of importance in assessing the training value of the program.

Programs approved for three years of training may continue to offer the minimum two years of clinical training in accordance with the requirements set forth by the American Board of Anesthesiology. After July 1, 1969, no applications will be accepted for consideration of a new program, reactivation of a program or for reapproval of a disapproved program which cannot meet the standards to offer three years of training even though it intends to offer *only* two years of training. Applications for new programs should supply a prospectus for an added third year above the two-year minimum requirements set forth by the American Board of Anesthesiology.

The Residency Review Committee anticipates the transition from two-year approval to a three-year approval of programs to commence by 1970. Only programs approved according to this plan will be listed after July 1, 1973.

General Considerations for a Program Approved for One Year of Specialized Clinical Training.—Certain hospitals have unusual facilities and clinical material for specialized training in anesthesiology after residents have completed at least two years of approved clinical training in another program in anesthesiology: such hospitals are eligible for approval for one year of specialized clinical training. To qualify for this category of approved training, a hospital must demonstrate that it offers an educational experience which is substantially different from, and not generally available in, the first two years of clinical training. The requirements outlined under "General Considerations for an Approved Three-Year Program" apply also to programs offering one year of specialized training.

Staff.—The most important element in the staffing of a training program is the genuine interest of the staff in instruction of residents in all the aspects of the field of anesthesiology. The need and desire to teach must be the primary motive for the development of a training program. Those programs in which the evidence points toward the acquisition of residents primarily to satisfy the needs of the clinical work load will be seriously questioned as will those programs in which the number and variety of patients available to the resident are limited. The staff should be of sufficient number so that any resident may expect direct supervision at any time. The ratio of staff to residents is subject to so many variables that a fixed number cannot be assigned. Ordinarily, a program in which there is only one functioning staff person as far as the training program is concerned will not be approved.

The staff should ideally be composed of physicians with different interests and capabilities. Included should be those who are interested in and proficient in clinical management of anesthesia, the basic sciences, general medicine, and research.

The director should be capable of administering the program and given the power to do so. His position as director should be determined on the basis of his interest and facility as a teacher and not primarily upon the basis of his seniority or control of private practice.

Clinical Material.—Through the parent hospital and/or the affiliated hospital, a sufficient variety of anesthetic problems should be available to the resident to provide the basis for instruction and experience in anesthetic management of patients undergoing thoracic, pediatric, obstetrical and neurosurgical procedures, as well as in problems arising from all other types of surgical cases.

No fixed total number of anesthetics is required, nor is any fixed number required in any category. It is the responsibility of the director to adjust the instruction and experience of each resident according to his needs. Each resident should keep a record of the number and types of anesthetic procedures he has performed.

It is essential that during the period of residency training the resident be instructed and given experience in all accepted methods of anesthesia. The resident should not be exposed only to limited types of anesthetic procedures regardless of the standard practices in the community.

In addition to clinical material of a surgical nature, the program should provide instruction and experience in related fields, such as diagnostic and therapeutic nerve blocks, problems in resuscitation and airway management, problems in sedation, and in the technic of bronchoscopy. The resident should be acquainted also with basic factors associated with the use of blood and blood substitutes. It is assumed that in the development of practice as a physician in the field of anesthesia the resident will be expected to participate in the care of the patient outside of the operating room. This means that the resident will be expected to have instruction and experience in the pre-anesthetic preparation and evaluation of the patient, as well as in the postanesthetic and postoperative care of the patient. Because of the obvious value of personal identification of doctor with patient, the practices of delegating pre-anesthetic visits and pre-anesthetic medication and of visiting only those patients with complications in the postoperative period is discouraged.

The resident should participate directly in the management of anesthesia in those cases available to him for instruction and experience. Instruction and experience gained from observation only is of minimal value. Furthermore, use of a resident as an instructor for junior colleagues should not be a substitute for adequate senior staff.

Didactic Program.—The manner in which the resident is taught is the prerogative of the director and his staff. However, it is anticipated that regularly scheduled and held teaching sessions are necessary. These sessions should have well established priority to the extent that residents may be freed of clinical service responsibilities, with minimal exceptions, in order to attend.

The resident should have access to a library in which material pertinent to anesthesia is available.

The resident should be given time in which to acquire the large body of knowledge necessary to the practice of high grade anesthesia. This means that suitable balance between clinical service responsibilities and time for reading teaching sessions, and discussions with the staff must be established. The resident should be encouraged to spend an appreciable amount of time in these endeavors and also be directed in the most efficient use of this time.

Since anesthesiology is considered a field of medicine, the resident training program should provide instruction in the following general areas:

a. *The Basic Sciences (physiology, pharmacology, anatomy, biochemistry).* The instruction should not be based only on its relationship to a limited technical practice of anesthesia; instruction should be broadened to provide the opportunity for a thorough understanding of the processes of respiration, circulation, kidney function, liver function, etc. The instruction in anatomy, for example, should not be restricted to that associated with nerve block procedures. Likewise, instruction in pharmacology should not be limited to a recounting of the properties of the various drugs, but extended, for example, to include an understanding of the mechanisms by which the drugs produce their effects.

b. *General Medicine.* The instruction in this area should emphasize the importance of acquaintance with the funda-

mental aspects of various disorders of the patients. The resident should know how these disorders affect the patient and what impact therapy may have in order to adjust appropriately his management of anesthesia. He should receive instruction in the interpretation of electrocardiograms and electroencephalograms. He should become an expert consultant in the fields of respiration, drug depression, shock and pain relief.

c. *Technic.* Instruction should be provided in such areas as fire and explosion hazards, the physics and mechanics of equipment employed, and in the field of inhalation therapy.

d. In communities in which didactic programs are combined, the staff of the sponsoring hospital should actively and consistently participate in the combined didactic effort.

Research.—A program in which research is an active effort is considered to provide the sort of environment conducive to the learning process of the resident.

Records.—An adequate anesthetic record form should be kept for each patient. This record should be executed during the administration of the anesthetic, or other procedure, and thereafter should be available for future reference and study. In any circumstances in which there is participation in the care of a patient, appropriate notes should be entered in the patient's hospital record. As indicated earlier, each resident is required to keep a record of all procedures in which he has participated. The director of the program must validate this record.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

2. Special Requirements for Residency Training in Colon and Rectal Surgery

The scope of training in colon and rectal surgery should include experience with and responsibility for patients with disease and abnormalities of the anus, rectum, and colon. An adequate number and variety of patients should be available. Under ordinary circumstances, a general hospital, to support a residency, should have annual admissions to the department of colon and rectal surgery of at least 200, including a minimum of 50 patients with disease of the large bowel.

The program should be under the direction of a well-qualified colon and rectal surgeon, preferably one who is certified by the American Board of Colon and Rectal Surgery. Those members of the attending staff who assist in supervising the resident's work should have had acceptable training in the specialty, should demonstrate an interest and ability in teaching, and should enjoy high professional standing. In some hospitals, where the number of men on the staff who have had advanced training in colon and rectal surgery is limited, it may be desirable to assign responsibility for the supervision of the training program to recognized specialists on a consulting basis. In such instances, it is expected that the consultant will devote sufficient time to the residency program to assure its effectiveness. In all instances, it is imperative that the head of the department be available to assume full responsibility for supervision of the work of the department.

Through appropriate arrangements with other services, the resident should have access to the records of all cases of colon and rectal surgery in the hospital. He should be held responsible for all histories, physical examinations, ordering of laboratory and roentgen-ray studies, preoperative orders, a preoperative summary for the operative record, assisting at time of opeation, postoperative orders, dictation of operative records of operations performed by him, progress notes, and postoperative dressings and care. He should make daily rounds with the head of the department as well as his own individual rounds. He shall assist in the outpatient department. He should participate in the consultations with other departments so as to supplement the volume of work on his service. He should assist in the organized educational program such as the teaching of interns, students, and nurses. He shall prepare material for and assist at clinics and demonstrations on colon and rectal surgery.

Attendance should be required at all autopsies, clinicopathologic conferences, hospital staff meetings, departmental meetings, general surgical ward rounds, follow-up clinics, and surgical or medical clinics pertaining to colon and rectal surgery. The resident should spend sufficient time in the department of anesthesia to become familiar with anesthetic procedures such as local infiltration, sacral block, caudal block, and spinal block.

Increased responsibilities should be delegated to the resident as his ability is demonstrated and he shall be given opportunity to perform minor and major surgical procedures under supervision in order that he may develop surgical judgment and increase his surgical skill. He should keep a personal file of all cases on which he was the first assistant or the responsible surgeon.

The importance of complete studies of all patients must be emphasized. The head of the department must provide personal instruction and conduct teaching rounds, departmental conferences, and seminars.

There should be frequent informal discussions and demonstrations of technics.

Research activities in the fields of experimental medicine, experimental surgery, and the basic sciences should be encouraged.

It is recommended that comprehensive summaries of medical literature, or statistical analyses based on clinical case records, or a thesis should be prepared by a resident before he completes his service. Careful direction and supervision of this study should be provided by a member of the staff.

Radiological Training shall include the demonstration of current x-ray films for correlation with the pathological, physiological, or clinical subjects, as well as study by the resident, in conjunction with the roentgenologist, of all x-ray films on patients for which he is responsible and observation and discussion of radiologic therapy if available.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

3. Special Requirements for Residency Training in Dermatology

The practice of dermatology and syphilology is concerned largely with ambulatory patients, so that it is essential that an active outpatient service be available to furnish sufficient clinical material in the various divisions of the specialty. It is also desirable that hospital facilities be available and that residents be given an opportunity to observe the dermatologic manifestations of the acute contagious diseases. There should be a well organized course of instruction involving lecturers, seminars, clinical demonstrations and laboratory assignments, especially in histopathology, parasitology, mycology, and immunology. To facilitate clinical and laboratory teaching it is essential that the department have ready access to an adequate supply of classified anatomic and pathologic material including histologic and lantern slides for demonstrations. Projection apparatus should be available and also facilities for clinical photography.

Applied Basic Science Instruction.—The residency should

include organized study in the various applied basic sciences: as related to clinical dermatology, especially in bacteriology, immunology, mycology, parasitology, serology, biochemistry, embryology, histology, pathology, pharmacology, and physiology, as well as physics as related to therapy by physical agents. See Section 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

4. Special Requiements 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 ac-

quire skill in the provision of antepartum and postpartum care and the normal delivery process. He should also have an understanding of the complications of pregnancy and their management. He should become adept at managing the problems of medical and office gynecology. Marriage counseling and sex education are important areas of responsibility for the family physician and the training program should afford an opportunity for the development of skills in these areas.

Surgery.—The resident should acquire competence in recognizing surgical emergencies and when appropriate referring them for necessary specialized care, an ability to evaluate conditions that require elective surgical management, an understanding of the kinds of surgical treatment that might be employed and the problems that may result from surgical procedures and their management. He should have sufficient knowledge of these procedures to give proper advice, explanation, and emotional support to his patients. He should be trained in basic surgical principles by recognized surgical specialists and acquire from them the technical proficiency required to manage those limited surgical procedures a first contact (family) physician may be called upon to perform. If he expects to include major surgery as a part of his regular practice, he should obtain additional training.

Community Medicine.—Community medicine is one of the unique components of family practice. Through proper instruction, the resident should be provided with an understanding of the principles of epidemiology and environmental health, familiarity with the health resources of a community and community organization for health. He should appreciate the roles and the interrelationships of persons in the various professional and technical disciplines which provide health services.

Community medicine should provide the resident with an approach to the evaluation of the health problems and needs of a community and to the improvement of resources to meet community needs more adequately. The experience should assist the resident to understand the role of private enterprise, voluntary organizations and government in modern health care. The social and behavioral sciences should be used to provide the resident with an understanding of the research tools and methodologies which will be of use to the family physician in discharging his integrative functions.

Electives.—It is desirable that a training program in family practice provide the resident with experience in other specialties such as anesthesiology, radiology, dermatology, ENT, ophthalmology, urology, orthopedics, et cetera. This may be acquired through electives, included directly in the curriculum, or obtained through proper utilization of consultations.

Research.—The participation of the resident in an active research program should be encouraged. Generally this should be concurrent with other assignments, provided the responsibilities of the resident are adjusted during such assignments to permit reasonable time for research activity. Investigative work is permissible as an integral part of the three-year program, provided the research topic relates to problems involving the delivery of health care or is otherwise of special relevance to family practice. Assignments to other types of research activities, if they are desired by the resident, should be in addition to, rather than in lieu of, clinical instruction.

CATEGORIES OF PROGRAMS.—There is a wide variety of circumstances under which the family physician will function, both geographically and in his association with other physicians. His educational program is to be designed in conformity with the general principles set forth in the following basic program. Flexibility is necessary and the program may be adjusted according to his predicted needs and should be carried out under the guidance and control of his program director.

Though it need not be followed in a rigid or restricted manner, the suggested basic program will normally consist of two parts:

A. The resident's base of practice will be in a model family practice unit, where he will usually spend a portion of each day. Over the three-year period a major portion of his training will be devoted to this aspect of the field.
B. In addition, education and supervised training in the following disciplines should be available during the three-year period: medicine, pediatrics, surgery, obstetrics-gynecology, psychiatry, community medicine, and electives; examples of these programs might be:

PROGRAM I

Medicine	33%
Pediatrics	16%
Surgery	16%
Obstetrics-Gynecology	16%
Psychiatry	8%
Community Medicine & Electives	11%

PROGRAM II

Medicine	50%
Pediatrics	16%
Psychiatry	16%
Community Medicine & Electives	18%

PROGRAM III

Medicine	33%
Pediatrics	16%
Psychiatry	16%
Community Medicine & administrative services, including health service administration, & electives	35%

These are only examples both as to content and percentages. Many other variations are possible and will be given consideration for approval by the Residency Review Committee, provided they comply with the intent and concept of Paragraphs A and B above. It is intended that all the disciplines mentioned in Paragraph B should be covered either in the family practice model or in the various specialty departments listed in that paragraph.

Since a residency program in family practice requires cooperation and assistance from other specialty services, the program director will need to work out in advance the assignments and responsibilities of the various services.

For those residents desirous of additional skills in one or more particular fields, the hospital is encouraged to provide advanced training beyond the third year.

The provisions of the General Requirements (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 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 gyne-

cology. The surgical fields to be covered ordinarily should include general surgery, the surgery of trauma, fractures, and operative gynecology. Any service offered should be of sufficient duration to afford a significant learning experience. Short, episodic exposures are considered undesirable unless organized in close coordination with longer assignments in other disciplines.

Time devoted to general surgery and the surgical specialties should emphasize diagnosis, preoperative and postoperative care, minor surgery, and emergency care but should also offer an increasing opportunity to assist with and perform common emergency and elective operative procedures. It should be recognized that there is limited educational value in this type of residency in assisting with highly specialized surgical procedures of an advanced nature. There should be a reasonable balance between the time allocated to assignment in the operating room and other aspects of patient care.

Out-Patient Experience.—An important consideration in evaluating a residency program in general practice is the availability of adequate experience in the total care of ambulatory patients. This experience should occupy at least 25 per cent of the resident's time and should run concurrently with the inpatient services. The following statement is taken from the "Essentials of an Approved Internship," Section X, paragraph 8, "Special Requirements for Teaching with Ambulatory Patients," "Although experience with ambulatory patients is an essential part of all graduate programs, it need not be scheduled necessarily during the first year if it is provided by the hospital later as a part of a total integrated program." Thus, paragraph 8 of the above Essentials will apply in evaluating this aspect of the residency program in general practice.

General Requirements.—Hospitals requesting approval for residencies in general practice must comply with the general provisions for training described in Section 1 of these "Essentials" including the principle expressed in paragraph 2, subsection 1—Staff. General practitioners on the staff should participate in the teaching program whenever qualified.

These hospitals should have at least 2,500 annual admissions and maintain a minimum autopsy rate of 25 per cent.

For those residents desirous of developing additional skill in one or more particular fields, the hospital is encouraged to provide advanced training beyond the second year.

Regular conferences and seminars, conducted by competent teachers, and adequate laboratory facilities are absolute requisites to an adequate residency program. See Sections 1-9 of these Essentials for a discussion of applied basic medical instruction.

As stated in the general requirements, it is not essential or even desirable that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental essential requirements for an approved program, and either alone or in collaboration should attain comparable results in the quality of training and of experience obtained.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

*6. Special Requirements for Residency Training in General Surgery

*A. *Duration of Training.*—Residencies in general surgery which are designed to meet the requirements of the Council on Medical Education, the American College of Surgeons, and the American Board of Surgery, should include, after one year of internship, either three or four years of progressive residency training. A program need not necessarily be confined to a single hospital. Collaborative programs can be developed where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program.

The American Board of Surgery recognizes two methods of qualification for its examination:

*Group I. In addition to one year of internship or its equivalent, a candidate must have a minimum of four years of training in surgery in an institution or institutions acceptable to the Board. Three of these years must be spent in an approved residency. One year may be spent in a surgical specialty, or experimental surgery or research, or work of such a character that the relation of the basic sciences of anatomy, physiology, pathology, bacteriology, biophysics, and biochemistry to surgery is emphasized.

*Group II. In addition to one year of internship or its equivalent, a candidate must have three years of residency training in an institution or institutions acceptable to the Board, followed by two years of study or practice of surgery, during which time sufficient operative experience to meet the Board's requirements must be obtained. The latter two years must be taken under the supervision of a surgeon certified by or acceptable to the Board and carrying on his practice in hospitals approved as meeting the minimum hospital requirements of the American College of Surgeons.

The Board of Regents of the American College of Surgeons has taken action recommending graduate training programs of four years' duration for trainees who begin a surgical residency program July 1, 1950, and thereafter. However, until a sufficient number of four-year programs have been developed, approved three-year programs in general surgery will continue to be recognized.

Training in general surgery in recommended as a preliminary to graduate training in most special fields of surgery. For some surgical specialties, there is a definite amount of preliminary training in general surgery required. To meet such requirements, hospitals offering general surgery programs of less than three years, but of acceptable quality, may be approved and separately listed.

As stated in the general requirements, it is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental essential requirements for an approved program and either alone or in collaboration should attain comparable results in the quality of training and of experience obtained.

B. *Scope of Training.*—Residencies in general surgery should offer a broad surgical training and should preferably include some experience in closely related special fields of surgery. Large hospitals, which have narrowly departmentalized services, can usually provide this experience by agreement between the chiefs of two services to exchange residents for a definite period of time, or by planning a rotation of assignment of residents to selected surgical specialty services. Urology, gynecology, and orthopedic surgery are the specialties most commonly included. However, other surgical spe-

*A revision of these "Special Requirements" is now being prepared by the Conference Committee on Graduate Education in Surgery, to be submitted for approval to its parent bodies and to the AMA House of Delegates, to recognize the following changes, which are related to changes in the requirements of the American Board of Surgery:

As of July 1, 1971, a minimum of four years of surgical education is required following the awarding of the M.D. degree.

Group I programs may now be structured to provide "dual appointments" to candidates who will serve, during the first year of the program, in the dual capacity of a straight surgical intern and a first-year resident.

Approval of Group II programs was discontinued, as previously announced, effective June 30, 1972.

Effective June 30, 1975, the Council on Medical Education has been authorized by the AMA House of Delegates, to discontinue evaluation and listing of one- to two-year residencies in general surgery offering training in preparation for the surgical specialties.

cialties (except perhaps ophthalmology) may be considered in making the selection.

At least two years of the training program should be spent specifically in the department of general surgery. Assignments for experience in special fields of surgery must, therefore, be limited in number and the selection should be made for each hospital on the basis of including those specialty departments which can contribute most effectively to the training of the general surgeon.

C. *Application of Basic Medical Sciences in Surgical Training.*—The application of the basic medical sciences should be stressed in relation to the clinical work of the residents throughout the whole training program. Frequent departmental conferences for a detailed discussion of problem cases on the surgical service are important for this, as are also the clinicopathology conferences. The residents should study and discuss with the pathologist all tissues removed at operation, and likewise all autopsy material from patients on their respective services. It is desirable, and in most programs it is possible, to have the resident assigned for a period of services in the department of pathology.

Surgical anatomy should be stressed by the attending surgeons in discussing surgical cases with the residents, and also by the pathologist, as far as is feasible, in the performing of autopies. In addition, opportunity for the residents to work out special anatomical problems by performing regional dissections should, if possible, be provided.

Research work offers an important opportunity for stressing the application of the basic sciences in clinical problems. Reasonable facilities for research work by the residents should be provided, together with stimulating guidance and supervision.

D. *Surgical Staff.*—The surgical staff should be composed of surgeons who are highly qualified in both surgical skill and judgment. The members of the staff should have a real interest in teaching and must be willing to give the time and effort required by the educational program.

The staff must be organized, and the chief of the service must be responsible for the quality of work done in the department, and the supervision of the resident training program. Continuity of this responsibility and supervision of the residents is highly desirable. Therefore, the appointment or election of the chief of service should not be considered as honorary, and should be of such duration as to insure this continuity.

E. *Clinical Material.*—The hospital must be able to provide an adequate number and variety of surgical patients. Arbitrary figures cannot reflect these considerations accurately. Under ordinary circumstances, however, a general hospital, to support a surgical residency, should have annual admissions to the surgical division numbering approximately 300 to 500.

For a surgical residency, the hospital should be able to provide an adequate number and variety of service cases. This is essential to give the progressive operative experience necessary for the residents of the third and fourth years. The residency program should be organized so that residents will hold positions of increasing responsibility for the care and management of patients with surgical conditions and have sufficient operative experience to acquire surgical skill and judgment through the performance of surgical operations with a high degree of responsibility but under circumstances providing adequate opportunity for consultation and advice.

Valuable experience may be obtained from efficient outpatient services where they exist and by well developed follow-up services in all hospitals.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

7. Special Requirements for Residency Training in Internal Medicine

Residencies 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 resi-

dent 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.

8. Special Requirements for Residency Training in Neurological Surgery

Institutions offering residencies in neurological surgery must provide ample facilities for a well rounded training in this field. The clinical material must be sufficient to provide adequate experience to the trainee. The minimal requirement is 200 major procedures, including at least 25 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 diagnostic study, operative treatment, and postoperative care of patients. The period of training consists of four years and must be preceded by at least one year of 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.

9. Special Requirements for Residency Training in Neurology (See Psychiatry and Neurology)

10. Special Requirements for Residency Training in Obstetrics and Gynecology

Residency programs in obstetrics and gynecology are not designed primarily to provide hospital service, but should constitute an educational opportunity in the area of diseases peculiar to women. The principles enunciated under General Requirements are of utmost importance, and a thorough study of these is not only imperative for the director of the residency training, but is also urged for all who participate in resident teaching. Any additional statements made here for purposes of amplification will parallel those found in the General Requirements.

Facilities and Patient Load.—Good residency training can be given in large or in small hospitals. The size of the hospital is not the criterion as much as the quality of the care and the supervision given. Overloading a service with too many appointees is to be avoided. In general a residency training program should have approximately 300 obstetrical admittances and 100 gynecological admittances per resident per year, these cases to include only those admitted to the obstetrics-gynecology service.

It is recognized that obstetrical and gynecological units are subject to special regulations. To provide an approved program, an obstetrical and gynecological unit should meet any local requirements for licensing. Separate operating rooms are desirable but not required, an adequate access to the operating room facilities both for regularly scheduled cases and emergencies being more important. Hospitals should be cognizant of the recommendations of the American Academy of Pediatrics as to Standards and Recommendations for Hospital Care of Newborn Infants.

The question is often asked as to the exact number of major gynecologic and obstetric procedures each resident

should have performed. It must be stated that no amount of assisting is a substitute for primary surgical experience. One of the basic principles of training is that it should be progressive in the experience and the responsibility given the trainee. A full residency program in obstetrics and gynecology must give sufficient independent operating experience to make the trainee competent and safe. The variety and magnitude of operations, and the quality of the surgery are more important than the actual number.

It is equally important for each resident to have adequate training in medical gynecology and antepartum and postpartum care. An outpatient facility capable of providing such experience is an essential part of an approvable program, and must provide instruction in the management of the problems of the ambulatory gynecological and obstetrical patient.

Staff.—It is desirable that the Chief of Service of the Department be certified by the American Board of Obstetrics and Gynecology, in the interests of the proper teaching of the specialty of obstetrics and gynecology. In the absence of such certification, the Residency Review Committee may approve programs when the chief has recognized ability and high professional standing in the specialty. At least one additional senior member of the staff should be similarly qualified.

There should be definite assignments of the responsibilities for resident training, preferably by the chief of the service or his designated representative (such as a departmental program director). To assure continuity of teaching effort and departmental policy the chief of service should hold office for at least three years.

In instances where the services of obstetrics and gynecology are separate in any given hospital, the chief of such service seeking approval, and at least one of his subordinates, must be certified or otherwise qualified as outlined above. If obstetrics and gynecology are separate services, combined approval can be granted only if arrangements are made for rotation of residents between the two services with graded and progressive responsibility.

Approval cannot be granted for residency training in gynecology if the service is a subdivision or subservice of general surgery, unless the subdivision of gynecology is headed and staffed by a chief and at least one other man certified by the American Board of Obstetrics and Gynecology or otherwise qualified as specialists in this field as specified above.

Program.—All programs must strive to strike a balance between the training acquired through patient care on the one hand, and the purely educational activities of the department on the other. In addition to the meetings listed, such conferences as a Neonatal CPC to consider the perinatal mortality and a Maternal Morbidity Survey are recommended. Basic sciences training should emphasize the relation of anatomy, pathology, biochemistry, and bacteriology to the application of surgical principles which are fundamental in all branches of surgery. Particularly for this specialty there should be training in infertility, endocrinology, oncology, irradiation therapy, psychosomatic medicine, and the nonoperative methods of diagnosis and treatment. A resident must understand and be trained in the care of emergencies, shock, hemorrhage, blood replacement, electrolyte and fluid balance, protein and nitrogen balance, choice of anesthetics, chemotherapy, acidosis and alkalosis, wound healing, etc.

The Residency Review Committee for Obstetrics-Gynecology does not approve residencies of less than three years' duration. While experience in general surgery, internal medicine, and urology is desirable, such training should not be a part of the three years required clinical program in obstetrics-gynecology. A minimum of 36 months of obstetrics and gynecology is required. Likewise, formal courses in the basic sciences or periods of research activity which separate a resident from clinical responsibility should not be included in the three-year minimal clinical program.

In the rotational plan for residents who have had an internship year at a hospital with an approved obstetrics-gynecology residency, and who have spent four or more months on that service, such time will be deductible from the requirement for 36 months of clinical experience in obstetrics-gynecology, and may be spent in appropriate allied fields of medicine. Such periods are to be assigned on an elective basis by arrangement with the program director. Such time will not, however, be deductible from the total duration of the residency period.

In the final year, the resident's experience must include the responsibilities of the chief or senior resident of the program for the period of time approved by the Residency Review Committee for Obstetrics-Gynecology. Each resident is expected to keep a record of the number and types of obstetrics and gynecologic procedures performed during his entire residency, so that he would be able, if requested to do so, to demonstrate the adequacy of his operative experience as a resident.

As stated in the General Requirements, however, it is not essential that all residencies adopt exactly the same program or a rigidly uniform sequence of experience. In addition, programs may be arranged for more than three years provided the above requirement is not diluted. The additional time may be allocated, for example, to training in general surgery, urology or basic sciences and the sequence of these in the training program adjusted to the individual hospital or institution. When such programs are arranged the trainee must complete the entire residency to meet the training requirement of the Board.

The principle of the "parallel" (or "non-pyramidal") residency assignment is the policy of the Residency Review Committee for Obstetrics and Gynecology in reviewing programs for approval. However, non-parallel programs will not necessarily be disapproved on this basis alone.

Affiliation.—Exchange of residents between approved programs within the specialty is acceptable. Such exchange into other specialties cannot be permitted to subtract from the minimal required three years of clinical training.

Assignment of residents to unapproved institutions is not acceptable unless the work of such services is carefully supervied by the chief of the approved program in which the resident is enrolled. Such an arrangement should be attested in the hospital information supplied to the Committee.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

11. Special Requirements for Residency Training in Ophthalmology

Duration of Training.—Residencies in ophthalmology which are designed to meet the requirements of the Council on Medical Education, and the American Board of Ophthalmology, should include, after one year of internship, three years of progressive training in the specialty. Part of one of these years may be spent in a basic science course in ophthalmology. If this course is of less than one year's duration it should be supplemented by additional training to make up a full 12 months; that is, courses of eight or nine months' duration must be supplemented by additional clinical or other training to make up a full year.

Residencies of five years' duration, which include training in both otolaryngology and ophthalmology, may be approved provided at least 36 months' training is in ophthalmology.

A program need not necessarily be confined to a single hospital. In programs involving two or more hospitals, it is essential that the training program be organized by the parent hospital with responsibility for progressive training of the residents. Collaborative programs may be developed

where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program. For example, specialized hospitals which do not admit patients for medical and neurological diseases might well provide temporary service in a general hospital.

Scope of Training.—Residencies in ophthalmology should offer a broad training and should preferably include some experience in closely related fields of medicine and surgery. Adequate clinical and operative experience should be provided. Essential equipment for diagnosis and treatment should be available including commonly used special apparatus. Adequate library facilities should be available and residents should be urged to use the library frequently. An informal journal club is suggested as a stimulus to use of library facilities. The training should include a systematic course of instruction with 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 approved comprehensive program.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

12. Special Requirements for Residency Training in Orthopedic Surgery

Surgical and orthopedic facilities must be satisfactory and clinical material sufficient to afford residents adequate experience in the correction of congenital and acquired deformities and in the treatment of fractures and other acute and chronic disorders which interfere with the proper function of the skeletal system and its associated structures. Residents should become thoroughly familiar with all methods of diagnosis and treatment, corrective exercises, physical medicine, operative procedures and the use of orthopedic appliances. Instruction in surgical technic should be sufficient to enable residents to undertake operative work on their own responsibility, especially toward the end of the residency program. Clinical instruction should include teaching rounds and departmental conferences.

Residencies may be organized in the fields of adult orthopedics, children's orthopedics, fractures, or in combinations of these. As preliminary training the Council recommends one year of general surgery in addition to the internship.

Quantitative Requirements.—Both hospital and outpatient facilities are desirable, and institutions offering residency instruction should treat a minimum of 200 patients annually.

Applied Basic Science Instruction.—Anatomy, bacteriology, biochemistry, embryology, pathology, and physiology are especially desirable and should be closely correlated with clinical experience. See Section 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.

13. Special Requirements for Residency Training in Otolaryngology

Duration of Training.—Prior to July 1, 1960, residencies in otolaryngology, which are designed to meet the requirements of the Council on Medical Education of the American Medical Association, the American College of Surgeons, and the American Board of Otolaryngology, should include, after one year of internship, three years of progressive training in the specialty. One of these years may be spent in an approved residency in general surgery or medicine, or an additional year of rotating internship.

After July 1, 1960, residencies will be of four years' duration, of which three must be progressive training in the specialty. The four years must include one year in an approved residency in general surgery, preferably before the special training. It is emphasized that the above are minimal

requirements for certification and as a foundation for further development in the broad field of otolaryngology.

Scope of Training.—Residencies in otolaryngology should offer a broad training and should preferably include some experience in closely related fields of surgery. Adequate clinical and operative experience should be provided. Essential equipment for diagnosis and treatment should be available, including all special apparatus. The clinical material should be sufficient in variety and amount to provide adequate training in the various divisions of the specialty.

Adequate experience in bronchoesophagology, allergy, anesthesiology, maxillofacial surgery, and surgery of the neck, as they relate to otolaryngology, must be provided. The training shall include a systematic course of instruction with demonstrations on clinical and technical subjects pertinent to the various phases of otolaryngology.

As stated in the general requirements (Section 7, Part 1), it is not essential, or even desirable, that all hospital residencies should adopt exactly the same program, or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals participating in graduate training should be able to meet the fundamental requirements for an approved program and, either alone or in collaboration, should attain comparable results in the quality of training and in the experience obtained.

A program need not necessarily be confined to a single hospital. In programs involving two or more hospitals, it is essential that the training programs be organized by the parent hospital, with progressive responsibility for the residents. Collaborative programs can be developed where two hospitals of graduate training caliber have complementary clinical resources which can be combined to advantage in developing an acceptable program.

Application of Basic Medical Sciences.—There should be training in the applied anatomy of the ear, nose, throat, neck, chest, and esophagus, including the related nervous system. Applied microbiology, biochemistry, embryology, pathology, pharmacology and physiology should be included and should be closely correlated with the clinical experience. Frequent departmental conferences for a detailed discussion of problem cases are important, as are also the clinicopathological conferences. The residents should study and discuss with the pathologist all tissues removed at operation and all autopsy material from patients on their services. It is desirable to have the residents assigned for a period of service in the department of pathology.

Surgical anatomy should be stressed by the attending surgeons in discussing surgical cases with the residents, and also by the pathologist, as far as is possible, in the performing of autopies. In addition, opportunity for the residents to work out special anatomic problems by performing regional dissections should, if possible, be provided.

Research offers an important opportunity for the application of the basic sciences in clinical problems. Reasonable facilities for research by the residents should be provided, together with stimulating guidance and supervision.

Staff.—It is desirable that the chief of service of the department be certified by the American Board of Otolaryngology, in the interests of the proper teaching of the specialty of otolaryngology. In the absence of such certification, the Residency Review Committee may approve programs when the Chief has recognized ability and high professional standing in the specialty. At least one additional senior member of the staff should be similarly qualified.

Surgical Staff.—The surgical staff should be composed of surgeons who are highly qualified in both surgical skill and judgment. It should be properly organized and harmonious, with the designated head or chief of service responsible for the quality of work done in the department. The position of chief of service should not be rotated as an honorary appointment, but should be held by the surgeon best fitted for this responsibility. The members of the staff should have a real interest in teaching and in the welfare of the residents and must be willing to give the time and effort required by the educational program.

Approval cannot be granted for residency training in otolaryngology if the service is a subdivision or subservice of general surgery unless the subdivision of otolaryngology is headed and staffed by a chief and at least one other man certified by the American Board of Otolaryngology or otherwise qualified as specialists in this field as specified above.

Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Arbitrary figures cannot reveal these considerations accurately. Under ordinary circumstances, however, a general hospital, to support a residency in otolaryngology, should have annual admissions numbering approximately 300 to 500 patients to that service. The hospital must be able to provide an adequate number and variety of service cases. This is essential to give the progressive operative experience necessary for the resident. The residency program should be organized so that the residents will hold positions of increasing responsibility for the care and management of patients. The residents will have sufficient operative experience to acquire surgical skills and judgment through the performance of surgical operations with a high degree of responsibility, but under circumstances providing adequate opportunity for consultantion and advice.

An approved residency in otolaryngology should include a well-organized and well-supervised, active outpatient service.

A hospital which limits its clientele to special types of cases may, if otherwise qualified, be approved as a collaborating hospital if its residency is an integral part of an approved comprehensive program.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

14. Special Requirements for Residency Training in Pathology

Recognition is extended in this field to residencies in anatomic pathology, clinical pathology, 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 meth-

odology 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 performed 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.

Approval is granted for residency training in pathology in the following categories:

Category APCP-4. In both anatomic and clinical pathology for a total of four years.

Category APCP-2. In both anatomic and clinical pathology for a total of two years. (One year in anatomic pathology and one year in clinical pathology).

Category AP-3. In anatomic pathology only for three or more years.

Category AP-1. In anatomic pathology only for one year.

Category CP-3. In clinical pathology only for three or more years.

Category CP-1. In clinical pathology only for one year.

Category 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 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

15. Special Requirements for Residency Training in Pediatrics

Clinical training should be obtained in general medical pediatrics, nutritional disorders, care of new-born infants, preventive pediatrics, and outpatient clinics in the various departments of medical pediatrics. Correlative studies are recommended especially in contagious diseases, in clinics for well babies, the mentally deficient and in those with neurological disorders or who present problems in behavior. In the wards and in the clinics the residents should be permitted to assume individual responsibility in diagnostic and therapeutic procedures and case management. They should actively participate in teaching rounds, clinicopathological conferences, departmental seminars, and all other functions designed to improve the quality of the clinical and educational service. Although the training need not be continuous or in the same institution, it is desirable that the educational program be systematized in the form of residencies of one to three years' duration.

Quantitative Requirements.—The resident staff should be assigned a sufficient number and variety of hospital patients to assure a broad training and experience. The number of patients considered adequate varies with the number of residents, length of patient stay, and other factors. Hospital duties should not be so extensive as to prevent giving ample time for other important phases of the training program.

Applied Basic Science Instruction.—Sufficient time should be devoted to studies in applied basic sciences, especially in embryology, growth and development, nutrition and other fields in physiology bearing upon pediatrics. This work should be closely correlated with clinical experience. See Section 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.

Allergy. (See also Requirements for Internal Medicine.)—The objective of intensive training in allergy is to fit the physician for the highest type of practice, teaching, and research in this specialty. An allergy residency should be at least one year, though preferably two years, of full-time work. Residents in allergy should be given a thorough training in the fundamentals of human and animal sensitization through clinical study and laboratory experiments. There should be daily conferences or consultations with the staff. Reading of current articles and reviews of special topics should be assigned. Residents should be given responsibility for diagnosis and management of various diseases of allergy and for the teaching of interns, medical students, and nurses, as capability has been demonstrated. Problems in clinical or laboratory allergy should be utilized to develop an interest in research.

If the allergy service is a separate department, it should have interdepartmental associations so arranged as to give residents of the allergy unit continuing contact with the pediatric (or general medical) services through ward rounds, clinicopathological conferences, staff meetings, and so forth. The service should admit 200 to 300 ambulatory patients yearly and have facilities for hospitalizing bed patients, in addition to cases seen in consultation with other services. It should have adequate laboratory facilities for those special chemical-immunological, pathological and bacteriological procedures required in its field. The training of residents in allergy should be arranged to fit into the established programs of the American Boards of Pediatrics or Internal Medicine. Candidates for positions offering specialized training in allergy should previously have fulfilled the basic requirements of the parent board before undertaking study in the special field.

Certification in allergy is granted only to those who have previously fulfilled all the requirements for certification in pediatrics or internal medicine, including the examination.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

Pediatric Cardiology.—Residencies in pediatric cardiology should be closely associated with approved residency training programs in pediatrics, thereby assuring availability of all facilities and personnel necessary for the complete care of the infant and child. Thorough understanding of human growth and development and the response of the young patient to environmental factors, both intrinsic and extrinsic, is a fundamental prerequisite for the proper management of infants and children with cardiovascular problems. The purpose of a residency in pediatric cardiology is to equip the trainee to manage children with problems of a cardiovascular nature, whether congenital or acquired, in relation to the patient's rehabilitation and with emphasis on the adaptation of the whole individual rather than the specific disease process or the body system involved.

Duration of Training.—Two years of training in an approved pediatric cardiology training center are required to meet the minimal standards of the Sub-Board of Cardiology of the American Board of Pediatrics. Training need not be confined to a single approved center, although it is essential that the resident who splits his training between two approved residencies in pediatric cardiology receive progressive education, experience and responsibilities in the specialty rather than two years as a beginner with virtual duplication of instruction at an elementary level.

Scope of Training.—Residencies in pediatric cardiology should offer broad and inclusive training in the specialty. This should include fundamentals of clinical diagnosis with special emphasis on auscultation and physical examination and the role of roentgenology and roentgenoscopy, electrocardiography, 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 diagnoisis and management. Regularly scheduled conferences involving clinicians, surgeons, roentgenologists and cardiovascular physiologists should be an integral part of the residency teaching program. Residency programs should provide ample opportunities for basic research, and participation in a specific laboratory or clinical research project should be encouraged.

Staff.—Highly qualified teachers should be available in pediatric cardiology as well as in roentgenology, pathology and physiology. The chief of service should be certified by the Sub-Board of Cardiology of the American Board of Pediatrics or, lacking such certification, should be of recognized ability and possess high professional standing in the specialty. The educational value of a residency depends largely on the quality and extent of supervision of the residents by teachers who are not only fully qualified but who are interested in teaching and willing to devote adequate time to this endeavor.

Clinical Material and Facilities.—A satisfactory number of patients must be available to provide the resident with a wide variety of cardiovascular problems in children. While there is no need to perform special tests such as cardiac catheterization or angiocardiography on all patients with cardiac problems there should be a sufficient number of diagnostic problems to justify such procedures in an adequate number of patients per year, thus reflecting a reasonably large case load, in-patient and out-patient, during the course of a year. A minimum number of cardiac operations in children is required to provide depth of experience in pre- and post-operative management needed by a properly trained resident in pediatric cardiology. If these minimal numbers of special procedures and operations are reached or exceeded, the total number of clinical cases should be adequate for proper instruction of a resident.

Equipment, staff and availability of ancillary services such as good nursing care, properly staffed post-operative units, social service facilities, etc., should conform to the recommendations of the Council of Rheumatic Fever and Congenital Heart Disease of the American Heart Association in "Standards for Centers Caring for Patients with Congenital Cardiac Defects," published in Circulation, Vol. XXI, April, 1960.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

16. Special Requirements for Residency Training in Physical Medicine and Rehabilitation

Scope of Training.—Residencies in this specialty should include training in the clinical and diagnostic uses of the physical procedures and in the various aspects of medical rehabilitation. The service is particularly concerned with the treatment and restoration of the convalescent and the physically handicapped patient. A complete program should include the availability and the use of the paramedical services related to the field.

Duration of Training.—A minimum of three years of residency training is considered necessary to train a physician contemplating specialization in the field. It is desirable, if not essential, that the training be under the supervision of one approved institution. The Department of Physical Medicine and Rehabilitation should be organized as a major 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 and care of patients having conditions or disabilities such as may be seen in all phases of medical practice. There should be the opportunity for learning to co-operate with and utilize the services of other medical specialists and paramedical personnel.

Applied Basic Science Instruction.—Training in the allied basic sciences should be closely correlated with the clinical experience. Training in these subjects should be on a graduate level and include functional anatomy and kinesiology; physics, including radiation physics related to the field, electronics and instrumentation; physiology as applied to the various physical agents, particularly; and pathology.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

17. Special Requirements for Residency Training in Plastic Surgery

Duration of Training.—Residency training programs which are designed to meet the requirements of the American Board of Plastic Surgery, the American College of Surgeons, and the Council on Medical Education of the American Medical Association must be of at least two years' duration, after completion of a minimum of one year in an approved internship and at least two years of training (three years beginning July 1, 1960) in a residency in general surgery in a program approved by the Conference Committee on Graduate Training in Surgery or by the Council on Medical Education of the American Medical Association.

Scope of Training.—Adequate training in plastic and reconstructive surgery should include experience in the various methods of excisional reparative surgery of the scalp, face,

orbits, nose, oral cavity, neck, trunk, and extremities. The resident should obtain experience in the management of neoplasms of the head and neck, cosmetic surgery, facial trauma, surgery of hands, burns, and congenital abnormalities of the extremities and genitalia. This training must be graduated and progressive.

Applied Basic Sciences.—The study of anatomy, bacteriology, biochemistry, physiology, and pathology as related to plastic and reconstructive surgery should be closely related to clinical experience. Research offers an important opportunity for the application of the basic sciences to clinical problems. Reasonable facilities for clinical and animal research by the residents should be provided with stimulating guidance and supervision.

Clinical Material.—The hospital must be able to provide an adequate number and variety of surgical patients. Where the program may be strengthened thereby, collaborative programs can be approved after affiliation of institutions with complementary clinical and research facilities.

Residents who plan to seek certification by the American Board of Plastic Surgery should communicate with the Secretary before beginning training in the specialty to be certain that the requirements as to training in general surgery have been met.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

18. Special Requirements for Residency Training in Preventive Medicine

Preventive medicine embraces a broad spectrum of professional activity in the present-day highly organized and complex structure of medical practice which has been differentiated into closely related yet discretely identified specialty areas. These are differentiated less by basic differences in professional competences or skills than by the environment in which the practice of preventive medicine is conducted or by the special requirements of the population groups being served. Each of these specialty areas is dependent upon a common core of fundamental scientific knowledge and the professional discipline of preventive medicine.

Residencies in preventive medicine are approved by the Council on Medical Education and the American Board of Preventive Medicine in General Preventive Medicine without designation of specialized field and in the three special affiliated fields of Aerospace Medicine, Occupational Medicine, and Public Health. Residency programs in all of these fields ordinarily include an academic phase and an appropriate period of practical training. While the provisions of the section on "General Requirements" (Section 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 year's 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 fas 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 academic component which covers the following subjects:

1. Aviation physiology: responses of the body to changes in temperature, pressure, and oxygen concentration, and to acceleration, which may be encountered in flight.
2. Selection of aircrews: medical examination and selection of persons to be trained for flying or aerospace activities.
3. Maintenance of aircrews: recognition, prevention, and treatment of disorders related to flight; influence of specific disorders on fitness for flying; consideration of these problems from viewpoints of clinical specialties such as internal medicine, surgery, ophthalmology, otorhinolaryngology, and neuropsychiatry.
4. Flying safety, including accident prevention and medical support of accident investigation (aviation pathology).
5. Environmental hazards faced by flyers and ground support workers; devices, equipment, and procedures for protection of personnel concerned.
6. Aerial transportation of patients: contraindications for air travel by patients; medical problems in movement of patients by air.

The applicatory component of the residency should provide an opportunity for the planned and supervised application of the knowledge and concepts of preventive medicine and aerospace medicine gained in the academic phases of the program. The program should impose definite responsibilities upon the resident. The program may be in a civilian or military organization having responsibility for the health of a reasonable number of flying personnel and/or personnel concerned with ground support of aeronautical or aerospace operations. It should encompass experience in the following fields:

1. Clinical aerospace medicine: diagnosis, prevention, and treatment of disorders resulting from flight or ground support activities; evaluation of disorders having a bearing on capabilities or qualification for duties in aviation or ground support.
2. Administrative aerospace medicine: planning, adminis-

tration, 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 approprite 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.

19. Special Requirements for Residency Training in Psychiatry and Neurology

Residencies in Psychiatry and Neurology are offered separately.

Training Programs.—Approved training in either specialty must include instruction in the basic and clinical sciences as applied to both specialties and clinical experience in both specialties. Training programs may be approved for one, two, or three years. The rare one-year program will be approved only on the basis of unique characteristics. It is not essential, or even desirable, that all training centers should adopt exactly the same program or that they should offer a rigidly uniform sequence of experience. It is essential, however, that all hospitals requesting approval for graduate training be able to meet the general and special fundamental requirements described in this section for Psychiatry and Neurology.

General Requirements.—The principal purpose of training programs is the training of residents in the clinical experience of diagnosis, prognosis, and therapeutic management of patients. The prime consideration of a training program is that it will be a rich educational experience for the resident in training, and the service functions of the resident should be subordinate to this primary objective. Although such activities as hospital administration, ward management, the teaching of other hospital personnel, and investigation in clinical and basic sciences are significant and desirable parts of the residency program, they should not displace the chief objective of clinical competence in care of patients. Only programs of demonstrated quality and excellence will be given continuing full approval.

The program director is responsible for providing each resident with a well-organized and integrated educational program. Assisting him should be a staff sufficient in competence and number to provide proper supervision of the residents in all aspects of the professional education and specialty training. The resident should receive regular instruction from members of the staff in theoretical knowledge and in practical experience in the specialty, its history and development, its relation to general medicine and its special diagnostic and therapeutic procedures. Emphasis should be placed on the study of etiology, pathogenesis, symptomatology, and course of the various diseases so that the residents may develop skill and accuracy in diagnosis, mature clinical judgment based on the understanding of the natural history of the diseases, and resourcefulness in therapy. The resident should be taught to comprehend the meanings of complaints, symptoms, and signs in terms of the anatomical, physiological, and psychological mechanisms, as well as in terms of the genetic, social, and cultural attributes of the individual patient.

The clinical material available to each resident must be of such a nature as to encompass a reasonably wide range of experience with respect to diversity of diagnostic categories of patients: their age, sex, cultural, and economic distribution. The load of patients for which each resident is responsible should be commensurate with his ability to study individual patients adequately. The clinical service must be so organized that the resident is in fact responsible for his patients. There should be a reasonable balance between the supervision and the amount of responsibility which the resident actually carries for his patients. This amount of responsibility should increase as the resident advances in his experience.

Clinical case conferences should be an integral part of the bedside clinical teaching. The residents should learn to present patients at the conferences in a precise and thoughtful manner, and he should participate actively in the discussion. It will often be valuable to include in these conferences other personnel who bear related responsibilities for the care of the patient under discussion. In these, as in all other teaching and training activities, close liaison should be maintained not only between the fields of psychiatry and neurology but also between these and other related medical and allied disciplines. Senior members of the staff should teach residents to observe thoughtfully, communicate the observed clearly, and record the observations so that the records will bespeak the observed rather than the observer.

It is essential that residents with a recent foreign background have sufficient command of grammatical English to insure accurate, unimpeded communication with patients and teachers.

The trainees should at all times be made aware that there are no short cuts to clinical therapeutic experience and no substitutes for hard individual thinking and study. The trainees' critical sense should be stimulated and independence of thought safeguarded. Intellectual coercion should be avoided lest training become mere indoctrination. The trainees should be led, through a wide range of information imparted to them, to choose between various theoretical systems, but the hardship of choice should be strictly theirs, for this is the prerequisite of a sound professional training.

Formal didactic instruction by means of prepared lectures, seminars, assigned reading, and laboratory work is desirable. However, staff meetings, round table conferences, journal clubs, and lectures by visitors, while commendable in themselves, are not satisfactory substitutes for an organized curriculum. The program should not be limited to a single narrow point of view; rather, residents must become thoroughly acquainted with major developments in the etiology, pathogenesis and therapy of the various disorders in this country and abroad.

Teaching by residents is essential in a training program. The senior residents should share with their supervisors the responsibility of instructing their juniors, the medical students, and other hospital personnel.

It is desirable to offer opportunities for clinical and basic science investigation to interested and talented residents, but the completion of a research project need not be required from each resident. In no case should research activities supersede the clinical training.

Training centers should provide residents adequate space and facilities for examination of patients, special diagnostic procedures, consultations, interviewing, seminars, and lec-

tures. This space and the necessary equipment should be available in addition to space and equipment required for the hospital laboratories and the ward care and treatment of patients.

A library of basic reference books and of periodical literature should be available to the resident. There should be adequate coverage of the basic literature in psychiatry, neurology, and related fields with sufficiently wide representation of current periodicals and other publications. It is highly desirable that residents and training staff also have available to them the resources of the other libraries in the community and through participation in the American Library Association, General Interlibrary Loan Code.

Training in Psychiatry.—The residency in psychiatry must be so designed as to provide the resident with competence in general psychiatry. The resident must be acquainted with the major trends and movements in psychiatric thought, theory and practices. They should be instructed in the descriptive aspects and the psychodynamic interpretation of the symptomatology of mental disorders and, at the same time, be kept aware of the general medical and surgical aspects of the patient's problems. Knowledge of the sciences basic to human behavior, including anatomy, physiology, biochemistry, psychology, and the social sciences both from the normal and pathological standpoints, is essential to the understanding of disease processes. In all two-year training programs not offering the final year, all those clinical methods which are essential in reaching a diagnostic formulation, such as anamnesis, mental status, use of other diagnostic procedures, psychopathology, psychodynamics, and nosology, as well as theories of personality development, should be presented in the first year.

Although the Residency Review Committee for Psychiatry and Neurology, representing the American Board of Psychiatry and Neurology, Inc., and the Council on Medical Education is unalterably opposed to specifying rigidly either course content or course sequence, here follow some suggestions for directors of training programs:

A. Organized instruction in the fundamentals of dynamics of the mental illnesses, psychopathology, interviewing techniques, and psychotherapy.

B. Supervised experience in conducting individual psychotherapy and group therapy, and in the administration of the somatic or physiologic therapies and in ward management.

C. Sufficient contact through consultation and associated conferences with the services other than their own, such as general medicine, neurology, surgery, and pediatrics, so that the residents may become cognizant of the content and operational framework of these other fields of clinical experience and learn to apply their special training relevantly and helpfully to these fields. Residents should be competent in and responsible for the medical examination and treatment of their patients.

D. Organized instruction in medical neurology sufficient to gain competence in neurological history-taking, neurological examination, and the differential diagnosis and treatment of the more common affections of the nervous system. This requirement is particularly important because of the natural and frequent blend of the manifest psychiatric processes with the underlying, yet not always immediately obvious, neurological disorders.

E. Sufficient experience in child psychiatry is essential for the resident in general psychiatry to acquire an understanding of the biology of human growth and development and of the maturational process in infancy and childhood as influenced by the family and by the sociocultural milieu of which the family is a part. This knowledge should be imparted through formal didactic instruction and through supervised clinical experience with children.

F. Psychosomatic medicine is the term now commonly used to describe many disorders such as anorexia nervosa, peptic ulcer, ulcerative colitis, bronchial asthma, urticaria, eczema and many others in the causal mechanism of which the emotional psychological factors appear to play an important role. The body of information on these disorders and the methods useful for diagnosis and treatment in this field of clinical experience deserves a special place in the program and are to be distinguished from the psychiatric problems common to general medical and surgical practice described in paragraph C.

G. The special data and methods now being developed under the name of social psychiatry deserve a place in the curriculum. Orientation to "community psychiatry," including the problems of proper provisions for mentally ill patients, public education, public relations, optimal use of social agencies, and proper relations with the courts, as well as some forensic psychiatry are important in psychiatric training.

H. Active collaborative work with psychologists, social workers and all other allied personnel is required. Residents should have working familiarity with the more common psychological testing techniques and should learn to correlate them with the clinical data.

I. Elective time in the schedule of resident training should be provided so that selected residents may have the opportunity to participate in research and to become interested and gain special experience in any of the areas mentioned above or to acquire additional experience in such areas as mental deficiency, congenital and early acquired encephalopathies, the epilepsies, alcoholism, drug addiction, forensic psychiatry, geriatrics, and the like.

J. Instruction in such elements of physiology, anatomy, endocrinology, biochemistry, pharmacology, psychology, sociology, anthropology, and related disciplines as may be applicable to psychiatry is essential in the curriculum.

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

Training in Neurology.—The primary objective of the training program is to train medical neurologists. This training should be based on supervised clinical work with both outpatients and inpatients and should include not only the specific diseases of the nervous system of various age groups, but also the neurological complications of medical and surgical conditions.

There should be organized instruction in anatomy, pathology, physiology, roentgenology, electrodiagnostic, and other clinical diagnostic techniques in relation to the human nervous system. The residents should be kept abreast with the major developments in biochemistry, endocrinology, microbiology, pharmacology, and experimental psychology as applied to clinical neurology. A qualified resident should be provided with the opportunity for investigative activity.

The residents should have instruction and practical experience in a critical and orderly elucidation and recording of clinical histories, in the methods of clinical examination of the patients, and in the techniques and interpretations of various diagnostic procedures, including roentgenologic studies, electroencephalography, electromyography, psychological testing, biochemical methods, and ophthalmological

and otological procedures specially pertinent to clinical neurology. They should learn to correlate the information derived from these techniques and from other laboratory tests with the clinical histories and with the data of bedside observation in the differential diagnosis and in the treatment of the affections of the nervous system. It should be emphasized that learning the elaborate instrumentation and technology of special laboratory procedures should not supersede or detract from the acquisition of the essential clinical experience in the observation of the patients.

In addition to the supervised experience with inpatients and outpatients on the neurology service, residents should participate in consultations and other appropriate liaison operations with the medical, surgical, pediatric, and psychiatric services and their sub-specialties. The neurological outpatient clinics and the consultation services should be supervised by an experienced neurologist, and, where feasible, their activities should be co-ordinated with those of the neurosurgical, pediatric, and psychiatric clinics so that reciprocal consultative services can be readily exchanged between the clinics. There should be an especially close relationship with neurosurgery so that the residents can follow their patients through whatever neurosurgical operations are performed in the hospitals.

During their period of training the residents should have experience with problems of child neurology, including the neurological examination of newborns and infants. Particular attention should be paid to the changes incident to growth and development of the child and his nervous system.

It is important that the residents should have sufficient opportunities to acquaint themselves with the content and procedures of physical medicine and rehabilitation services.

The residents in neurology should have organized instructions in the examination of the mental status of patients and should be acquainted with the symptomatology and differential diagnosis of the more frequently encountered psychiatric syndromes, especially those associated with the known and demonstrable lesions of the nervous system. They should be cognizant of the psychological aspects of the patient-physician relationship and the importance of personal, social, and cultural factors in the disease process and its clinical expression.

Training in Child Neurology.—Training programs in Child Neurology should be conducted only in a setting where there are approved programs in Pediatrics and must be closely related to a full three-year program in Neurology. Training directors contemplating development of programs in Child Neurology should review carefully the "Essentials" for Pediatrics and for Neurology, especially as the latter relates to training in sciences basic to Neurology, including for these programs, psychology, the neurology of learning, genetics and embryology.

The required year of Pediatric residency should be designed to provide the candidate with a wide variety of experiences in the care of sick children, including those with mental retardation. Moreover, the program should encompass work in a newborn nursery and experience in problems dealing with growth and development of the normal child and adolescent.

The special training in Child Neurology should provide for increasing responsibility on the part of the resident in the care of children suffering from neurological disease whether primary in the central or peripheral nervous system or related to other disease states. The opportunity for responsible care of such patients is requisite. The patients should be assigned to a Child Neurology service under the supervision of a director who is suitably trained and experienced to direct the work of the residents in patient care and in consultation on patients of other services.

Facilities must be such as to provide experience in electroencephalography, electromyography and neuroradiology as they apply to children. The resident should become skilled in the neurodiagnostic procedures conducted in children.

Although it is assumed that the resident will have gained some insight into the neurosurgical aspects of neurology in his general training, it is expected that the setting for training in Child Neurology will include a neurosurgical service. Similarly, the program director should provide the resident with an opportunity for developing an understanding of the psychiatric aspects of disease in children.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

Child Psychiatry

There is a basic core of training necessary for competence in Child Psychiatry, no matter what the eventual area of practice, be it in community child guidance clinics, in university teaching centers, in research, public health, administration, private practice, etc. The basic essential of sound training is a practical, well-rounded learning experience in clinical Child Psychiatry. This training should take place in a medically-directed child psychiatry facility.

The training program should offer a well-balanced patient load, supervised treatment, and diagnostic and consultative work with children and their parents. The supervisors of training should be competent, experienced child psychiatrists. The clinical material with which the fellow-in-training has experience should provide not only a wide range of problems of varying types and degrees of severity but also diversification of age, social-economic status, and sex. Training should include experience in working collaboratively with psychiatric social workers and clinical psychologists. There should be provision for co-operative consultative work with medical facilities for children. There should be opportunity for consultative work with various community child-care agencies. During the training experience, there should be practical and didactic teaching. The areas covered should include the practice of Child Psychiatry with diagnosis and differential diagnosis, psychiatric treatment methods including psychotherapy and collaborative treatment, normal and pathological development, and the literature of the field.

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

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

The program in Child Psychiatry should be under the direction of a childs pychiatrist in order to maintain its own identity. The current patterns of Child Psychiatry activities and situations providing training would include community child guidance clinics, departments of psychiatry in medical schools, state hospital systems, psychiatric clinics for children which are part of school systems, inpatient treatment services, etc. Some specialized clinical facilities dealing only with preschool children or only with inpatients or with the psychiatric aspects of certain special disease problems, such as cerebral palsy, epilepsy, etc., would not provide an adequate full two-year training experience. Such facilities should attempt through affiliation to provide full, well-rounded training for their trainees.

The training facility should be under the direction of a qualified child psychiatrist and should include qualified and experienced chiefs of psychiatric social work and clinical psychology. There should be such additional Child Psychiatry supervisory and staff personnel as the clinical, teaching, and research needs of the training facility make necessary. There should also be an adequate number of nonprofessional personnel to take care of the clerical and other needs.

There are a number of essential clinical services which must be present in any adequate two-year training program. The referral sources and intake policy for patients should provide for a diversification of case material in regard to age, sex, type, and severity of the clinical problems including mental retardation. The available patient reservoir should provide a well-balanced case load of supervised treatment, diagnostic and consultative work for the trainee. This must always include outpatient clinical experience and work with families, as well as directly with children and adolescents. A well-balanced patient load must include such medical and psychiatric problems that require familiarity with psychobiological and pharmacological modalities of diagnosis and treatment. There must be intensive experience in working collaboratively with psychiatric social workers and clinical psychologists. For those trainees who have no pediatric background, opportunity for attendance at pediatric rounds, conferences, and in the outpatient service should be provided. For all trainees, there should be experience in consultative work with children and adolescents on pediatric and other children's medical services. There should be opportunities for cooperative consultative work with child care agencies in the community. There should also be opportunities for observational visits to nurseries and other community child care agencies.

There are additional desirable clinical services which should be available. The training program should provide opportunities for the trainee to utilize community health, welfare, and educational resources to meet the needs of his patients and their parents, should foster some supervised participation in constructive community mental health activities, and provide opportunities for giving talks to PTAs and other groups. Opportunities for the teaching of medical students, nurses, etc., are highly recommended. Wherever possible, some experience in clinical child psychiatric investigation should be fostered, particularly during the second year of training.

There are certain minimal physical facilities essential to an adequate training program. There should be adequately equipped office space providing sufficient privacy for the diagnosis and treatment of children and their parents. Special space and equipment for general physical examinations should be present, or such examinations should be readily available in a nearby medical facility with which adequate liaison has been established. Training clinics should have a good professional library, including the basic text and periodicals, both historical and current, in the field of Child Psychiatry and related fields. There should be an adequate record system.

The core of the training experience lies in the quality of the supervision of the fellow's clinical work. The training supervisor should be competent, engaged in the practice of diagnosis and treatment of children and their parents. He should not only be professionally competent, but should understand the supervisory process. It is desirable in the two-year period that the fellow have experience with more than one supervisor. Each trainee should have at least two hours of supervision per week.

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 community child guidance clinics, university teaching centers, private practice, public health, state hospital systems (inpatient, outpatient clinics, and state-wide administration), consultative work with various types of special disease problems such as cerebral palsy, epilepsy, or pediatric services, and in the teaching of the principles of Child Psychiatry to non-psychiatric medical practitioners, in courts and school systems. It is a part of the obligation of the training center to make sure that a trainee who has already selected his area of activity in Child Psychiatry gets some teaching in the areas of administration, etc., which would be appropriate.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

20. Special Requirements for Residency Training in Radiology, Diagnostic Radiology, and Therapeutic Radiology

Radiology

Residencies of three years' duration should provide training in all divisions of the specialty: diagnostic roentgenology, therapeutic radiology (including therapy by means of radium or one of its substitutes), and nuclear medicine.

The training should be systematic and progressive in character with gradual assignment of responsibility. It should also include an active participation in radiologic conferences, staff meetings and joint conferences with other departments.

During the three-year period of training, the resident will spend 24 months in diagnostic roentgenology and 12 months in therapeutic radiology. It is expected that during this time the resident will receive instruction in diagnostic and therapeutic nuclear medicine, in radiation physics, in health physics and protection, in radiation biology, in pathology, in the pertinent areas of electrical engineering, in special as

well as the more common diagnostic roentgenologic procedures and in the use of all accepted modalities of radiation therapy.

The radiologic training in the organ systems should be on a plane that requires the resident to become conversant with physiology of the normal individual and the pathologic physiology of disease. This should include knowledge of the biological and pharmacological action of contrast media and other drugs used in radiologic procedures.

In view of the importance of pathology as a basis for radiologic diagnosis and therapy, stress should be plced 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 intradepartmental 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.

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 possi-

ble, 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.

21. Special Requirements for Residency Training in Thoracic Surgery

Thoracic surgery residents 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.

*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.

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.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

22. Special Requirements for Residency Training in Urology

Residency instruction in urology should be systematic and progressive in character to the end that adequate training may be obtained in diagnosis, therapy, cystoscopic examinations, pyelography, and operative procedures, all under the supervision of a well-qualified urologist. Such a progressive type of instruction predicates continuity of supervision by the Head or Chief of Service for a sufficient number of years, which ideally constitutes a length of service of three to five years or longer, to assure stability in the direction of the educational program. The position of Chief of Service should not be an honorary appointment but should be held by the urologist best fitted for this responsibility. The urologic staff should be composed of urologists who are highly qualified in both surgical skill and judgment. It should be organized and harmonious, with the designated Head or Chief of Service responsible for the quality of work done in the department. The members of the staff should have a real interest in teaching and the welfare of the residents and must be willing to give the time and effort required by the educational program. Teaching rounds and departmental conferences are essential for systematic clinical instruction. As preliminary training for residencies in urology, the Residency Review Committee recommends one year of internship and one year of training at the graduate level in surgery, medicine, or a related basic science. It is acceptable that any formally integrated service may permit some variation on the one-year basic science, general surgery, and internal medicine requirement, provided it is completed prior to the senior year.

The department must provide adequate facilities for surgery and special urologic procedures. Training in surgical technic should be sufficient to enable residents to undertake operative work on their own responsibility, especially toward the end of the residency program.

The clinical material should be sufficient in amount and variety to fulfill the teaching needs of the service. Hospital patients should be supplemented by outpatient material in cystoscopic and general urologic clinics.

Quantitative Requirements.—Ordinarily a minimum of 200 inpatients a year is necessary for acceptable residency training in urology.

Applied Basic Science Instruction.—Instruction in the applied basic sciences can readily be integrated with the clinical experience. This should be supplemented by conferences in embryology, anatomy, physiology, microbiology, endocrinology, radiology, and biochemistry. Particular emphasis should be placed on the study of pathology, and residents must be required to examine both grossly and microscopically all urologic specimens removed during their term of service. Such work should be closely correlated with the clinical experience. See Sections 1-9 of these Essentials for a discussion of applied basic medical science instruction.

The provisions of the General Requirements (Sections 1 to 10) must also be met for approval.

Residents who plan to seek certification by an American board should communicate with the secretary of the appropriate board, as listed in Section IV, to be certain regarding the full requirements for certification.

SPECIAL NOTE: Certain sections of the "Essentials of Approved Residencies" have been renumbered, and now precede the section on "Special Requirements." These include: II. Personal Record; III. Miscellaneous; IV. Recording of Credit.

Requirements for Certification

AMERICAN SPECIALTY BOARDS

The Council on Medical Education of the American Medical Association and the 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 legimate duties of any practitioners of medicine.

Three of the primary boards also certify candidates in subspecialties. Certification in the primary field is a prerequisite for certification in the subspecialties. The American Board of Internal Medicine certifies in allergy, cardiovascular disease, gastroenterology, and pulmonary diseases. The American Board of Pediatrics certifies in allergy and cardiology. The American Board of Psychiatry and Neurology certifies in child psychiatry and child neurology. The American Board of Thoracic Surgery, which was originally organized as an affiliate board of the American Board of Surgery, requires certification in surgery as a prerequisite to certification in thoracic surgery.

Six boards confer certificates in divisions of their specialty. These are listed in Table 2 for the American Board of Pathology, the American Board of Preventive Medicine, the American Board of Psychiatry and Neurology, the American Board of Radiology, and for those issued some years ago by the American Board of Obstetrics and Gynecology and by the American Board of Otolaryngology.

Table 1 has been assembled primarily as an aid to graduates of foreign medical schools, to indicate that each specialty board, under certain conditions, will accept the foreign graduate. The Table is incomplete, however, as the varying requirements of the board cannot be shown in detail.

Most of the American specialty boards publish at intervals booklets listing their officers and containing statements on the requirements for certification. This information is also included for each board in the Directory of Medical Specialists described below, and in a reprint, available upon request, covering these pages of the Directory of Approved Internships and Residencies, entitled "Requirements for Certification."

In the following pages of this Directory, information is published, with the consent of each board, on its requirements for certification, for the convenience of physicians planning to seek certification. Any specific inquiry, however, concerning certification by a specialty board should be addressed to the appropriate official whose name and address are listed in Table 4.

Table 2 provides information on the number of certificates issued during the calendar year 1971, and also the number of active certificates as of December 30, 1971. These

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		
AMERICAN BOARD OF:	Citizenship	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	Application or Registration Fee	Total Fee	Stated Limitations (years) on Applicant's Eligibility[6]
Allergy and Immunology	..	..	x	2	..	..	..	..	..	x	x	..	x	300	350	5
Anesthesiology	..	x	x	2-3	4-1	..	..	x	x	x	x	..	x	75	225	7
Colon and Rectal Surgery	..	x	..	..	..	x	..	x	..	x	x	..	x	50	200	3
Dermatology	..	x	x	3	1	x	..	x	x	x	x	x	x	25	175	3
Family Practice	..	x	..	..	3	..	x	x	x	..	..	..	..	50	250	2
Internal Medicine[1]	..	..	..	3	..	x	..	x	x	x	x	..	x	250	250	5
Neurological Surgery	..	x	..	4	2	x	..	..	..	x	x	x	..	25	200	3
Nuclear Medicine	..	x	x	2-3	..	x	..	..	x	x	x	..	x	250	250	..
Obstetrics and Gynecology	x	x	..	3	2	..	..	..	x	x	..	..	..	25	225	2
Ophthalmology	..	x	..	3	1	..	x	x	..	x	x	..	x	150	250	2
Orthopedic Surgery	..	x	x	4	..	x	x	..	x	x	x	..	x	50	350	3
Otolaryngology[2]	..	..	..	4	..	..	..	..	..	x	..	..	x	175	350	3
Pathology	..	x	..	3-4	1	x	x	x	x	x	..	..	..	250	250	3
Pediatrics[3]	..	..	x	2	2	x	x	..	x	x	x	..	x	250	250	..
Physical Medicine and Rehabilitation	..	x	x	3	2	x	..	x	x	x	x	..	x	175	325	7
Plastic Surgery	..	..	..	5	..	x	x	x	..	x	x	..	x	75	225	5
Preventive Medicine[7]	..	x	x	3	1	x	..	..	x	x	x	..	x	50	250	3
Psychiatry and Neurology[4]	..	x	..	3-5	2-1	x	..	x	x	x	x	..	x	175	325	3
Radiology	x	x	x	3	1	..	x	..	x	x	x	..	x	300	300	..
Surgery	..	..	x	3-4	2-0	x	x	..	..	x	..	..	x	75	325	5
Thoracic Surgery[5]	..	..	..	2	..	x	..	..	..	x	..	..	x	50	350	3
Urology	..	x	x	4	2	x	..	..	..	x	x	..	x	150	300	..

1. Also certifies in the subspecialties of Cardiovascular Disease, Endocrinology and Metabolism, Gastroenterology, Hematology, Infectious Disease, Nephrology, Medical Oncology, Pulmonary Disease, Rheumatology.
2. Limited certification granted at the discretion of the Board.
3. Also certifies in subspecialties of Allergy and Cardiology.
4. Also certifies in subspecialty of Child Psychiatry.
5. Certification by American Board of Surgery prerequisite.
6. Applicant may be considered "Board eligible" only for number of years indicated; thereafter, new application must be submitted.
7. Requirement for internship to be removed July 1973.

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 1971	Certificates Awarded During 1971	Total to 12/31/71	Active Certificates as of December 31, 1971†	Year Board Was Activated
American Board of Anesthesiology	5,163	327	5,490	4,911	1937
American Board of Colon and Rectal Surgery	443	23	466	371	1949
American Board of Dermatology	3,181	165	3,346	2,515	1932
American Board of Family Practice (Approved, February, 1969)	1,690	1,595	3,285	3,237	1969
American Board of Internal Medicine	21,828	1,195	23,023	20,002	1936
American Board of Neurological Surgery	1,619	92	1,711	1,473	1940
American Board of Obstetrics and Gynecology	12,305	620	12,925	10,817	1930
American Board of Ophthalmology	7,834	383	8,217	6,337	1916
American Board of Orthopaedic Surgery	6,511	504	7,015	6,187	1934
American Board of Otolaryngology	6,979	332	7,311	4,381	1924
American Board of Pathology	9,998	601	10,599	7,430	1936
Anatomic Pathology	(4,165)**	(120)**	(4,285)**	—	
Anatomic Pathology and Medical Microbiology	(1)	(0)	(1)	—	
Anatomic Pathology and Clinical Pathology	(3,565)	(384)	(3,565)	—	
Anatomic Pathology and Forensic Pathology	(2)	(2)	(4)	—	
Anatomic Pathology and Neuropathology	(32)	(8)	(40)	—	
Medical Chemistry	(28)	(0)	(28)	—	
Medical Microbiology	(34)	(0)	(34)	—	
Medical Microbiology and Medical Chemistry	(1)	(0)	(1)	—	
Clinical Pathology	(1,847)	(53)	(1,900)	—	
Forensic Pathology	(199)	(21)	(220)	—	
Hematology	(29)	(7)	(36)	—	
Neuropathology	(95)	(4)	(99)	—	
Anatomical, Clinical, and Forensic Pathology	(0)	(2)	(2)	—	
American Board of Pediatrics	14,270	778	15,048	12,561	1933
American Board of Physical Medicine and Rehabilitation	841	64	905	753	1947
American Board of Plastic Surgery	989	89	1,078	954	1937
American Board of Preventive Medicine	2,935	128	3,063	2,108	1948
Aerospace Medicine	(590)	(36)	(626)	—	
Occupational Medicine	(577)	(26)	(603)	—	
Public Health	(1,635)	(36)	(1,671)	—	
General Preventive Medicine	(133)	(30)	(163)	—	
American Board of Psychiatry and Neurology	11,203	515	11,718	9,993	1934
Psychiatry	(9,068)	(417)	(9,485)	—	
Neurology	(1,120)	(91)	(1,211)	—	
Child Neurology	(17)	(7)	(24)	—	
Psychiatry and Neurology	(998)	(0)	(998)	—	
American Board of Radiology	11,431	724	12,155	9,222	1934
Diagnostic Roentgenology	(933)	(0)	(933)	—	
Diagnostic Radiology	(328)	(221)	(549)	—	
Medical Nuclear Physics	(8)	(2)	(10)	—	
Radiology Physics	(116)	(5)	(121)	—	
Radiology	(8,596)	(445)	(9,041)	—	
Radium Therapy	(8)	(0)	(8)	—	
Roentgen Ray and Gamma Ray Physics	(26)	(0)	(26)	—	
Roentgenology	(1,018)	(0)	(1,018)	—	
Therapeutic Radiology	(393)	(51)	(444)	—	
Therapeutic Roentgenology	(5)	(0)	(5)	—	
American Board of Surgery	18,538	873	19,411	17,194	1937
American Board of Thoracic Surgery	2,491	160	2,651	2,392	1949
American Board of Urology	4,089	205	4,294	3,523	1935
Totals	144,338	9,373	153,711	126,361	
Certification in Subspecialties					
American Board of Internal Medicine					
Allergy	277	24	301		
Cardiovascular Disease	1,148	84	1,232		
Gastroenterology	651	25	676		
Pulmonary Diseases	449	39	488		
Total	2,525	172	2,697		
American Board of Pediatrics					
Allergy	307	33	340		
Cardiology	295	22	317		
Total	602	55	657		
American Board of Psychiatry and Neurology					
Child Psychiatry	646	59	705		
American Board of Surgery					
Proctology	81***	0	81		
Total Subspecialty Certifications	3,854	286	4,140		

Special Certification: (certificates issued prior to current reporting period):

American Board of Obstetrics and Gynecology:
Obstetrics.....24
Gynecology.....15
Total.....39

American Board of Otolaryngology:
Endoscopy..... 4

*Two new conjoint Boards, approved in 1971 (the American Board of Allergy and Immunology, and the American Board of Nuclear Medicine) did not award certificates in 1971. See Table 4.

**Numbers in parentheses () are included in totals opposite name of Board.

***Independent Board in 1949.

†Does not include physicians permanently located outside the United States and Possessions; also excludes 695 certificates issued to physicians currently listed with APO or FPO addresses.

figures show the number of certificates now in effect but exclude those certificates issued to physicians now permanently located outside of the United States and its possessions.

As of December 31, 1971, the records of the AMA Circulation and Records Department listed a total of 123,101 living physicians certified by one or more specialty boards; the total of all physicians listed was 344,823 indicating that there were 221,722 living physicians listed as not certified by an approved specialty board.

In Table 2 the certification is indicated, for those certified by more than one board, under the specialty which the physician has designated as his primary specialty (3,955 certificates were issued to physicians already certified by one board).

Table 3 shows that during the calendar year 1971, there were twenty primary boards in existence. The boards issued 9,373 certificates, bringing the total number issued at December 31, 1971, to 153,711 certificates. In the subspecialties, 286 certificates were issued, for a total of 4,140 as of December 31, 1971.

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 John C. Nunemaker, 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 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 3.—Annual Specialty Board of Certification, 1952-1971

Year Ending:	No. of Boards in Existence	Number of Certificates Issued	Cumulative Totals
1952 (June 30)	19	4,118	48,464
1953 (June 30)	19	4,022	52,486
1954 (June 30)	19	4,133	56,619
1955 (June 30)	19	3,843	60,644
1956 (June 30)	19	3,083	63,727
1957 (June 30)	19	5,424	69,151
1958 (June 30)	19	3,970	73,121
1959 (June 30)	19	4,306	77,427
1960 (June 30)	19	3,985	81,408
1961 (June 30)	19	4,234	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)	20	9,373	153,711

*Covers 6 months, June-December, 1969.
**Adjusted following previous report.

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)	Frederic D. Burg, M.D. Executive Secretary	3930 Chestnut Street Philadelphia, Pa. 19104	(215) 349-9466
American Board of Anesthesiology	Robert T. Patrick, M.D. Secretary-Treasurer	100 Constitution Plaza Hartford, Conn. 06103	(203) 522-9857
American Board of Colon and Rectal Surgery	Patrick H. Hanley, M.D. Secretary	1514 Jefferson Highway New Orleans, Louisiana 70121	(504) 834-7070
American Board of Dermatology	Clarence S. Livingood, M.D., Executive Seeretary	Henry Ford Hospital Detroit, Mich. 48202	(313) 871-8739
American Board of Family Practice	Nicholas J. Pisacano, M.D., Secretary	University of Kentucky Medical Center Lexington, Ky. 40506	(606) 255-2237
American Board of Internal Medicine	Palmer H. Futcher, M.D., Executive Director	3930 Chestnut Street Philadelphia, Pa. 19104	(215) 386-7551
American Board of Neurological Surgery	Richard L. DeSaussure, Jr., M.D., Secretary-Treasurer	20 South Dudley Street, Suite 101 Memphis, Tennessee 38103	(901) 525-8431
American Board of Nuclear Medicine (a conjoint board of the American Board of Internal Medicine, American Board of Pathology, and American Board of Radiology)	Merrill A. Bender, M.D., Chairman	Suite 2402, 211 East 43rd Street, New York, N.Y. 10017	(212) 687-9169
American Board of Obstetrics and Gynecology	Clyde L. Randall, M.D., Secretary-Treasurer	100 Meadow Road Buffalo, N.Y. 14216	(716) 875-1573
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	Wood W. Lovell, M.D., 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. 38103	(313) 761-7185
American Board of Pathology	A. James French, M.D., Secretary-Treasurer	Office of the Board, Suite 1820 610 N. Florida Ave., Tampa, Fla. 33602	(813) 223-1818
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	1903 South Broadway Rochester, Minn. 55901	(507) 282-1776
American Board of Plastie Surgery	Mar W. McGregor, M.D., Secretary-Treasurer	4647 Pershing Avenue St. Louis, Mo. 63108	(314) 361-8781
American Board of Preventive Medicine	Harold V. Ellingson, M.D., Secretary-Treasurer	410 W. 10th Avenue Columbus, Ohio 43210	(614) 422-5626
American Board of Psychiatry and Neurology	Lester H. Rudy, M.D., Secretary-Treasurer	1603 Orrington Avenue 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	Rollin A. Daniel, Jr., M.D., Secretary-Treasurer	14624 E. Seven Mile Road Detroit, Michigan 48205	(313) 372-2632
American Board of Urology	James H. McDonald, M.D., Secretary-Treasurer	Oakbrook Towers, Suite 4-G Oakbrook, Illinois 60521	(312) 495-0515

AMERICAN BOARD OF ALLEGRY AND IMMUNOLOGY

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.

GENERAL QUALIFICATIONS

A. *Requirements for admission to examination* by the ABAI consists of certification by either the American Board of Internal Medicine or the American Board of Pediatrics (or successful completion of the qualifying examination in internal medicine in 1969 or 1970), and two years of full-time training in allergy and immunology or related fields in an approved program. It is the responsibility of candidates to seek information about approval of training programs for the Executive Office of the ABAI. Approved programs include those programs in allergy and immunology which have been so designated by the Residency Review Committee in Pediatrics of the Council of Medical Education of the American Medical Association. They also include programs in allergy and immunology which are offered by Hospital departments of medicine which are approved for residency in internal medicine by the Residency Review Committee in Internal Medicine.

B. *Exceptions to these requirements* are as follows:

1. APPLICATION FOR EXAMINATION UNDER THIS CLAUSE MUST BE RECEIVED BY THE EXECUTIVE OFFICE OF THE ABAI NOT LATER THAN FEBRUARY 3, 1975. Physicians who have graduated from medical school in 1950 or before, whose practices are limited largely to the field of allergy and immunology for a minimum of 10 years, upon submission of appropriate evidence to this effect and suitable letter of recommendation concerning personal and professional qualifications, shall have all other requirements waived and be accepted directly for examination. The supporting documents will be solicited by the ABAI after the candidate has submitted his completed application form.

2. The ABAI will honor policies of the previously existing Subspecialty Board on Allergy and Immunology of the American Board of Internal Medicine. Applicants certified by the American Board of Internal Medicine who initiated residency training in internal medicine before July 1, 1970, may follow the past programs of that subspecialty board. These are, in lieu of two years of full-time training in allergy and immunology, the folowing alternatives:

(a) One year of full-time residency or fellowship in allergy under the supervision of a physician competent in allergy, preferably a certified allergist, with teaching in basic sciences related to allergy, plus two additional years of similar training on a half-time basis. Private office practice is not an acceptable substitute for this part-time training.

(b) Five years of part-time training and experience in an acceptable allergy program. Applicants intending to utilize part-time programs will have obtained prior approval for their program from the Subspecialty Board of Allergy and Immunology, evidence for which will be a letter of approval from the Executive Office of that Board.

A copy of this letter will be on file in the Executive Office of the ABAI. Other programs of training may have been acceptable if, in the opinion of the members of the Subspecialty Board on Allergy and Immunology, they were equivalent to those outlined.

3. The ABAI will honor commitments made by the previously existing Subspecialty Board of Pediatric Allergy of the American Board of Pediatrics, which accepted the following substitute in lieu of two years of full-time training in allergy:

One year full-time in an approved allergy training program, plus two years part-time training, at least once a week for not less than two hundred hours each year in an approved part-time allergy training program. At least half of the total experience must be in pediatric allergy. CANDIDATES MUST HAVE STARTED THIS PROGRAM PRIOR TO JULY 1, 1971.

4. The ABAI will admit to its examination candidates previously admitted to examination by the Subspecialty Board on Allergy and Immunology of the American Board of Internal Medicine and Subspecialty Board of Allergy of the American Board of Pediatrics. Past performance on the examinations of these two Boards will be included in the calculations of the number of unsuccessful attempts allowed by the ABAI. (See Reexamination on page 4.)

5. The ABAI may at its discretion admit to examination candidates with exceptional training or experience equivalent to the requirements of Paragraph A (General Qualifications, page 2).

METHODS OF EXAMINATION

1. *The Certifying Examination.* The Certifying Written Examination will be administered approximately every other year. It will be first offered on June 22, 1973. At present, it is a six-hour, multiple-choice question examination which will be given simultaneously in at least three different sections of the United States and Canada. 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, transpolantation 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-allergenic 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, lymphokinens, 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. Candidates failing three examinations must undertake an additional year of approved full-time graduate education, which is acceptable to the ABAI before readmission to examination.

APPLICATIONS

Applications are available from the Executive Office as of September 1, 1972 and must be completed and returned by December 15, 1972.

FEES

The Registration and Examination fee is $300.00 and must accompany the application. Candidates whose application are rejected will receive a refund of $250.00; the Board will retain $50.00 of the fee to cover the application evaluation costs.

The Certification fee is $50.00, payable after successful passage of examination.

Those physicians previously certified by the Subspecialty Board on 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 on or after July 1, 1972.

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

METHOD OF MAKING APPLICATION

Application for admission to the examination may be made only after a physician has completed two years of approved training. Application must be made to the Secretary on a form prescribed by the Board, procured only on written request of the applicant. The application must be filed on or before January 10 prior to the date of examination. Eligibility rulings are made by the Board on recommendation of the appropriate committees.

REQUIREMENTS

Each applicant, before he shall become eligible for certification as a Diplomate in Anesthesiology, must:

1. Have been graduated from a medical school approved by the Council on Medical Education of the American Medical Association, or have been screened by organizations acceptable to the Board (ECFMG, FLEX, National Board of Medical Examiners, or any recognized medical licensing bodies); 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) prior to beginning residency training in anesthesiology, he has completed one year of postdoctoral training experience, whether it be an approved internship, or approved residency training in any clinical discipline other than anesthesia, and (c) he is of high ethical and professional standing, and

3. Submit proof to the Board that he has acquired special training in Anesthesiology according to either of the two plans outlined in the succeeding paragraphs.

PLAN 1

Under this plan the Board requires a residency in anethesiology of not less than three years. 24 of the 36 months must

be spent in clinical anesthesia, of which not less than 21 months are primarily 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 anesthetic and surgical manipulations. The residency must be in an institution approved for such training by the Residency Review Committee acting for the Council on Medical Education of the American Medical Association and for the American Board of Anesthesiology, Inc.

The Board will extend residency training credit toward a three-year residency training for internship experience in clinical anethesiology which is of six months or more duration in a Department of Anethesiology approved for residency training.

Third year training activities (which need not, and possibly should not, be in the chronological third year) will be at the discretion of the Program Director, and may be in areas of research; of training in clinical anesthesia that is more advanced and developed than the usual experience gained during the basic twenty-four months devoted to clinical training; or of study in a basic science or a clinical discipline other than anesthesiology.

In addition, there must be one year of practice acceptable to the Board following the three year period of residency training.

PLAN 2

Under this plan the training requirement is a residency in anesthesiology of not less than two years in clinical training, of which not less than 21 months are primarily 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 anesthetic and surgical manipulations. The residency must be in an institution approved for such training by the Residency Review Committee acting for the Council on Medical Education of the American Medical Association and for the American Board of Anesthesiology, Inc.

In addition, there must be four years of practice acceptable to the Board following the period of residency training.

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 then 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 his duties in the military, and must be evaluated by the Board on an individual basis.

Three years of practice time credit may be granted at the discretion of the Board for work outside the field of anesthesiology in the following categories, providing that such is achieved within five years of starting the residency in clinical anesthesiology;

(a) a year of scientific work, post-baccalaureate
(b) a year of approved residency training in any medical specialty accredited by the American Board of Medical Specialties
(c) a Ph.D. in the field of science

The Board's policy on absences from actual training is that there may be two weeks of vacation during each of the first and second years of residency training, and three weeks of vacation during the third year of residency training; and that there may be two weeks of sick leave during each year of training. 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 purpose of examination, and shall be examined in such a manner and under such rules as the Board may prescribe. The Board, acting as a committee of the whole, reserves the right to reject an applicant for any reason deemed advisable and without stating the same, and the action of the Board shall be final.

EXAMINATIONS

1. Written Examination.—Eligible applicants may take this examination upon completion of either (a) two years of approved residency training plus one year of practice acceptable to the Board, or (b) three years of approved training including equivalent. Written examinations are held annually in approximately 18 locations throughout the United States on the second Friday in July. Written examinations cover the basic and applied aspects of anatomy, chemistry and physics, pharmacology, pathology, and physiology. A passing grade, as determined by the Board, is required.

2. Survey Examination—The Board may require a survey in addition to the letters and annual reports which it currently requires.

3. Oral Examination.—After the appropriate period of practice acceptable to the Board the candidate's qualifications are reviewed and he may be declared eligible to appear for the oral examination. However, at least six months must elapse between the written and oral examination. Examinations are conducted semi-annually, in the spring and fall. Examiners consist of Directors of the Board, and others who assist as associate examiners. Oral examinations cover all phases of Anesthesiology, including the basic sciences and clinical applications.

Applicants are entitled to three opportunities at yearly intervals to take the written examination. This three-year period begins on the date an applicant is first declared eligible for the written examination.

Oral examinations are given at six-month intervals. An applicant is entitled to one oral examination each year for a three-year period.

In the event that a candidate fails an oral examination, at least 12 months must elapse before he may reappear for oral examination. The three-year period begins on the date an applicant is first declared eligible for the oral examination.

Failure to take an examination constitutes an opportunity just as much as failure to pass an examination. Under extenuating circumstances a candidate may apply for an extension of the three-year period by writing to the Secretary's office prior to the expiration of the three-year period. Under similar circumstances the Board, entirely at its discretion, may excuse a candidate from any scheduled examination without penalty, provided the request for such absence is filed prior to time of the examination.

A 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 examinaions 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, Robert T. Patrick, M.D., The American Board of Anesthesiology, 100 Constitution Plaza, Hartford, Connecticut, 06103.

AMERICAN BOARD OF COLON AND RECTAL SURGERY

GENERAL QUALIFICATIONS AND REQUIREMENTS

All candidates shall comply with the following regulations:

1. A candidate shall possess moral, ethical, and professional qualifications acceptable to the Board.
2. He shall possess full citizenship in the country where he practices.
3. He shall limit his practice to colon and rectal surgery, shall appear personally before the Board and shall submit to the required examination.
4. He shall deliver to the Board upon request an official record of patients hospitalized by him during the year prior to the date of submission of application.
5. He shall submit a bibliography of papers and books published by him.

PROFESSIONAL QUALIFICATIONS

1. He shall be a graduate of a medical school approved by the Council on Medical Education of the American Medical Association. 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 American Medical Association and by the American College of Surgeons, and he shall have completed one year of approved residency in colon and rectal surgery, or:
2. He shall have completed three years of an approved graded general surgical residency and two years of an approved residency in colon and rectal surgery, or:
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 applications 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 demonstrated special expertise in this area, may be considered for examination at the discretion of the American Board of Colon and Rectal Surgery.

APPLICATIONS

Each candidate for examination shall submit an application prepared upon the prescribed form which may be obtained from the Secretary of the Board. It shall contain a record of the candidate's premedical and medical training, internships, residencies, precepteeships, other postgraduate study, hospital and dispensary appointments, teaching positions, service in the Armed Forces, service in federal, state or local government, membership in medical societies, and any additional information considered valuable by the Board.

The applicant must request letters of endorsement from two surgeons, one of which *must* be the Chief of Colon and Rectal Surgery, 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 and oral examination largely in the basic sciences, including anatomy, physiology, bacteriology, and biochemistry. 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. It is endeavored to arrange the examination at a time suitable to both the candidate and the examiner. 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

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 candidiate eligible for examination by the Board, who does not take his examination within three years will no longer be considered eligible, unless re-approved by the Board.

FEES

Fees:

Application fee: A fee of $50.00 shall accompany the application.

Examination fee: A fee of $200.00 is due and payable when the candidate is notified that he has been approved for examination.

Re-examination fee: A fee of $100.00 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

REES B. REES, President, San Francisco
HARRY L. ARNOLD, JR., Vice-President, Honolulu, Hawaii
RUDOLF L. BAER, New York City
ROBERT W. GOLTZ, Denver
E. RICHARD HARRELL, Ann Arbor, Michigan
JOHN R. HASERICK, Pinehurst, North Carolina
J. FREDRIC MULLINS, Galveston, Texas
RAY O. NOOJIN, Birmingham, Alabama
CLAYTON E. WHEELER, JR., Chapel Hill, North Carolina
CLARENCE S. LIVINGOOD, Executive Secretary, American Board of Dermatology, Inc., Henry Ford Hospital, Detroit, Michigan 48202

REQUIREMENTS FOR REGULAR CERTIFICATION

Each applicant must satisfy the following requirements before he is eligible for the written and oral examinations, upon which certification depends.

A. General Qualifications

(1) Good moral and ethical standing in the medical profession.

(2) Graduation from an approved medical school in the United States of America or in Canada. Graduates from foreign medical schools are required to have the standard certificates of the Educational Council for Foreign Medical Graduates (E.C.F.M.G.) or the certificate of the National Board of Medical Examiners. 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 Internships and Residencies published annually by the American Medical Association.

Candidates may take up to 24 months of their 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 is required. This may be spent in an AMA-approved internship, or an approved residency in another specialty, or an approved dermatology training program, or other supervised year of training or experience approved by the Training Director and the Requirements Committee of the Board. This fourth year may precede, follow or be interspersed with the approved three years of training in Dermatology.

(3) Preceptee training is available only as a part 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.

(4) 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 dematology 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 paragraph (2) of 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.

(5) 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 paragraphs (1) and (2) of this section (B) by December 31st of any given year are eligible to take the examinations during the following year.

(6) All training must be completed in a manner satis-

factory 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 examination, upon which certification depends.

(1) High moral and ethical standing in the medical profession.

(2) Graduation from a Medical School listed in the World Directory of Medical Schools (World Health Organization).

(3) Possession of the standard certificate from the Educational Council for Foreign Medical Graduates (E.C.F.M.G.).

(4) Citizenship of the country to which the candidate is returning and possession of a valid license to practice medicine in that country.

(5) One year of an AMA-approved internship, or an approved residency in another specialty, or an approved dermatology training program, or other supervised year of training or experience approved by the Training Director and the Requiements Committee of the Board.

(6) Satisfactory completion of three years of training in an institution or institutions approved by the Board and the AMA Residency Review Committee for graduate training in dermatology, and passing the written and oral examinations given by the American Board of Dermatology.

DEFINITION OF BOARD ELIGIBILITY

A candidate is not "Board Eligible" until his application to take the examinations has been approved by the Board. Candidates are required to make such application within three years after they become qualified to do so and to take the examinations within one year after they become Board eligible. At the end of that time (5 years after completion of residency training), if the candidate has not taken the examinations, "Board Eligible" status is lost and additional training in an institution approved for three years of training is required before a candidate again becomes eligible for examination.

THE BOARD EXAMINATIONS

A. Preliminaries

Candidates who have completed 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 examinations the *following* year. Those candidates who are applying for the Special Homeland Certificate are not required to have one year of experience, and therefore are eligible to take the examinations at the end of three years of formal training.

Toward the end of completion of formal training, it is essential that the candidate request an Application for Certification form from the office of the Secretary of the Board. This completed form must be filed with the Secretary of the Board before March 1st of any given year in which the candidate plans to take the examination. The Application is then submitted to the Committee on Requirements with the letters of recommendation and the annual training reports from the Director of the candidate's Training Center. The members of the Requirements Committee appraise the qualifications of all candidates and decide as to their eligibility for examinations. Information regarding the exact time and place of the examinations is published twice a month in the Examinations and Licensure column of the Journal of the American Medical Association.

B. The Writtens

The written examination is held in various centers throughout the country each June. It is three hours in length and is of the multiple choice, machine-scorable type. Every effort is made to avoid "tricky" or ambiguous questions. This examination is designed to test the candidate's knowledge of clinical dermatology, as well as his understanding of anatomy, physiology, bio-chemistry, pathology, microbiology, radiologic physics, radiation therapy, physical therapy, pharmacology, genetics, hematology, immunology, photobiology, venereology, dermatologic surgery, and electron microscopy, as related to dermatology. Considerable emphasis is placed on extensive reading of the literature. Special attention is also directed toward internal medicine as it pertains to dermatologic problems.

Candidates unfamiliar with objective, multiple choice, machine-scorable type of examinations might find helpful the book "Multiple Choice Examinations in Medicine. A Guide for Examiner and Examinee" by J. P. Hubbard and W. V. Clemans, Lea & Febiger, Philadelphia, 1961.

C. Orals

The oral examinations are held each fall for those candidates who successfully pass the written exam. These are taken at one of the major training centers and consist of a half day oral and practical examination for each candidate. Here the candidate appears before each member of the Board for practical questioning concerning clinical problems. The candidate will be asked to examine and evaluate patients, interpret slides of clinical and histopathologic material, equipment, laboratory reports and actual cultures. The examination has heavy clinical weighting with one section on internal medicine. It also includes demonstration of competency in the fields of histopathology, allergy and immunology, microbiology and therapy, including physical treatment modalities and dermatologic surgery.

The decision of the Board is final as to whether the candidate passes, fails or is conditioned. Such decisions are based on the results of both the written and oral examinaions, and the annual training reports from the Director of the candidate's Training Center.

RE-EXAMINATION

A candidate who fails the written examination or who fails or is conditioned in the oral examinations is automatically eligible the following year for a second examination without formal application, but with payment of a re-examination fee of $75.00.

If a candidate fails to complete successfully all or part of the examinations on two occasions, "Board Eligible" status is lost, and he must present evidence of additional training and experience in an institution approved for three years of training, before being eligible for further examination. The candidate must then file a new Application and pay another fee of $175.00. All candidates seeking re-examination must apply before the closing date of March 1st.

If a candidate who has failed or has been conditioned does not appear for re-examination before the expiration of three ensuing years, "Board Eligible" status is lost and additional training and experience in an institution approved for three years of training is required before a candidate again becomes eligible for examination. The candidate must then file a new application and pay another fee of $175.00 before he can be re-examined.

GENERAL INFORMATION

All queries concerning training programs, requirements, etc., should be made in writing and directed to the Executive Secretary of the Board. In view of the nature and significance of the decisions made, group action is necessary and hence all communications between the Executive Secretary and the candidate must be in writing.

It is the responsibility of the candidate to make early contact with the Board by requesting a preliminary regis-

tration form. This is to be filed at the beginning of training by the trainee and returned with the registration fee of $25.00 to the office of the Executive Secretary of the Board. The filing of the preliminary registration form will establish the identity and status of the candidate and will begin his permanent file. This makes it possible to assess the preliminary training plan of the candidate, and to call his attention to deficiencies which should be corrected. In addition, an evaluation of progress in training is made possible by annual reports from the Director of the training center to the Board.

Training programs in Dermatology are approved by the American Medical Association Dermatology Residency Review Committee. Information concerning acceptable training programs may be found in the Directory of Approved Internships and Residencies, which is published annually by the American Medical Association.

A list of Diplomates of the Board appears in the current Directory of Medical Specialists, published by the A. N. Marquis Company of Chicago, Illinois.

In addition to its natural concern with training programs, the Board acts as an advisor to prospective residents and residents in training. Finally, it conducts both written and oral examinations for candidates, and it issues certificates to those who successfully meet the requirements listed.

AMERICAN BOARD OF FAMILY PRACTICE

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 permanent certificate from the Educational Council for Foreign Medical Graduates.

(c) He must hold a valid license to practice medicine and surgery in the state or territory of the United States or province of Canada in which he engages in the practice of medicine.

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* by the Council on Medical Education of the American Medical Association and verification of this completion by letter from the director of the program.

NOTE: This does not include "General Practice" residencies.

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 continuing 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*-certification 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*-certification 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 internship (straight, rotating, or mixed) approved by the Council on Medical Education of the American Medical Association.

(E) Completion of one or more years of a residency program approved by the Council on Medical Education of the American Medical Association in a presently recognized and established primary medical 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 ap-

proval for a maximum of two units for this experience.

(F) Two or more years of medical service in the U.S. Armed Forces or Public Health Service. A photocopy of discharge papers must accompany application.

A candidate who meets the requirements of one of the aforementioned three plans is qualified to sit for examination; however, this does not constitute "Board elegibility." This will be determined *only* after satisfactory performance on the written examination.

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 wih *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 two hundred dollars ($200.00) and will receive instructions as to the locations of various centers where the examination will be given.

(c) The certifying examinations usually cover a period of two (2) days. 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., 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.

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.

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 post-graduate programs for such materials.

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.

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.

RE-CERTIFICATION

By action of the Board of Directors of the American Board of Family Practice, a committee is working on detailing a process for re-certification. However, it has been determined that re-certification must take place any time between the end of the fifth year and the end of the seventh year of certification (or re-certification). For example, if date of certification was July 1972, re-certification can be initiated not before July 1977 and not after July 1979.

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 one (1) year of an *approved Family Practice* residency before becoming re-eligible for examination.

AMERICAN BOARD OF INTERNAL MEDICINE

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

school of osteopathic medicine in the United States of America. (See section on *Graduates of Foreign Medical Schools.*)

2. Satisfactory completion of training according to Plans 1, 2, or C.

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 will 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 acceptable minimum period of two of the three required years of training detailed on pages 6-9. These candidates must obtain authorization from the director of their second year of training in internal medicine before devoting the third year of education to a field other than general 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.

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 appropriate 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 these capabilities. 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.

AREAS OF CERTIFICATION OFFERED

Certification as a Diplomate in 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 primary 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 19-20, 1973.

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 *primary patient responsibility.* Primary patient responsibility obtains when, during a period of training in internal medicine predominantly devoted to clinical experience, the applicant directs the total care of the majority of the patients (hospitalized or ambulatory) for whom he has responsibility, under supervision of the attending staff. Training in internal medicine undertaken during internship is applicable, as is residency training on general medical services. Rotations through the medical subspecialties during the residency can contribute toward this requirement *provided such rotations specifically involve primary patient responsibility.* At the discretion of the director of a candidate's program, up to four months of the prescribed 24 month period of primary patient responsibility in internal medicine may be spent in other specialties related to medicine, provided that they involve primary patient responsibility as defined above.

In the determination of the number of months of primary 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 primary patient responsibility*

During fellowship, *the exact number of months during which the trainee assumed primary patient responsibility*

The sum of the total number of months of primary 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 primary patient responsibility is assumed, such as pediatrics, surgery, neurology, psychiatry, etc.

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 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 providing a minimum of eight months in internal medicine in a hospital approved for residency in internal medicine by that Committee, including emergency room training in medicine.

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 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: 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:

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:

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:

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: 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:

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:

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 requirement for one year of clinical education in related areas (Year 3 of Plan 1 or Year 4 of Plan 2): 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*), the Board will accept as fulfilling the requirement for the third year the following training if conducted under acceptable auspices such as approved residency programs:

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 September 30 of the year of administration.

Certification: After successfully undertaking the Certifying Examination, the candidate will receive a Diplomate Certificate in Internal Medicine.

Plan C

Plan C has been devised to broaden the opportunities in graduate education for meeting the requirements of the Board. The Plan is intended for candidates who have had unusual educational programs in the field of Internal Medicine, which do not fit with the usual requirements of other "Plans" of the Board.

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. *Candidates may not initiate an application for examination involving Plan C.* The candidate must have been trained in the field of Internal Medicine for a minimum of three years after graduation from medical school, and during this period must had had adequate direct responsibility for patient care in the broad field of internal medicine. He

should have the abilities and stature to qualify him for admission to the examination even though his training program may have been unusual. Plan C was originally proposed as a plan for full-time faculty members of medical schools, but can also include other individuals who have had unusual training backgrounds in the field of Internal Medicine.

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.

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) Examinaion of 1969 or 1970),

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. 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.)

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 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 as follows:

Cardiovascular Disease—October 16, 1973
Endocrinology and Metabolism—October 16, 1973
Gastroenterology—October 16, 1973
Hematology—October 15, 1974
Infectious Disease—October 15, 1974
Nephrology—October 15, 1974
Medical Oncology—October 16, 1973
Pulmonary Disease—Ocober 15, 1974
Rheumatology—October 15, 1974

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.

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)
211 East 43rd Street, Suite 2402, New York, New York 10017

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, will be allowed three attempts to pass the examination, including any Written or Qualifying Examinations undertaken before 1972. Any candidate failing three examinations must present to the Board evidence of having completed one full year of formal residency or clinical fellowship training subsequent to the third failure before readmission to the Certifying Examination of the Board. After reinstatement candidates are permitted three attempts at the 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 permitted three attempts at the Certifying Examination and will be awarded the related Diplomate Certificate if successful. The option may not be exercised after 1975. (Candidates in this category who are classified as "inactive" will nonetheless be permitted to undertake Certifying Examinations through that of 1975.)

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 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 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 is permitted three attempts at the Subspecialty Examinations regardless of the number of Oral Examinations he may have undertaken. If unsuccessful the candidate is subject to the requirements that he undertake and pass a Certifying Examination in order to achieve certification in general internal medicine. Alternatively he may, after undertaking an additional year of training in his subspecialty, achieve certification in general internal medicine by undertaking and passing a Subspecialty Area Examination.

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 as above and which simultaneously fulfills 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 19, 1973, and continues throughout the next day. The questions are framed in such manner as the Board elects and are of the objective, multiple-choice 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 one subspecialty area in 1973, 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 Council for Foreign Medical Graduates and have received a permanent certificate. A photostatic copy of the certificate must accompany the application for admission to examination.

2. The educational requirements other than the requirement for graduation from a medical school approved by the American Medical Association or the Canadian Medical Association, are the same as those presented for other candidates. Twelve months of an approved residency in internal medicine may be substituted for the year of straight medical internship. In any case, the candidate and the director of his residency program should assure themselves that the candidate's education in the United States or Canada will meet the required minimum 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 postdoctoral training requirements specified above under Plans 1, 2, and C. Training in osteopathic hospitals is not acceptable as fulfillment of these requirements.

REEXAMINATION

1. *Certifying Examination in Internal Medicine:* Any candidate failing three examinations, including the Written and Qualifying Examinations given in 1970 and before, must present to the Board evidence of having completed one full year of formal residency or clinical fellowship training subsequent to the third failure, before readmission to the Certifying Examination of the Board. It is urged that the acceptability of proposed training be determined by the Board before it is undertaken.

2. *Examinations in Subspecialty Areas:* Candidates failing three written examinations must undertake an additional year of approved full-time graduate education which is acceptable to the Board before readmission to examination. Candidates are permitted two oral examinations by the Subspecialty Board on Cardiovascular Disease.

3. 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. However, his total past examination experience will continue to govern in relation to his eligibility. He must comply with all current regulations in force for new candidates.

RECERTIFICATION

Physicians holding a certificate of the Board will be offered the opportunity to undertake an examination, successful performance in which will provide the physician with a new certificate dated the year of the examination. The date on which this procedure will be initiated and related details will be announced.

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 19-20, 1973. *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, 1972.* Application forms will be available upon request on or after August 1, 1972. The attention of those whose commitments at the time of the June examination 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: 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 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 Board itself solicits reports from those who trained him and/or are familiar with his performance. Subsequently, the applicant is informed of his admission and the place of examination identified.

Certificate fees: There is a charge of $25.00 for each certificate issued to Diplomates in Internal Medicine or in a Subspecialty Area.

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).

Please address all correspondence to:

Executive Director, American Board of Internal Medicine
3930 Chestnut Street, Philadelphia, Pennsylvania 19104

CERTIFICATION IN SUBSPECIALTY OF CARDIOVASCULAR DISEASE

HERBERT N. HULTGREN, Chairman, Palo Alto, California
ERNEST CRAIGE, Chapel Hill, North Carolina
ROBERT J. HALL, Houston Texas
THOMAS KILLIP, New York City
RICHARD ROSS, Baltimore
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 Qualfying Examination of 1969 and 1970).

AND

Two years of full-time graduate eduaction in the subspecialty. (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 instiution must have a recognized reputation for advanced educational programs in the subspecialty and provide this in an academic atmosphere.)

EXAMINATION: Candidates who have satified 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 17, 1972, 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 to be administered after December 31, 1972. 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 16, 1973 should request an application form in January, 1973.

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 initating residency training in internal medicine before July 1, 1970.

C. EXAMINATION:

The subspecialty examinations in Cardiovascular Disease are designed to demonstate that the candidate possesses certain specialized knowledge and has acquired particular skills that entitle him to be known as a consultant to other internists. Candidiates 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 cardivascular 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

JAMES A. CLIFTON, Chairman, Iowa City, Iowa
THOMAS C. CHALMERS, Bethesda, Maryland
WILLIAM T. FOULK, Rochester, Minnesota
MARTIN KALSER, Miami, Florida
FRED KERN, JR., Denver
PHILIP KRAMER, Boston
JOHN T. SESSIONS, JR., Chapel Hill, N.C.
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),

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.)

EXAMINATION: Candidates who have satisfied the above requirements are eligible to undertake an examination in a subspecialty area after completion of their training. An appli-

cation 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

MORTON M. ZISKIND, Chairman, New Orleans
DAVID W. CUGELL, Chicago
R. DREW MILLER, Rochester, Minnesota
JOHN F. MURRAY, San Francisco
GORDON L. SNIDER, Boston

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),

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 compent 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.)

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

J. GARBER GALBRAITH, Chairman, Birmingham, Alabama
ROBERT G. FISHER, Vice-Chairman, Oklahoma City
KEMP CLARK, Dallas, Texas
DONALD F. DOHN, Cleveland, Ohio
R. M. PEARDON DONAGHY, Burlington, Vermont
SIDNEY GOLDRING, St. Louis
WILLIAM E. HUNT, Columbus, Ohio
THEODORE KURZE, Los Angeles
COLLIN S. MACCARTY, Rochester, Minnesota
ERNEST W. MACK, Reno, Nevada
THEODORE B. RASMUSSEN, Montreal, Canada
HUGO V. RIZZOLI, Washington, D.C.
JOHN SHILLITO, JR., Boston
RICHARD L. DESAUSSURE, JR., Secretary-Treasurer, 20 South Dudley, Suite 101, Memphis, Tennessee 38103

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 resident 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 of 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 Council 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.

(6) This special certificate shall be designated the Foreign Certificate of the American Board of Neurological Surgery. It will be forwarded to each foreign candidate who has passed the examination only when he has returned to his own country and forwarded to the Secretary-Treasurer evidence of license to practice in his own country. If the holder of a Foreign Certificate returns to or remains in the United States or Canada to practice, he must forfeit this Foreign Certificate and re-appear before the American Board of Neurological Surgery after two years of practice in the United States of America or Canada. The fee for re-examination is one hundred fifty dollars ($150). 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) Completion of training in general surgery (internship or residency) of not less than one year in a hospital acceptable to the American Board of Neurological Surgery, or its equivalent in the opinion of the American Board of Neurological Surgery. No credit can be applied for rotating or medical internship.

Plus

(2) 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 in-

*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).

stitutions. 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 graduate 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 he 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. The candidate may elect to take the primary examination in lieu of an oral examination in Neuropathology, Neuroanatomy, and Neurophysiology. A passing score on the entire examination is required.

This examination may be taken during the last two years of the candidates training program or anytime 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.

Effective in June 1971, credit is given for a Primary Examination (written), and the individual who has successfully passed this examination is exempt from the oral examination in neuroanatomy-neurophysiology and neuropathology. However, the individual must still pass the oral examination in neurosurgery and neurology.

PRACTICE REQUIREMENTS

Following competion 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 diagonsis
3. Definitive diagnostic procedures, if performed
4. Operations, if performed
5. Result, including, when applicable, all complications and autopsy findings.

No minimum volume of diagnostic or operative procedures is required. The candidate should keep accurate records at all times so that this material be readly 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 as 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.

PAYMENT OF FEES

The fee for Certification shall be two hundred dollars ($200.). The candidate for examination on filing his appli-

cation shall accompany it with an application fee of twenty-five dollars ($25.). The application fee will not be returned even though the application for examination is denied. When notified by the Secretary-Treasurer that he is eligible for examination, he shall send the examination fee of one hundred seventy-five dollars ($175.) to the Secretary-Treasurer at least two (2) weeks before the date of the examination.

A candidate who has failed in one (1) examination is eligible for re-examination in the subject, or subjects, in which he failed within three (3) years, on payment of a re-examination fee of one hundred fifty dollars ($150.). If the holder of a Foreign Certificate returns to or remains in the United States of America or Canada to practice and re-appears before the American Board of Neurological Surgeons after two (2) years of practice in the United States of America or Canada, he shall pay a re-examination fee of one hundred fifty dollars ($150.).

If the candidate has failed twice and wishes to re-apply, his application must be submitted with an application fee of twenty-five dollars ($25.). When notified by the Secretary-Treasurer that he is eligible for examination, he will send the examination fee of one hundred seventy-five dollars ($175.) to the Secretary-Treasurer at least two (2) weeks before the date of 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 one hundred fifty dollars ($150.).

REVOCATION OF CERTIFICATES

Any certificate issued by the Board shall be subject to revocation at any time the Board shall determine in its sole discretion that the candidate to whom the certificate was issued either was not properly qualified to receive it, or has since become disqualified.

DIPLOMATES

A complete list of diplomates of the American Board of Neurological Surgery appears in the Directory of Medical Specialists, published by Marquis' Who's Who, Inc., 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 three (3) representatives of the Council on Medical Education of the American Medical Association and three (3) representatives of the American Board of Neurological Surgery. Actions of this Committee are then subject to ratification by the full membership of the American Board of Neurological Surgery. Each training program is reconsidered by the Residency Review Committee every three (3) years. When the directorship of a training program changes, the new director should inform the American Board of Neurological Surgery and the Council on Medical Education of the AMA promptly of this change. The program will then be reviewed at this time rather than waiting until the usual three (3) years interval has been completed.

A Directory of Approved Internships and Residencies, 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

Office of the Board, Suite 2402, 211 East 43rd Street, New York, New York 10017

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.

FOREWORD

The American Board of Nuclear Medicine is the first Conjoint Board to be established under the provisions of the "Essentials for Approval of Examining Boards and Medical Specialties" as published in this Directory in the section describing the American Board of Medical Specialties. On the recommendation of the Liaison Committee for Specialty Boards, the American Board of Medical Specialties and the Council on Medical Education of the American Medical Association approved the application of this Board as of June 19, 1971. Included in this approval action was the understanding that the appropriate literature of the organization, including the letterhead and the certificate granted to diplomates would contain the identification of this Conjoint Board as, "The American Board of Nuclear Medicine, Inc., A Conjoint Board of the American Boards of Internal Medicine, Pathology, and Radiology, and also sponsored by the Society of Nuclear Medicine."

FUNCTIONS AND OBJECTIVES

a. To elevate the standards of graduate education in Nuclear Medicine. 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.

b. 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 of voluntary candidates for certificates to be issued by the board. These certificates will contain the name of the Conjoint Board and the qualifying phrase "a Conjoint Board of the American Board of Internal Medicine, Pathology,

and Radiology, and also sponsored by the Society of Nuclear Medicine."

c. To grant and issue certificates in Nuclear Medicine to voluntary applicants who have been found qualified by the board. These certificates will contain the name of the Conjoint Board and the qualifying phrase "a Conjoint Board of the American Board of Internal Medicine, Pathology, and Radiology, and also sponsored by the Society of Nuclear Medicine."

d. To maintain a registry of holders of such certificates, and serve the medical and lay public by preparing and furnishing lists of practitioners who have been certified by the Board to the Directory of Medical Specialists.

e. To encourage the study and improve the practice of Nuclear Medicine.

REQUIREMENTS FOR CERTIFICATION IN NUCLEAR MEDICINE

A. General Requirements for Each Candidate

1. Satisfactory moral and ethical standing in the profession.

2. A license to practice medicine in the state or country in which he resides, or of which he is a citizen. Osteopathic physicians must have a license to practice medicine that is identical with and equivalent to the full and unrestricted licenses granted graduates of approved schools of medicine in the United States.

3. Assurance that the applicant represents himself to be a specialist in Nuclear Medicine.

B. General Professional Education

1. Graduation from a medical school recognized by the Council on Medical Education of the American Medical Association or from a school of Osteopathy. If the applicant is a 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 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 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 a clinic internship or its equivalent and one year of training in an approved residency 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 period of special training in a Nuclear Medicine facility 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. Candidates for examination must have had a two year formal residency training program in Nuclear Medicine, which training must include:

a. A minimum of eighteen months training in Clinical Nuclear Medicine.

b. Training in allied sciences which must include medical nuclear physics, radiation biology, radiation protection, electronic and instrumentation; and may also include pathology, physiology, pharmacology, medical statistics and other basic sciences assosciated with Nuclear Medicine. The time spent in training in allied sciences may be spaced throughout the period training in Nuclear Medicine in a manner that does not occupy six complete months of training, or incorporated in whole or in part in the period of preliminary training.

E. Total Patient Care Responsibility

Candidates for certification in Nuclear Medicine will have two years of total patient care responsibility, even if additional training time is required.

F. Alternative Training Requirements. (To remain in effect for a period of 5 years after the Board is established.)

1. An internship and 10 years experience in Nuclear Medicine.

2. An internship, 1 year approved residency training in Internal Medicine, Pathology or Radiology, and 5 years experience in Nuclear Medicine.

3. Certification by an American medical specialty board with 1 year training in Nuclear Medicine or 3 years experience in Nuclear Medicine.

4. An internship plus 1 year of residency and 2 years training in Nuclear Medicine.

AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

TYPES OF BOARD APPROVAL

Board Eligible

A candidate is Board Eligible if he:

1. Has passed the Written Examination.
2. Holds an unrestricted license to practice medicine and is limiting his practice to obstetrics-gynecology in one of the States or Territories of the United States of America or in a Province of Canada.

A certificate may be issued to a citizen of a country other than the United States or Canada after he has completed an approved residency and has passed the written examination if (1) he is not in the United States or Canada on an immigrant or permanent visa, (2) he does not hold an unrestricted license to practice in the United States or Canada and (3) if he provides evidence that he is actually in practice in a country other than the United States or Canada. A certificate attesting to the passing of the written examination neither confers nor purports to confer upon any individual a degree, legal qualifications or privileges.

Diplomate

A Diplomate is an individual who has been awarded the Board's diploma after successfully passing the written and the oral examinations.

Each year the Board office notifies the American College of Obstetricians and Gynecologists of the names and addresses of the Diplomates certified in that year. A list of the names of the most recently certified Diplomates is also sent to The American Medical Association and to the American Board of Medical Specialties with the request they be included in the next issues of (1) the American Medical Directory and (2) in the Directory of Medical Specialists.

After effort to assure initial listings of the newly certificated Diplomate, the Board assumes no responsibility for the Diplomate's listing in subsequent issues of the Directory.

THE WRITTEN EXAMINATION

A three-hour comprehensive written examinaion in obstetrics-gynecology and related basic sciences is given at various centers in June each year. Special arrangements may be made to permit candidates who are in governmental service outside the United States or Canada to write the examination at or near their duty station.

REQUIREMENTS

Candidates making application to write the examination must have fulfilled the following requirements:

Graduates of United States or Canadian Schools must have

1. 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.
2. Completed 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 foreign medical schools must have

1. A permanent E.C.F.M.G. certificate.
2. Completed not less than four years of clinically oriented graduate medical education, including the completion of an approved graduate 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.

Graduates of foreign medical schools requesting consideration of 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 comparable to that of presently approved programs in the United States or Canada.
2. Citizenship in the United States or Canada, or evidence that he has filed an official declaration of intention to become a citizen of either country.
3. Unrestricted license to practice medicine in one of the States or Territories of the United States or in a Province of Canada.
4. A practice limited to obstetrics-gynecology for at least 18 months in one of the States or Territories of the United States or in a Province of Canada.

Three Year Limitation of Eligibility to Write the Examination

An individual becomes eligible to take the written examination by successfully completing an approved residency in obstetrics-gynecology. He must write the examination which is given in June of his last year of residency or one of the next two regularly scheduled examinations following the completion of his residency.

If a candidate fails he must write one of the next three examinations to maintain his eligibility. An individual who fails to write the examination within the prescribed period of three years becomes ineligible unless his postponement has been explained to the satisfaction of the Board and he has been approved for readmission to the examination by special action of the Board.

APPLICATION

Application forms for the written examination scheduled for June 25, 1973 may be obtained after August 1, 1972 from the office of the Board.

Each applicant must meet the requirements effective in the year he requests admission to the examination. The Board will make the final decision concerning the applicant's eligibility after considering all circumstances affecting his eligibility.

A candidate's application, completed in all details, together with the application fee of $25.00, must be received in the Board office postmarked on or before November 30, 1972. *Applications postmarked after November 30, 1972 will not be accepted for the 1973 examination, and can only be considered for the examination in June 1974.*

Endorsement and vertification of the resident's experience are requested of the Director or Administrator of the hospital, as well as the current Director of the obstetric-gynecologic residency program as a part of the application form. A completed application must also indicate that the candidate is making satisfactory progress as a resident and the date when the candidate is expected to have completed his residency program.

When the candidate is ruled eligible to write the examination he will be notified (1) the examination fee is payable (see page regarding FEES), and (2) must be paid before the candidate will be scheduled to write the examination.

When the Credentials Committee rules that an applicant is not eligible, a new application will be considered at a later date, but the candidate must then meet 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 a Notice of Admission *which must be presented to the Proctor at the time and place of examination.* If the candidate is completing his residency program on or before August 31st in the year of examination, the Administrator of the hospital must sign the Notice of Admission which attests to the candidate's satisfactory completion of his residency program.

REQUESTS FOR RE-EXAMINATION

A candidate eligible to write the examination in 1973 who fails to do so, as well as the candidate who writes but fails to pass the examination in 1973 must write the Board office on or before November 30, 1973 asking to be scheduled for the examination in 1974. All such requests must be accom-

panied by payment of the reapplication fee of $25.00, but it is not necessary to submit a new application in order to repeat the examination.

THE ORAL EXAMINATION

The oral examination is designed (1) to test the general qualification of the candidate as a specialist in obstetrics-gynecology, (2) the extent of his experience and knowledge in clinical obstetrics-gynecology and related basic sciences, as well as (3) his familiarity with recent obstetric-gynecologic literature.

The candidate's current listing of patients will be reviewed by the examiners before the examination and may be used as a basis for part of the questioning.

The report of the examining team will be reviewed by the Board and each candidate is passed or failed by vote of the Board. Numerical grades are not assigned and no records are preserved which will permit later review of the candidate's performance on the oral examination.

REQUIREMENTS

A candidate before applying to take the oral examination shall have:

1. passed the written examinaion within three years, and

2. (a) held for 18 months an unrestricted license to practice medicine in one of the States or Territories of the United States or a Province of Canada, and

(b) held (1) during the 12 months preceding application and (2) at the time of examination, unrestricted privileges to practice as an obstetrician and gynecologist in all hospitals in which he hold privileges, or

(c) professional activities in obstetrics and gynecology in an institutional setting acceptable to the Board in a capacity providing significant clinical and/or educational responsibility in obstetrics and gynecology.

3. (a) Submitted on or before August 31, a typewritten list (in duplicate) of all patients dismissed from his care in all hospitals during the 12 months ending June 30 of the year in which the candidate is to be scheduled to take the oral examination, or

(b) if the candidate's responsibilities in obstetrics and gynecology involve only supervision in an institutional setting —have submitted on or before August 31 a critical evaluation-study—25 representative patients for whom he has assumed an appreciable degree of direct responsibility.

The Board will request documented evidence concerning a candidate's professional standing and reputation from administrative officers of organizations and institutions in which the candidate is known.

Time as a "resident" or "house officer" in excess of that necessary to fulfill the requirements to take the written examination that does not involve appointment to the staff of an approved hospital with unrestricted privileges to practice as an obstetrician and gynecologist, is not an acceptable degree of primary responsibility for patient care and not acceptable fulfillment of the required "time in practice."

Time in a post residency fellowship that involves responsibility for patient care and has been approved by a specialty Division of the Board as part of the individual's preparation to practice as a specialist will be accepted as fulfillment of the "time in practice" required of the candidate to take the oral examination.

TIME LIMITATIONS TO PASS ORAL EXAMINATION

A candidate who fails to pass the oral examination *within 3 years after being notified of his eligibility to take the examination* must by letter postmarked on or before February 28: (1) ask to be scheduled to write the examination the following June, (2) include payment of the $25.00 reapplication fee, (3) write and again pass the written examination before he can again take the oral. There is no other way for the candidate to regain eligibility to again take the oral examination.

APPLICATION

Application to take the oral examination in November, 1973 must be made on the "application for the 1973 examination form". The application, complete in all details, and with payment of the application fee of $50.00, must be received in the Board office during January or February, 1973. Applications which are postmarked after February 28, 1973 cannot be considered for the examination the following November. A candidate found eligible to take the oral examination in November, 1973 will be so notified on or before July 1, 1973 and he must then submit, *on or before August 31, 1973:*

1. Duplicate, typewritten and verified lists of all patients dismissed from his care in all hospitals during the 12 months preceding June 30, 1973. The candidate's lists of patients will be used as a basis for questions during the oral examination and will not be returned to the candidate.

2. A peronal check or money order of $150.00 in payment of the examination fee.

VERIFICATION OF CLINICAL OR EDUCATIONAL RESPONSIBILITY

A candidate in a full-time institutional setting or in governmental service may be required to submit verification of clinical or educational responsibility in lieu of or in addition to his listings of patients.

RULING OF INELIGIBILITY

A candidate ruled ineligible to take the 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.

RE-EXAMINATIONS

The application of a candidate who fails the oral examination remains valid during the three calendar years of his eligibility. He will be accepted for examination during his three years of eligibility if he submits a written request for re-examination during January or February of the year in which he is requesting re-examination, provided his request is postmarked on or before February 28th and is accompanied by check or money order in payment of the $50.00 re-application fee.

A candidate accepted for re-examination must either submit, on or before August 31, (1) duplicate, typewritten and verified lists of all patients dismissed from his care in all hospitals during the 12 months prior to June 30 of the year in which he is to be scheduled to take the oral, or (2) a critical evaluation-study of 25 representative patients as required of the candidate whose responsibilities in obstetrics and gynecology involve only supervision in an institutional setting.

The examination fee of $150.00 is due when the candidate receives notice that he can be scheduled to take the oral examination.

Each re-examination will be conducted by a group of examiners who have no knowledge of the candidate's previous failure.

POSTPONEMENT OF ORAL EXAMINATION

A candidate who fails to take the oral examination for which he has been scheduled, if his three years of eligibility includes the following year, must

1. Request by letter, during January or February of the following year, permission to take the examination the following November. As a Board Eligible candidate he will not be required to submit a new application, but payment of the $50.00 re-application fee must accompany a request for re-examination.

2. 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 to be scheduled to 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 involve only supervision in an institutional setting.

Letters requesting re-examination, which are postmarked after February 28 and lists of patients or critical evaluation-studies postmarked after August 31, will not be acceptable for the oral examination, the following November.

FEES

Since the fees have been computed to cover the cost of the 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 $25.00 must be enclosed with each application, reapplication or request to write the examination. The candidate will be notified when his application or request has been approved, at which time the $100.00 examination fee will be due. If payment of the examination fee has not been received in the Board office postmarked on or before May 15 the candidate will not be scheduled to write the examination in June.

The Oral Examination

The application fee of $50.00 must be enclosed with each application, reapplication or request to take the oral examination. A candidate notified of his eligibility is required to pay the $150.00 examination fee before he will be scheduled to take the oral examination. If the examination fee has not been received in the Board office postmarked on or before August 31 the candidate will not be scheduled to take the oral examination in November.

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 the foregoing, the forfeiture, revocation or suspension of his license to practice medicine, or the expulsion from, or suspension from the rights and privileges of membership in 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 his 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.

AMERICAN BOARD OF OPHTHALMOLOGY

REQUIREMENTS

All applicants must comply with current regulations of the Board.

Applicants must be of high moral, ethical and professional standing. In determining whether an applicant has such high moral and ethical standing, the Board and its committees shall apply the Principles of Medical Ethics of the American Medical Association as interpreted from time to time by the Judicial Council of the American Medical Association. An applicant's professional standing may be determined in part on the basis of the ophthalmic operations which he performed within the two years immediately preceeding the filing of his application or during residency, which shall be summarized in the application.

Applicants must have graduated from a medical school in the United States of America or Canada which is acceptable to the Board. Schools approved by the American Medical Association's Council on Medical Education are acceptable. An applicant may have graduated from a medical school of some country other than the United States of America or Canada, but he will not be eligible for certification by the Board unless he is certified by the Educational Council for Foreign Medical Graduates, or, if a citizen of the United States, is licensed to practice medicine in one of the states of the United States or has passed the examination of the National Board of Medical Examiners.

Applicants must have a valid license to practice medicine in a state of the United States or a province of Canada, or, in the case of a citizen of a country other than the United States or Canada, of the nation where he intends to practice unless a license to practice is not required by the law of such jurisdiction.

Applicants must have completed a satisfactory course of postgraduate studies including active clinical experience and didactic instruction. Individuals who have completed a minimum of thirty-six (36) months of residency and basic science courses in ophthalmology may apply for the written qualifying test after completion of twelve (12) additional months of institutional work or ophthalmic practice. Applicants must have completed a minimum total of forty-eight (48) months of ophthalmology *by the date of the written qualifying test.* Applicants with less than thirty-six (36) months of formal residency may take the qualifying written test after completion of sixty (60) months in ophthalmology solely or after seventy-two (72) months of combined ophthalmology and otolaryngology. Credit for completion of basic science courses may not exceed twelve (12) months.

SPECIAL OPHTHALMIC TRAINING

Specialized training leading to competence in ophthalmology may be obtained by graduate studies in the medical sciences, by research, and by residency training. A candidate is expected to be familiar with the fundamental sciences pertaining to ophthalmology and with their application in the diagnosis and treatment of ocular diseases and abnormalities. The following studies are considered fundamental to the adequate practice of ophthalmology:

1. Anatomy, histology, and embryology of the eye and ocular adnexa

2. Developmental abnormalities of the eye and ocular adnexa and their enzymatic, genetic and chromosomal basis
3. Biochemistry, nutrition, and metabolism of the eye
4. Physiology of the eye and ocular adnexa
5. Microbiology and immunology as related to ophthalmology
6. Physical, physiologic, and geometric optics
7. Histopathology
8. Systemic diseases and their ocular manifestations
9. Pharmacology, toxicology and therapeutics
10. Neuro-ophthalmology
11. Principles of ophthalmic surgery

Special training in ophthalmology may be obtained in a variety of ways:

1. By study in a 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.

MILITARY SERVICE

Credit for military service is based upon individual consideration of the medical activities of the applicant by the Board, and full verified information concerning the type of assignment, the clinical experience and the supervision must be provided with the application.

APPLICATIONS

Applicants who wish to be examined by the Board shall complete, sign and file with the Secretary-Treasurer an application on the official form then in use by the Board, together with the supporting data required by the application. Applications may be obtained from the Secretary-Treasurer. *Applications must be postmarked no later than July 1st in order for the applicant to be considered for the written qualifying test to be conducted during the following calendar year. All supporting information including letters of endorsement must be received by August 1.*

Applications shall be accompanied by a check payable to the Board for $150 to cover the application fee. No application will be considered until the fee and all required supporting data, including letters of endorsement, have been received by the Secretary-Treasurer. Scientific books and papers published by the applicant should be listed in the application.

Applicants who meet all requirements are admitted to the written qualifying test if the application is approved by the Board.

Officers of the Board and members of the Board of Directors are not authorized to estimate the eligibility of applicants, who are requested not to discuss or write for opinions regarding the status of their applications. After an applicant has been advised by the Board that he has been accepted for examination, he shall promptly submit to the Secretary-Treasurer a photograph of himself, signed by him, which shall be used to identify him when he presents himself for examination.

SPECIAL REVIEW OF SURGICAL CASES

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:

Application fee, $150, payable with application

Oral examination, $100, payable on successful completion of the written qualifying test

To repeat the written qualifying test, $100

To repeat the entire oral examination, $100

To repeat a single subect of the oral examination, $35

To repeat two or three subjects of the oral examination, $50

The application fee, oral examination fee and re-examination fees charged by the Board have been determined on the basis of the costs incurred by the Board in the examination of applicants and the administration of its business and may be modified from time to time by the Board of Directors. The members of the Board serve without compensation except reimbursement of actual expenses.

TIME LIMIT

An applicant who fails to take the written qualifying test within twenty-four (24) months after notice has been sent to him that his application has been accepted will not thereafter be accepted for examination unless he submits a new application for approval by the Board and an additional application fee.

An applicant must complete successfully the written test and the entire oral examination within seventy-two (72) months after notice has been sent to him that his application has been accepted. Thereafter, he shall be required to submit a new application for approval by the Board and application fee, and pass another written qualifying test, before being admitted to the oral examination.

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 ophthmology and are especially devoted to the following subjects:

1. Anatomy and histology
2. Embryology and developmental anomalies
3. Biochemistry, nutrition and metabolism

4. Physiology
5. Microbiology, Immunology, and external diseases
6. Optics and refraction
7. Medical ophthalmology (systemic diseases)
8. Ocular motility
9. Neuro-ophthalmology
10. Pharmacology, toxicology and therapeutics
11. Histopathology
12. Surgery

The test has been described in the Board's brochure entitled "Written Qualifying Test."

The written qualifying test is given simultaneously in a number of designated cities in January of each year. An applicant who passes the written qualifying test shall submit to the Secretary-Treasurer a check payable to the Board for $100.00 to cover the fee for the oral examination and shall thereafter be eligible to take the oral examination. An applicant who fails the written qualifying test may apply for reexamination and will be permitted o repeat the examination if he presents evidence of acceptable additional training and pays the reexamination fee of $100.00. If an applicant does not repeat the test within twenty-four (24) months after such failure, he will be required to submit a new application for approval by the Board and an additional application fee. *An applicant who fails the written qualifying test on two or more occasions may submit a new application for approval by the Board and an additional application fee but will be required to present evidence of acceptable additional training.*

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.

BOARD ELIGIBILITY

The Board is often asked by hospitals and other groups whether a candidate is "Board Eligible." No candidate can consider himself board eligible until after he has successfully passed the Written Qualifying Test.

ORAL EXAMINATIONS

Oral examinations are usually held twice annually at a time and place determined by the Board and shall be announced in the Journal of the American Medical Association. The Board reserves the right to limit the number of candidates admitted to any scheduled examination and to designate the candidates to be examined. *The oral examination must be taken within twenty-four (24) months after notice has been sent to the applicant that he has passed the written qualifying test, or the applicant shall be required to submit a new application for approval by the Board and an additional application fee, and again pass the written qualifying test.*

If an applicant fails to pass all subjects within three or fewer partial or complete examinations, he shall be required to submit a new application for approval by the Board and application fee, and pass another written qualifying test, before being admitted to the oral examination.

The oral examination is divided into the following Topics:

1. External diseases
2. Medical ophthalmology
3. Histopathology
4. Refraction
5. Ocular motility
6. Neuro-ophthalmology
7. Principles of ophthalmic surgery

1. EXTERNAL DISEASES OF THE EYE AND ADNEXA. Kodachrome pictures or slides of common conditions affecting the external eye and its adnexa are used as a basis for discussion. Candidates are expected to be familiar with the principles of instruments used in biomicroscopy and in gonioscopy. Methods of examination, diagnoses and treatment will be discussed.

2. MEDICAL OPHTHALMOLOGY. Candidates are expected to demonstrate a broad knowledge of systemic diseases with particular reference to their manifestations in the eye and adnexa. It is anticipated that candidates will be familiar with the advantages of the various types of ophthalmoscopes and with other methods of examining the ocular fundus. A series of illustrations and abnormalities of the ocular fundus will be used as a basis for discussion of various ocular and systemic diseases.

3. HISTOPATHOLOGY. Candidates are expected to be familiar with the general pathology as well as with the pathogenesis and pathophysiology of diseases of the eye. They should recognize normal histologic appearance and pathologic changes.

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 $100.00. If an applicant

does not repeat the test within twenty-four (24) months after such failure, he will be required to submit a new application for approval by the Board and an additional application fee. An applicant who fails the written qualifying test on two or more occasions may submit a new application for approval by the Board and an additional application fee but will be required to present evidence of acceptable additional training.

An applicant who fails the entire oral examination may apply for re-examination and will be permitted to repeat the examination within twenty-four (24) months after such failure if he presents evidence of acceptable additional training and pays the re-examination fee of $100.00. However, re-examination will not be permitted for a period of twelve (12) months following such failure, in order to allow time for such additional training.

An applicant who fails one or more topics in the oral examination, but not the entire examination, 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 $35.00 to repeat the examination on one subject or $50.00 on two or three subjects.

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 ORTHOPAEDIC SURGERY

MINIMUM EDUCATIONAL REQUIREMENTS FOR BOARD CERTIFICATION

The American Board of Orthopaedic Surgery evaluates all candidates for their proficiency in Orthopaedic Surgery. The minimal educational requirements of the Board should not be interpreted as restricting programs to the minimal standards. Directors of programs may retain residents in the educational program as long as necessary beyond the minimum time of four years in order to achieve the necessary degree of competence in orthopaedic surgery. In order to establish satisfactory competence in the specialty of orthopaedic surgery it has been necessary to define the minimal educational requirements, which are as follows:

1. A candidate must have an unrestricted license to practice medicine in the States or Territories of the United States or the provinces of Canada.

2. A candidate holding a degree of Doctor of Medicine from a foreign medical school, who has obtained the certificate of the Educational Council for Foreign Medical Graduates, may be acceptable to the Committee on Eligibility of the American Board of Orthopaedic Surgery. (Inquiries relative to the examination are to be sent to the Educational Council for Foreign Medical Graduates, 3500 Market Street, Philadelphia, Pennsylvania 19104.)

3. Four years of post-doctoral orthopaedic education are required of all candidates, including foreign graduates.

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, including removal of protruded intervertebral discs and other surgery of the spine, Children's Orthopaedics, Fractures and Trauma, Surgery of the Hand, and Basic Science. It is emphasized that where time requirements are indicated, as in Children's Orthopaedics, these must be considered as *minimal;* additional experience is very desirable.

b. One year of orthopaedic education may be obtained from the following categories:
   (1) Internship.
   (2) Assistant resident in General Surgery.
   (3) Assistant in orthopaedic surgery in any of the subject areas described in c. below.
   (4) Assistant resident in related medical and surgical areas.
   (5) Research or study (one year) in laboratory or clinical research. This requires review of the documentation of the research problem by the Committee on Eligibility.
   (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 credit for one month of training when obtained on ap-

proved programs. One month of credit may be granted for two months of training, not to exceed twelve months, when the candidate is assigned to unapproved hospital services, if approved by the Committee on Eligibility. An Officers Professional Training Record, Form DD-408, may be obtained from the Office of the Surgeon General, Washington, D.C.

c. It is mandatory that three of the required four years of orthopaedic surgery education conform to the following relative distribution of subject areas, determined either on the basis of specific minimal time assignments or by proportion of experience where the concurrent or integrated plan is used:

Adult Orthopaedics	12 months
Children's Orthopaedics	6 months
Fractures/Trauma	9 months
Elective	9 months

The elective period may be fulfilled by additional assignments in areas described above, by a block of basic science study, surgery of the hand, prosthetics and orthotics, rheumatology, rehabilitation, neurology, or other areas related to orthopaedic surgery as approved by the Residency Training Committee of the Board.

Basic Science. The subject areas to be included are anatomy, pathology, microbiology, physiology, biochemistry, biomechanics, and other basic sciences related to he 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.

Surgery of the Hand. The required time in Adult Orthopaedics, Children's Orthopaedics, Fractures/Trauma, or the Elective must include a significant experience in Surgery of the Hand.

Note: The educational experience must be in programs approved by the Residency Review Committee for Orthopaedic Surgery. (See list of approved services in the Directory of Approved Internships and Residencies of the American Medical Association.) The Board also accepts training in Canada taken in services approved by the Royal College of Physicians and Surgeons of Canada for training in orthopaedic surgery.

REQUIREMENTS FOR EXAMINATION

In order to be eligible for the examination a candidate must meet the following requirements:

1. Completion of the minimal educational requirements as listed above.

2. License to practice medicine in the United States or Canada, or full time service in the federal government, which customarily does not require licensure. (Special provisions detailed later in this section permit foreign graduates who are returning to their homelands to practice orthopaedic surgery to qualify in lieu of licensure in the United States or Canada.)

3. Acceptable ethical and professional standards and satisfactory moral standing within the community. Such qualifications will be determined by the Committee on Eligibility after review of the application, letters of recommendation and other data pertaining to these matters.

4. A candidate is required to be actively engaged in practice, teaching or research in orthopaedic surgery for twelve months in one locality immediately prior to the examination. Representatives of the Board may visit a community in order to evaluate the work of a candidate.

5. A candidate in military service must have been assigned as an orthopaedic surgeon in a hospital settings 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 examination 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 requiring other qualifying examinations shall be considered only after consultation between the American Board of Orthopaedic Surgery and the appropriate orthopaedic organizations in the country in which he has had his orthopaedic surgery education.

NOTE: The Committee on Eligibility shall be the sole arbiter on determining a candidate's acceptability. The Secretary may answer questions pertaining to Rules and Procedures.

The date and place of the examination are announced in the Journal of the American Medical Association and in the Journal of Bone and Joint Surgery, and in the Bulletin of the Amecian 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 should be sent by registered or certified mail.*

2. Once an application is accepted it shall remain in force for three years unless some gross error or intentional fraud is subsequently discovered in the application. It shall be the obligation of the candidate to reactivate his application before April first of the year of the examination if for any reason he has not taken the preceding examination after having been declared eligible to do so. The examination must be taken within three years following the completion of the educational program unless a reason acceptable to the Committee on Eligibility is established. A new application must be completed if the candidate for any reason does not take or successfully pass the examination within a three-year period. *This and the non-refundable fee of $50.00 should be sent by registered or certified mail.*

3. The decision of the Committee on Eligibility is mailed to the applicant at least 30 days in advance of the examination.

4. Upon notification of eligibility for the examination the candidate must submit a fee of $300.00, which shall be forfeited if the candidate fails to appear for the examination or if he cancels after being scheduled. *This fee should be sent by registered or certified mail.*

SCOPE OF EXAMINATION

The examination shall be comprehensive in all aspects of orthopaedic surgery.

CERTIFICATION BY THE AMERICAN BOARD OF ORTHOPAEDIC SURGERY

1. The American Board of Orthopaedic Surgery awards a

Certificate to a candidate who successfully passes the certifying examination, confines his practice to orthopaedic surgery and is acceptable on the basis of his moral and ethical standing. This portion of the Board's responsibility is discharged by issuing a Certificate to an individual found qualified as of the date of certification. A Certificate may be revoked because of intentional and substantive misrepresentation to the Board respecting the candidate's education and other requirements for eligibility.

2. In signing his application the candidate agrees to the revocation of his Certificate upon request by the Board on grounds of his violation of standards of ethical practice and/or any cause resulting in forfeiture of his license to practice.

3. Before the revocation of a Certificate is carried out the Diplomate will be informed 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 candidiates for certification.

UNSUCCESSFUL CANDIDATES

1. Unsuccessful candidates may be permitted to repeat the examination.

2. The Committee on Eligibility will consider candidates for re-examination 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 candidiate will submit to the Board a fee of $300.00. *All applications and fees should be sent by registered or certified mail.*

3. Each candidate's application must again be sanctioned by the Committee on Eligibility and a new application may be requested.

4. The applicant should not delay more than two years after his last unsuccessful attempt before applying for the privilege of taking subsequent examinations. Candidates who delay more than two years before re-applying for the certifying examination will be required to submit a new application.

FOREIGN GRADUATES

The following regulations apply to physicians who intend to practice in a country other than the United States or Canada.

1. Physicians who do not practice in the United States or Canada may be considered individually for examination, and if successful, will be issued a Certificate.

2. Such a candidate must meet all of the requirements for the examination with the exception of those pertaining to practice.

3. The Committee on Eligibility may require the presentation of documents, either in original form or sworn and notarized translation, which substantiate a candidate's claims and allegations.

4. A candidate who has completed the required education and is returning immediately to his country to practice may, at the discretion of the American Board of Orthopaedic Surgery, be accepted for the next scheduled examination.

5. Each candidate must make a sworn statement that his application for a Certificate is based upon his intention, without mental reservation, to return to practice in a specified foreign country. He will also pledge that should he return to pactice in the United States or Canada under visa, exchange, immigration quota, or by any other means, he will surrender his Certificate and agree to have his name removed from the list of Diplomates until he has met the practice requirements of the American Board of Orthopaedic Surgery. A contract incorporating these points is available from the Board office.

6. Application and examination fees are the same as those required from candidates from the United States and Canada and are payable in the currency of the United States of America.

7. Examinations are the same as those given to candidates from the United States and Canada.

MILITARY SERVICE

Medical officers who have elected service in the military forces as their life career apply for certification on the same basis as physicians in civilian practice. The practice requirement may be met by hospital assignments in which their duties are limited to the practice of orthopaedic surgery.

APPROVED ORTHOPAEDIC SURGERY RESIDENCIES

1. Education in orthopaedic surgery in the United Staes must be obtained in institutions approved for resident training in orthopaedic surgery by the Residency Review Committee. The Committee consists of representatives of the American Board of Orthopaedic Surgery and the Council on Medical Education of the American Medical Association. A list of approved institutions is published annually in the Directory of Approved Internships and Residencies, and is obtainable from the American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

2. Credit for time spent in institutional residency education will be granted only for the period the institutions are on the approved list. (Credit may be given from the start of the resident education period if the institution becomes approved during the time the candidate is in training.)

3. A candidate engaged in residency education in an institution which becomes disapproved in whole or in part will receive education credit for the entire period during which his contract is in force.

4. The term "fellow" is considered synonymous with "resident" and is recognized by the Board only if the position occupied and the work performed by the former are in all respects equal to those of the latter. The total number of residents and fellows engaged in resident education for credit must not exceed the number approved by the Residency Review Committee for a given program.

5. Approved institutions or programs have 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 not longer than six months.
b. That in the category of education for which this type of training is presented for credit, at least half of the minimum required time is spent in an approved institution.

Note: The Residency Review Committee will periodically inspect and approve every hospital used for education by a given program regardless of the length of time of such services. Hospitals giving six months or more of education may be listed in the Directory of Approved Internships and Residencies.

REQUIREMENTS OF INSTITUTIONS OFFERING ORTHOPAEDIC TRAINING

1. Institutions approved for full programs and including all parts of the education requirements may integrate all parts so that they may be given concurrently. The Chief of the program or the supervising committee is entirely responsible for comprehensive education in all aspects of the specialty for each resident.

2. Individual hospitals approved for portions of a total program are expected to confine their education primarily to the categories approved by the Residency Review Committee.

3. The institutions which offer orthopaedic surgery education are responsible for providing educational setting and physical facilities which are in keeping with the objectives

of the minimal requirements as outlined above.

4. The Board considers that active participation in patient care is an essential feature in teaching the objectives outlined in the minimal educational requirements by the Board.

5. The educational program shall provide adequate staff and facilities to carry out basic science education as outlined above.

6. Candidates in residency education may not engage in private practice.

Note: The Board looks with disfavor upon candidates who have completed their residency requirements by education for short periods of time in several approved institutions, even though all the requirements are satisfied.

PROCEDURE FOR OBTAINING APPROVAL OF INSTITUTIONS FOR RESIDENCY EDUCATION IN ORTHOPAEDIC SURGERY

The Residency Review Committee for Orthopaedic Surgrey is composed of four representatives from each of the two sponsoring organizations, namely, The American Board or Orthopaedic Surgery and the Council on Medical Education of the American Medical Association. The Committee is assigned the responsibility for evaluating and approving residency education programs in relation to their education value and technical content. Programs which are approved by this Committee are listed in the Directory of Approved Internships and Residencies published by the American Medical Association.

1. Necessary application forms are obtainable from the Secretary of the Residency Review Committee for Orthopaedic Surgery at the Council on Medical Education of the American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610.

2. The completed forms are returned to the Secretary of the Residency Review Committee for Orthopaedic Surgery at the above address. An inspection of the proposed program will be carried out by a repersentative of the Council. The report and related data will be directed to the Residency Review Committee for action. The Secretary of the Committee will then convey the decision of the Residency Review Committee to the petitioning hospital. The Residency Review Committee meets twice yearly, usually in April and October.

3. Programs tentatively approved are also inspected as soon as feasible by a Diplomate of the American Board of Orthopaedic Surgery. His report is submitted to the Residency Review Committee for further evaluation of the education program.

4. Hospitals seeking extension of approved education services or the reinstatement of approval of services following withdrawal of same will follow the same procedures outlined above.

5. The number of residents assigned to any education program must be approved by the Residency Review Committee.

AMERICAN BOARD OF OTOLARYNGOLOGY

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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 and Hospitals of the American Medical Association or by the appropriate Canadian medical authority.

3. Is not required to serve an internship.

4. Must have satisfactorily completed four years of residency training in a manner acceptable to the head of that residency program.

5. Must have a four year minimum resident education program which must include at least one year of surgical residency in a program approved by the Conference Committee for Surgery and three years in otolaryngology, in a program approved by the Residency Review Committee of Otolaryngology. The year or years of surgical residency should be taken before the residency in Otolaryngology. However, it may be taken between the first and second years or second and third years of the residency in otolaryngology, but not following completion of the residency. Residencies in surgery and otolaryngology must be served in educational centers approved by the American Medical Association or the appropriate Canadian medical authority.

6. Who has received some or all premedical and/or medical training in a country other than the United States or Canada and has served a year's internship 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.

APPLICATION FOR EXAMINATION

There is no required time interval between completion of the residency program and making application for examination.

1. An applicant for examination shall complete and submit the application forms supplied by the Executive Secretary-Treasurer of the Board. The application shall include authenticated records of the following: medical education, internships, residencies and other postgraduate studies, hospital and outpatient department appointments, teaching positions, memberships in medical societies, personal publications, and any additional information that the candidate feels might be of value in processing this application.

2. The application must include 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" x 3½" 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 training in both surgery and otolaryngology; (c) official verification of the above medical and resident education, and training; (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 1 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 accepted application designates the candidate as "Board Eligible" and remains active for three years from the date of the mailing of the notification of acceptance by the Secretary-Treasurer of the Board. If, at the termination of this period of time, a candidate has failed to appear for examination, the application is no longer considered valid and the application fee and "Board Eligible" status are forfeited. The application may be reactivated only upon payment of an additional renewal of application fee. If the applicant again fails to appear for examination within three years following such reactivation of the application, he will no longer be considered as "Board Eligible" and no further consideration will be given to any subsequent application submitted without substantiated evidence of additional acceptable training.

7. The Board reserves the right to reject any application.

FEES FOR EXAMINATION

Effective January 1, 1971, the fee for examination will be $350. Of this sum $175 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 $175 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 $175 is refundable.

The order in which candidates are accepted for examination is at the discretion of the Board.

EXAMINATION PROCEDURE

The date and location of the examinations are determined by the Board. Advance notices of the date and location of the examinations are published in the Journal of the American Medical Association and journals devoted to the specialty of otolaryngology. When possible, examinations are held at a time convenient to the date of the annual meetings of the American Academy of Ophthalmology and Otolaryngology, or meetings of other national otolaryngology societies. The examination format now consists of oral and written examinations.

The examinations seek to determine the candidiate's knowledge, skill and understanding in the following categories:

1. Morphology, physiology, pharmacology, pathology, microbiology, biochemistry, genetics, immunology, allergy and neurology relevant to the head and neck; the air and food passages; the communication sciences, including a working knowledge of audiology and speech; the endocrine disorders as they relate to otolaryngology.

2. The recognition and management of congenital anomalies, abnormal function, trauma and disease in the regions and systems enumerated in paragraph 1.

3. The recognition and medical management of diseases and abnormality of function of the ears, upper and lower respiratory tract and food passages.

4. The recognition, technique and surgical management of congenital, inflammatory, neoplastic and traumatic states, including among others:
a. Temporal bone surgery.
b. Paranasal septum surgery.
c. Maxillofacial plastic and reconstructive surgery of the head and neck including rhinoplasty and otoplasty.
d. Surgery of the salivary glands.
e. Head and neck oncologic surgery.
f. Head and neck reconstructive surgery particularly as it relates to the restoration of function in congenital anomalies, following extensive surgery and complications of head and neck trauma.
g. Peroral endoscopy, both diagnostic and therapeutic.
h. Surgery of the lymphatic tissues of the pharynx.
i. Pre- and post-operative care.

5. Diagnoses and diagnostic methods including related laboratory procedures.

6. Diagnostic and therapeutic radiology, including the interpretation of roentgenograms of the nose, accessory sinuses, salivary glands, temporal bone, skull, neck, larynx, lungs and esophagus.

7. Knowledge of the current literature especially pertaining to the areas mentioned in paragraph 1.

8. Knowledge of the habilitation and rehabilitation techniques and procedures pertaining to otolaryngology.

RE-EXAMINATION APPLICATION

A candidate who fails the examination may be permitted to take a subsequent examination after a lapse of eleven months. Eligibility for re-examination expires forty-eight months from the date of notification of first failure. A request for re-examination must be approved by the Board. An additional fee of $350.00, no part of which is refundable, must be paid when the candidate is notified of acceptance. A request for re-examination must be mailed to the Secretary-Treasurer at least nine months prior to the time for re-examination.

A candidate who fails a second examination may apply for a third. A new application must then be filed. The applicant is advised to submit evidence of further study and professional progress with this application. The fee for the third examination is $350.00; $175.00, 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, $175.00, will be due upon notification of acceptance for the examinations under the same conditions stipulated under fees for the first examination.

A candidate who has failed a fourth examination will be required to serve a year of approved 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 examinations. The fee for this certificate is $10.00.

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 convicted by a court of competent jurisdiction of a felony or misdemeanor involving in the opinion of the Board, moral turpitude in connection with his/her practice of medicine; or (e) the physician so certified should have his/her license to practice medicine revoked or should be disciplined or censured as a physician by any court or any other body having proper jurisdiction and authority.

APPLICANT'S AGREEMENT

Applicants are required to sign the following agreement:

I hereby apply to the American Board of Otolaryngology for examination for certification in accordance with the rules, regulations and policies, and herewith enclose the fee of $175.00 for processing this application, none of which is refundable. I shall pay the remaining $175.00 of the total fee of $350.00 if and when accepted for examination and agree that this $175.00 is not refundable. I agree that prior to or subsequent to my examination, the Board may investigate my standing as a physician including my reputation for complying with the ethical standards of the profession. Futhermore, if the Board refuses to grant a certificate, such a refusal may not and shall not be questioned by me in any court of law or equity, or any other tribunal.

AMERICAN BOARD OF PATHOLOGY

GENERAL REQUIREMENTS

1. The candidate must possess acceptable moral and ethical standing in the profession.
2. The candidate must hold a currently valid license to practice medicine, or osteopathy.
3. The candidate must devote professional time principally and primarily to pathology.

PROFESSIONAL EDUCATION

1. Graduation from a medical school in the United States approved by the Council on Medical Education of the American Medical Association, graduation from an osteopathic college of medicine, or graduation from medical schools in other countries acceptable to the Board.
2. Certification by the Educational Council for Foreign Medical Graduates of graduates from foreign medical schools in accordance with the policy followed by the American Medical Association.

SPECIAL TRAINING AND EXPERIENCE

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, or by the Board. "Combined training" is defined as two years in anatomic pathology; *or* two years in anatomic pathology and two years in forensic pathology; *or* two years in anatomic pathology and two years in neuropathology; *or* two years in clinical pathology and two years in a related clinical pathology discipline (i.e., medical chemistry, medical microbiology, hematology, blood banking, radioisotopic pathology); *or* two years in anatomic pathology and two years in a clinical pathology discipline (i.e., medical chemistry, medical microbiology, hematology, blood banking, radioisotopic pathology).

B. After four years, if three of the four years have been in either anatomic pathology only, or clinical pathology only, in institutions approved by the Council on Medical Education of the American Medical Association, or by the Board.

C. After ten years, if none of the training and/or experience has been in institutions so approved.

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 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 no longer requires a clinical internship as part of the residency training in pathology.

Fourth year of time in anatomic pathology only, or clinical pathology only.

Anatomic pathology—After three years of full-time, approved training, the fourth year may be spent either in further training, research, or independent practice of anatomic pathology in a hospital approved by the American Medical Association, or other institutions acceptable to the Board.

Clinical pathology—After three years of full-time, approved training, the fourth year may be spent either in further training, research, or independent practice of clinical pathology in a hospital approved by the American Medical Association or other institutions acceptable to the Board.

3. *Special fields of pathology*

A. *Medical Chemistry, 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 under circumstances satisfactory 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 eligible 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 anatomic pathology and radioisotopic pathology—24 months of anatomic pathology, 12 months of radioisotopic pathology, 12 months training research, or practice related to pathology. 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 clinic pathology, and radioisotopic pathology—24 months of anatomic pathology, 24 months of clinical pathology, 12 months of radioisotopic pathology.

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 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 three years of full-time experience 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 three years of full-time experience in forensic pathology in a situation comparable to that of an institution approved for training in forensic pathology.

F. *Qualification in special fields for those not holding a certificate in pathology.*

Four years of training in the special field of choice, provided three of the four years have been in institutions approved for training in special fields of pathology by the Council on Medical Education of the American Medical Association, or by the Board.

Candidates may, at their own election, substitute not to exceed twelve months of a straight pathology internship, or a fellowship or instructorship in any of the preclinical departments of a medical school for one of the three years.

The fourth year may be a continuation of supervised training or may be independent practice of the special field in an institution approved by the Council on Medical Education of the American Medical Association or by the Board.

4. *Qualification for examination by means of experience.*

The requirements for those acceptable under the so-called "10 year rule" of the Board are:

A. The practice of pathology under circumstances acceptable to the Board for a period of not less than ten 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 ten 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 six years of practice would be required.

B. If a candidate has become certified in anatomic pathology, the rule for eligibility in clinical pathology by experience is:

Five 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 eligibility for examination in anatomic pathology by means of experience after certification in clinical pathology.

CREDIT FOR MILITARY SERVICE

Training for 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.

BOARD ELIGIBLE

For the purposes of The American Board of Pathology, "Board Eligible" for examination is to be defined as applicable to a candidate a) who has sent in a formal application, including fee, to The American Board of Pathology, b) whose application has been evaluated by the Board and found to meet the requirements for examination, and c) who has received a formal statement in writing to that effect from the Board.

Further policies pertaining to this are that the status of being "Board Eligible" for examination is valid for three years only, after which a new application, with additional fee, reevaluation, and new formal statement for examination are required.

Two three-year periods of "Board Eligibility" (a total of six years) are the maximum permitted.

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 two hundred dollars ($200). If the candidate fails in the examination, admission to a second examination is permitted after six months. The applicant must pay an additional fee of two hundred dollars ($200) before a second examination will be given. Effective 1 June 1973 the examination fee (and also the re-examination fee) will be two hundred fifty dollars ($250).

APPLICATION BLANK AND FEE

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 subject 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, or a special field.

Examinations in special fields are given once a year in conjunction with the spring examination.

ISSUANCE OF CERTIFICATE

A candidate who is eligible for examination in anatomic and clinical pathology, having fulfilled the minimum requirements of 24 months of approved training in anatomic pathology and 24 months of approved training in clinical pathology, will receive a certificate only after both parts (anatomic and clinical pathology) of the examination have been passed. Similarly, candidates eligible for examination in anatomic or clinical pathology, and a related special field, and claiming eligibility 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 "Board Eligibility."

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.

CRITERIA FOR APPROVAL OF INSTITUTIONS FOR TRAINING IN PATHOLOGY

In Section C-2-a, C-2-b, and C-2-c of the *General Requirements*, it is stated that candidates must have certain periods of supervised study and training. The American Board of Pathology, in cooperation with the Council on Medical Education of the American Medical Association, certifies hospitals in the United States and Canada as satisfactory for this supervised study and training. Lists of these hospitals are publihed in the *Directory of Approved Internships and Residencies of the American Medical Association each year.*

The general criteria for approval of hospitals and laboratories are both qualitative and quantitative. On the score of quality, consideration is given to the qualifications of the director of laboratories and to the associates and assistants, the supervision of work of the trainee, the excellence of the educational program, and the exactness and completeness of the laboratory work performed. On the score of quantity, consideration is given to the volume and distribution of laboratory work, both in absolute numbers and in relation to the size of the hospital, to the diversity and completeness of tests performed, to the size and equipment of laboratory, and to the number of professional and nonprofessional personnel in relation to the volume of work.

In general, the qualitative standards will determine whether or not a hospital or laboratory is approved and the quantitative standards will determine whether the approval is for one, two, three, or four years of credit toward the requirements of the Board.

The American Board of Pathology considers the first year of graduate medical education in pathology as equivalent to a straight internship. Any Director of an approved residency training program in pathology in an institution that supports other approved internships may apply to have the first year of the program designated as a straight pathology internship provided that the total number of trainees in pathology in the program will not be increased by such redesignation of the first year.

In evaluation of applications the Board takes into consideration the following criteria:

1. Director of laboratories or pathologist:

(a) It is expected that the individual responsible for the training program hold the certificate of the American Board of Pathology in the subject for which the hospital is approved and that he or she spend full time in the hospital. Full time is not interpreted in terms of hours, but rather that the director have no obligation outside the one approved hospital except in a university department of pathology in which he and the residents have an opportunity to participate in the educational program;

(b) In special instances, the equivalent of full time by two or more qualified persons will be accepted and one person need not spend the entire working day in the laboratory;

(c) In special instances, two or more hospitals will be approved as a unit with a single full-time director of laboratories, if it is apparent that a satisfactory training program can be conducted;

(d) In most hospitals, it is expected that the medical staff of the Department of Pathology will include clinical pathologists to implement the subspecialties represented in clinical pathology.

2. Medical Technologists:

There are no absolute criteria, but it is expected that the number of medical technologists will be proportional to the volume of laboratory work.

3. Floor space of Laboratory:

The Board recognizes the complexity and diversity of tests performed in a modern pathology laboratory. To insure optimal working conditions, adequate space should be provided for personnel and equipment. The Board does not specify the exact amount of space in a given laboratory. However, programs in general hospitals with a ratio of less than 20 sq. ft. net per hospital bed will be scrutinized closely.

4. Equipment for the Laboratory:

The variety and completeness of laboratory tests performed depend on the size of the hospital. In all hospitals there should be facilities for the more common tests in clinical pathology, for study of surgical specimens, and for performance of necropsies. In larger hospitals, the variety of tests performed should be larger, and in hospitals with over 500 beds all recognized laboratory procedures should be available for study and treatment of the patient.

5. Percentage of necropsies:

A reasonable percentage of necropsies should be performed.

6. Examination of surgical specimens:

All surgical specimens should be sent to the laboratory for gross examination, and microscopic examinations should be made unless there are general or special reasons not to do so, e.g., teeth, metallic or other foreign bodies, etc.

7. Indices:

There should be indices according to the names of the patients and the diagnosis of all surgical and necropsy material. Indices of selected diagnoses of tests in clinical pathology are equally valuable for teaching and research.

8. Museum:

There should be available gross pathologic specimens for study by the staff in proportion to the size of the hospital. Properly filed and indexed color photographs may in part be substituted for museum specimens.

9. Library:

A reasonably complete library of modern books and recent unbound and bound journals should be available to the hospital, and the more commonly used books and journals should be on hand in the laboratory.

10. Educational program:

The work of the person in training should be supervised. Conferences, seminars, journal clubs, and demonstrations should be conducted as frequently as the volume of material and the size of the staff justifies. A clinicopathologic-correlative conference on deaths should be held regularly.

11. Volume of laboratory work:

In the field of anatomic pathology there should be sufficient volume and variety of necropsy, surgical and cytologic material (except in special programs) to insure adequate education, training and experience in this branch of the specialty. There are no absolute criteria but special scrutiny will be given to a hospital in which an adequate volume and variety of the various types of pathologic material do not exist.

In the field of clinical pathology there should be a reasonable diversification of tests and in each category there should be sufficient volume to provide training and experience. There are no absolute criteria but special scrutiny will be given to a hospital in which there is not a reasonable diversity and variety of clinicopathologic specimens.

Approval is granted for residency training in pathology in the following categories:

CATEGORY APCP-4. In both anatomic and clinical pathology, for a total of four years.

CATEGORY APCP-2. In both anatomic and clinical pathology, one year in each, for a total of two years.

CATEGORY AP-3. In anatomic pathology only, for three or more years.

CATEGORY AP-1. In anatomic pathology only, for one year.

CATEGORY CP-3. In clinical pathology only, for three or more years.

CATEGORY CP-1. In clinical pathology only, for one year.

CATEGORY APFP4. 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.

AMERICAN BOARD OF PEDIATRICS

FREDERIC D. BERG, Associate Executive Secretary, Philadelphia
PHILIP S. BARBA, Consultant, Germantown, Pennsylvania

REQUIREMENTS FOR ADMISSION TO EXAMINATION
GRADUATES OF MEDICAL SCHOOLS IN THE UNITED STATES

All candidates 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. Candidates must be graduates of an approved medical school. Graduates from osteopathic medical schools are accepted if they satisfy the other requirements.

II. Candidates must have three years of hospital-based training in programs approved by the appropriate agencies of the American Medical Association for internship or residency training. During this period of training the candidate is expected to progress in the degrees to which he assumes responsibility for the care of his patients. The Board strongly recommends that the three years of hospital-based training be spent in pediatrics, but it will permit the substitution of other varieties of approved training as explained in paragraph V below.

III. In addition to the three years of hospital-based training, candidates 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, 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 (straight pediatric internship) or follow training at the PL-0 level (first year of junior pediatric residency).

PL-2 Similar to and following PL-1 but with increased 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 candidate 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; 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 now survey potential 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.

Candidates 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 supervisor of the program and of the candidate should be included. When individualized approval is given, it will not imply automatic approval of future candidates 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 subspecialty 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 of admission to its examinations:

PL-0 + PL-1 + PL-2 + 2 years of practice of further experience.

PL-1 + PL-1 + PL-2 + 2 years of practice of further experience.

PL-1 + PL-2 + PL-2 + 2 years of practice of further experience.

PL-1 + PL-2 + PL-3 + 2 years of practice of further experience.

PL-1 + PL-2 + PL-4 + 1 year of practice of further experience.

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 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.

*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.

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 Council for Foreign Medical Graduates.
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. Ordinarily not more than one year of credit will be given for hospital-based training in other countries. This credit will be as a rotating internship (PL-0) regardless of the number of years of training. The candidate will be expected to serve his two basic years of pediatric hospital-based training (PL-1 and PL-2) in approved residencies either in the United States or Canada.

All such candidates must hold the standard certificate of the Educational Council for Foreign Medical Graduates before being admitted to the Board examinations.

Foreign candidates who are returning to their own country at the end of their training period may be examined prior to completion of two full years in the *practice* of pediatrics.

The certificate of the Board will be issued to candidates who have passed successfully the examinations of this Board after they have completed a period of practice or further study in their own country which, when added to similar experience in the United States or Canada, makes a total of two years of the practice of pediatrics.

INFORMATION CONCERNING EXAMINATIONS

The examinations for certification are given in two sections: Part I is written; Part II is an oral examination.

PART I—WRITTEN

Written examinations are objective in type and are given once each year, simultaneously at a number of places scattered throughout the country, and at a few locations abroad. Candidates must pass the written examination before admission to the oral examination will be authorized.

Candidates may apply for admission to written examination six months before completion of their second year of pediatric training. In cases where this regulation would impose a hardship, the Board will consider appeals. Applications must be received prior to January 31st 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 pecular 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; "autoimmune" 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 31ST. 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 five times each year at centers offering suitable facilities. As far as possible, candi-

dates 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 are returning to their own country at the end of their training period may be examined prior to completion of the final two years of practice or further study in pediatrics, but the certificate of the Board will not be issued to them until they (1) pass the oral examination and (2) complete the same 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 $250 payable at the time of application. This fee includes a registration charge of $50 which is not returnable. It entitles the candidate to three written examinations if necessary 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 for each written 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 and two years later without additional charge. After a third failure, the situation will be reviewed by the Board to decide subsequent procedure.

Applicants who fail 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.

PURPOSE OF EXAMINATIONS

The purpose of these examinations is to determine the applicant's competency to practice pediatrics of high quality. Emphasis is therefore placed on practical aspects but since good practice is founded on sound scientific knowledge, the candidate must be prepared to demonstrate that he can utilize basic data.

Clinical and abstract aspects of growth and development are fundamental parts of pediatric training, and about one-fourth of the oral examination is devoted to this phase. Diagnosis and treatment of disease fill another quarter, and the remainder of the examination is devoted to study and discussion of "clinical cases."

CERTIFICATION BY THE BOARD

A certificate is awarded by the American Board of Pediatrics to those candidates who have met the requirements and have satisfactorily passed the examinations.

CERTIFICATION IN SUBSPECIALTY OF PEDIATRIC CARDIOLOGY

ABRAHAM M. RUDOLPH, Chairman, San Francisco
WILLIAM J. RASHKIND, Philadelphia
DAN G. MCNAMARA, Houston, Texas
ALEXANDER NADAS, Boston
MADISON S. SPACH, Durham, North Carolina
NORMAN S. TALNER, New Haven, Connecticut

The American Board of Pediatrics has established certification in cardiology as a subspecialty of pediatrics.

All candidates must hold a certificate in pediatrics before submitting an applicaion for examination in cardiology. The candidate may embark on his training in pediatric cardiology after two years resident training in pediatrics following a rotating internship. In the case of the straight pediatric intern, the first year of pediatric cardiology fellowship may be concurrent with the required third year of hospital training in pediatrics provided that the subspecialty continues for two or more years and that at least half the work is clinical work with children.

Each cardiology application is individually considered and must be accepted by the Sub-Board.

INFORMATION CONCERNING EXAMINATIONS

Cardiology examinations consist of a written, followed by additional examinations. The examinations will be given at a

time and place designated by the Sub-Board not more than once a year. The candidate must take both the written and oral examinations and perform satisfactorily before being certified.

FEES

The application fee for certification in cardiology is three hundred dollars ($300.00). (Registration fee = $50.00— Examination fee = $250.00)

The full fee must be remitted with the application.

An additional fee of two hundred fifty dollars ($250.00) is required for each re-examination. Candidates are permitted to take three examinations without having to resubmit the registration fee of fifty dollars ($50.00). Fees are subject to change at any time.

LETTERS OF RECOMMENDATION

Letters from two competent pediatric cardiologist recommending each applicant must be sent to the Executive Secretary of the Board. These letters should not accompany the application but should be sent directly to the Executive Secretary. One letter must be from the Chief of Service in the hospital in which the candidate has received at least one year of training.

REQUIREMENTS

1) Certification by the American Board of Pediatrics.

2) Completion of two years full-time training in an approved program in pediatric cardiology.

3) Special cases not meeting the above requirements in full may be considered for examination only by unanimous agreement of the Sub-Board of Pediatric Cardiology and the American Board of Pediatrics.

FAILURE IN EXAMINATIONS

Candidates much achieve a satisfactory grade on both the written and oral examinations. The examination process may be undertaken at one, two or three years later with an additional fee of two hundred fifty dollars ($250.00) for each additional examination. After three failures, the situation of the candidate will be reviewed by the Sub-Board in order to determine a subsequent procedure.

Candidates will be asked to resubmit an application after having failed three examinations. Candidates found to have been inactive with the Sub-Board of Pediatric Cardiology will be requested to resubmit an application for credentials review prior to being admitted to another examination.

TRAINING PROGRAMS

Approximately 50 approved training programs in pediatric cardiology exist. Candidates should consult the Directory of Approved Internships and Residencies, published by the American Medical Association each Fall, for listing of hospitals approved for residency training in pediatric cardiology.

APPLICATIONS

Application forms will be forwarded in duplicate on request to the Executive Secretary of the American Board of Pediatrics, Museum of Science and Industry, 57th Street and Lake Shore Drive, Chicago, Illinois 60637

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.

Desiring Certification by Sub-Board of Pediatric Cardiology

1. Registration Fee	= $ 50.00	Both to be paid at
2. Examination Fee	= $250.00	time of Initial Ap-
3. Reexamination Fee	= $250.00	plication.

4. Reapplication & Reexamination Fees
   a) All candidates must reapply and pay Registration and Examination fee if they have not been examined in the past three years.
   b) All candidates must reapply and pay Registration fee and Examination fee if they have failed 3 examinations.
5. The office of the Subboard will send appropriate informations to a) Journals and Pediatric Cardiology Program Directors within six months of examination.
   b) All individuals in Active File will be notified personally of upcoming examination.
   c) All individuals who are about to become inactive will be personally notified.
6. All candidates whose records are presently held by office will be notified of new rules. Any candidate desiring new examination who has paid initial fee of $175.00 and has not been examined will be assessed a fee of $125.00 for his next examination.
7. Any candidate who has failed at least one examination will be assessed a fee of $250.00.

AMERICAN BOARD OF PHYSICAL MEDICINE AND REHABILITATION

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G. Keith Stillwell, Assistant Secretary-Treasurer, Rochester, Minnesota

REQUIREMENTS FOR CERTIFICATION

A

Graduates of Education Institutions in the United States:

1. Graduation from a medical school approved by the Council on Medical Education of the American Medical Association, or graduation from a school without such approval which, in the opinion of the Board, offers medical education equivalent to such an approved school.

2. A legal license to practice medicine in one or more of the states of the United States, its territories or the District of Columbia or one or more of the provinces of Canada.

3. Satisfactory completion of the requirements of the Board for postgraduate education and experience in physical medicine and rehabilitation as set forth below.

B

Graduates of Educational Institutions not in the United States:

1. Graduation from a school which, in the opinion of the Board, offers medical educational 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 Council for Foreign Medical Graduates unless the candidate holds a license to practice in the United States or Canada.

3. A legal license to practice in one or more of the states of the United States, its territories or the District of Columbia or one or more of the provinces of Canada. This requirement is waived if the candidate has completed three years of approved residency training in this country and is returning to a foreign country to practice.

4. Satisfactory completion of the Board's requirements for postgraduate education and experience in physical medicine and rehabilitation as set forth below.

POSTGRADUATE EDUCATION AND EXPERIENCE

Admission to the examination for certification in physical

medicine and rehabilitation requires a minimum of five calendar years of postgraduate education and experience, all undertaken in the United States or Canada, three years of which must be postgraduate education in a residency program approved by the Residency Review Committee for Physical Medicine and Rehabilitation, and two years of which must be full time clinical experience in physical medicine and rehabilitation.

Generally, a candidate must satisfactorily complete an internship in a hospital approved by the Council on Medical Education. However, completion of training which, in the opinion of the Board, is comparable or equivalent to such internship is satisfactory.

At the discretion of the Board, the internship requirement may be waived for a candidate who began his three-year postgraduate education in physical medicine and rehabilitation immediately upon graduating from a school acceptable to the Board provided, that during the first year of such postgraduate education, he: (1) received a minimum of six months training which in the judgment of the Board is equivalent to that provided by an internship, and (2) received training in acute medical and surgical conditions which fulfill minimum requirements of the Board. Whether such training meets the minimal requirements of the Board depends upon the candidate's electives taken in medical school and upon the discretion and judgment of the director of the residency program in physical medicine and rehabilitation.

During the said three years of postgraduate education the candidate must complete a minimum of twenty-four months of full-time clinical training in physical medicine and rehabilitation.

A candidate who has completed an internship but does not qualify for further credit under the present policies of the Board must complete three years of postgraduate training in an approved residency, which training must include a minimum of twenty-four months of full-time clinical training in physical medicine and rehabilitation. During the remaining twelve months such candidate may receive training from other clinical services or may undertake responsibility for full-time research.

Any candidate who has had an internship or equivalent to that required by the Board and at least one year's training in an approved residency in another speciality other than physical medicine and rehabilitation may meet the requirements of the Board by completing two additional years of postgraduate education in an approved program, twenty-one months of which must be spent on full-time clinical practice of physical medicine and rehabilitation.

In selected instances, to be considered on an individual basis, two years of full-time practice in physical medicine and rehabilitation may be accepted as a substitute either in whole or in part for a year of approved residency training. In such instances, six years of such practice could be substituted for the requirement of three years of postgraduate education in an approved residency program.

At the discretion of the Board, credit for one year of residency training may be given a candidate who has completed four years of general practice.

Osteopathic phyisicans, graduated from an osteopathic school in the United States and candidates who have received postgraduate education in a foreign country, may, at the discretion of the Board, be given credit toward satisfactory completion of postgraduate education in the specialty of Physical Medicine and Rehabilitation.

Following satisfactory completion of postgraduate education in an approved residency training, all candidates must present evidence of having had a minimum of two years of full-time practice in the specialty of Physical Medicine and Rehabilitation before they will be deemed eligible for Part II of the Board's examination. In selected instances, eight years of full-time practice in the specialty of Physical Medicine and Rehabilitation may quality a candidate for eligibility for Part I and Part II of the examination.

Practice in the military service, performed after the residency training has been completed, is considered on the same basis as any other practice experience, provided the practice has been exclusively in the specialty of Physical Medicine and Rehabilitation.

APPLICATION

The form which must be submitted by all candidates applying for 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 premedical and medical training, internship, 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 the examination. In addition, there must be submitted with the application the names of three physiatrists or other physicians to whom the Board may write for professional and character reference. The Secretary of the Board will submit to the physicians so named a form requesting them to rate the moral, ethical, and medical ability of the applicant. No applicant will be declared eligible for the examination until the physicians from whom references are requested have replied. If all of a candidate's references are unfavorable, the candidate will be notified of this fact and consideration of eligibility for the examination will be suspended until the Board obtains satisfactory references; however, any applicant may request a hearing before the Board to present evidence material to this requirement.

If the candidate plans to take only Part I or only Part II of the examination, a fee of one hundred and seventy-five dollars ($175.00) shall accompany the application. If the candidate plans to take both Parts I and II during the same examination period, a fee of three hundred and twenty-five dollars ($325.00) shall accompany the application. The completed application including the required fee must be received by the Secretary prior to the deadline date advertised, to be considered by the Board. In case of rejection of any application, twenty-five dollars ($25.00) will be retained to cover the cost of evaluating the application; the remainder will be refunded to the applicant.

If the candidate will not finish his postgraduate education until September 30th following the examination date for which he has applied, he may be allowed to take the examination, but the results will be withheld until verification has been received by the Secretary that he has completed his training.

If a candidate is declared eligible for examination, the fees are not refundable. In the event that the candidate is unable to appear for the examination and is officially excused in writing by the Board, fees paid will remain on deposit up to three years, after which they will be forfeited to the Board. During this three year period, the candidate may reapply by letter for Board eligibiliy to take the examination. Subsequent to the three year period, a formal application must again be initiated by the candidate accompanied by payment of the fees required. A completed reapplication must be received by the Secretary prior to the deadline date advertised to be considered.

In case of failure on the examination, the fee for reexamination of Part I alone or Part II alone is one hundred and seventy-five dollars ($175.00); for both Parts taken at the same time, it is three hundred and twenty-five dollars ($325.00). The Board is a non-profit organization, and the fees of candidates are used solely for defraying the actual expenses of the Board. The members of the Board serve without remuneration. The Board reserves the right to change the fee when necessary.

In the event a foreign graduate (or any other candidate) who has not been licensed to practice in the United States or Canada applies for Part II of the examination, he may take the examination, but the results of the examination and any certificate earned are withheld until it is verified that such person has obtained his license or has returned to his native land.

DESIGNATION OF ELIGIBILITY

An applicant shall be designated Board eligible for accreditation by the American Board of Physical Medicine and Rehabilitation upon completion of the following conditions:

1. Filing of educational credentials and application for certification with the Secretary of the Board by the applicant.
2. Payment of the fee 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 requirements for eligibility.

Upon establishment of such eligibility, the candidate will be notified of the date and place for the examination. A candidate who fails to pass Part I of the examination may apply for reexamination the following year. Any candidate failing Part I twice must complete a one year full-time approved program of Physical Medicine and Rehabilitation specialty training before declaration of eligibility will be considered for Part I examination the following year. Failure to pass Part I of the examination a third time permanently precludes the candidate from any further consideration or designation of eligibility by the Board for examination or certification.

An applicant who has failed Part I of the examination, or who applies for Part II of the examination after successfully completing Part I thereof, shall not be designated Board eligible by the Board until the completion of the following conditions:

1. Filing a *letter* of application for the examination by the applicant.
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 requirement for eligibility.

If the candidate fails Part II, he may reapply for eligibility for reexamination including payment of the examination fee the following year and again a third year if still unsuccessful. After three unsuccessful efforts to pass Part II of the examination, eligibility for a fourth and final Part II examination may be established only upon completion of one year of full-time postgraduate education in an approved program of Physical Medicine and Rehabilitation. Failure to pass a fourth Part II examination precludes the candidate from any further privilege to apply for examination.

Effective July 1, 1967, the above policy will be applicable and in no case shall the interval between first attempting Part I and the successful completion of Parts I and II of the examination exceed seven years.

Failure to appear for annual examination once eligibility is established for either Part I or Part II, without being officially excused, shall result in forfeiture of the fee deposited and shall be considered a negative result in the examination scheduled for that year resulting in the loss of one opportunity to take that part of the examination. Only under extraordinary circumstances, fully presented to the Board and showing good cause for failing to procure an official excuse prior to the examination, shall the Board vary from this policy.

A candidate may take Part I and Part II of the examination in the same year, but if he fails Part I, his score on Part II will not be considered because Part I must be passed in order to become eligible for Part II of the examination.

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.

Part I and II may be taken in the same year by any candidate if such candidate has fulfilled all the requirements for eligibility for admission to examination outlined above.

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. These include arthritis and 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. This includes electromyography and other diagnostic techniques.

3. 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.

4. 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 is a written examination and will be given once each year, usually in the month of June. 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 consists of oral examinations which are held once each year at such times and places as the Board may designate. The oral examinations are given by the members of the Board with the assistance of such guest examiners as may be selected.

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 and therapeutic procedures. 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 clinical 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 examination, the Board will grant a certificate to the effect that the candidate has met the qualifications required by the Board of the specialty of Physical Medicine and Rehabilitation. The recipient of a certificate shall be 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 hospitaal or clinic, not of this Board.

The chief aim of the Board is to standardize qualification for specialists in physical medicine and rehabilitation and to certify as specialists those who voluntarily appear before the Board for such recognition and certification, according to its regulations and requirements; and thereby provide assurance to the public and the medical profession that certificants possess particular competence in physical medicine and rehabilitation.

A list of the diplomates of the Board appears in the directory of Medical Specialists published by *Marquis- Who's Who, Inc.*, of Chicago, Illinois, for the American Board of Medical Specialties.

REVOCATION OF CERTIFICATES

Any certificate shall be subject to revocation by the Board if any one or more of the following conditions is found to exist:

1. The issuance of such a certificate or its receipt by the certificant shall have been contrary to or in violation of any provision of the Certificate of Incorporation of the Board or of its Constitution and By-Laws.
2. The certificant shall not have been eligible to receive such certificate, irrespective of whether the facts constituting ineligibility were known to or could have been ascertained by the Board at the time such certificate was issued.
3. The certificant shall have made any material misrepresentation of fact in his application for such certificate or in any other statement to the Board or its representative.
4. The certificant has failed to maintain competency in the practice of physical medicine and rehabilitation.
5. The certificant is guilty of unethical conduct or moral turpitude which is unbecoming a certificant in physical medicine and rehabilitation or detrimental to the best interests of the public and the specialty of Physical Medicine and Rehabilitation.

No certificate shall be revoked unless the following procedures are afforded the certificant:

1. A copy of the charges preferred against the certificant and the event or events from which such charges have arisen is served upon him by registered mail.
2. The certificant is given at least ten days to prepare his defense.
3. A hearing is held on such charges at which the certificant is afforded a full opportunity to be heard in his own defense including the right to cross-examine witnesses appearing against him and to examine documents material to said charges.

The Board shall have the sole power, jurisdiction, and right to determine whether the evidence presented at said hearing or otherwise is sufficient to constitute one of the grounds for revocation stated above. The Board shall make findings of fact a basis for its decision, which shall be final.

AMERICAN BOARD OF PLASTIC SURGERY

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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 candidates 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 a medical school of the United States or Canada approved by the Council on Medical Education and Hospitals of the American Medical Association, or graduation from a foreign school considered acceptable by the Board. The 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 minmum 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 Internships and 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 on the first Saturday following Labor Day. The regional distribution of the Board examinations will be determined on a yearly basis by the Board, and 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.

GRADES

Successful completion of the Part I examination requires a grade of 75% or better in each of the three separate parts of the Part I examination.

RE-EXAMINATIONS

In case of failure, the candidate will be required to repeat that particular segment of the Part I examination that was failed. The candidate must give the Board office notice requesting re-examination and pay a fee of $100.00 for the written re-examination.

All re-examinees must also obtain a minimum grade of 75% in each part taken in order to qualify for the oral examinations.

Candidates who have failed in any portion of 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. Each candidate will then be required to submit a one-page summary of eight major cases indicative of his independent work in the field of plastic surgery.

CASE SUMMARIES

Case summaries, which are indicative of independent work, must be submitted to the Board office by March 15th. 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 (a copy of that submitted on the previous March 15th).

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 three, three-quarter hour oral examinations covering: 1) Case summaries; 2) Theory and Practice of Plastic Surgery; 3) Applied Anatomy, Applied Physiology; 4) Pathology, Microbiology, Clinical Laboratory Methods; 5) Reaction of Tissue to Injury, Wound Healing and Transplantation Biology; 6) Surgical Accidents and Complications. Anesthesiology. Pharmacology.

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 $225.00. Of this sum, $75.00 must accompany the application and the remaining $150.00 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

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ELIGIBILITY REQUIREMENTS FOR EXAMINATION

Each applicant for a Certificate in Public Health, Aviation Medicine, Occupational Medicine, or General Preventive Medicine is required to meet certain eligibility requirements and to pass an examination. Such eligibility requirements are set forth in the By-laws of the Board. For the information of applicants such requirements are briefly outlined below; but for a full statement thereof reference must be made to the By-laws, as from time to time in force, by which alone such requirements are governed:

GENERAL REQUIREMENTS*

1. Good moral character and high ethical and professional standing;
2. Graduation from a medical school in the United States or Canada approved by the Council on Medical Education of the American Medical Association, or from a school of osteopathic medicine which was at the time approved by the American Osteopathic Association, or from a foreign school satisfactory to the Board;
3. A hospital internship of at least one year approved by the Council on Medical Education of the American Medical Association, or a foreign hospital internship satisfactory to the Board; or has had service or training deemed by the Board to be equivalent to such internship; and
4. Authority to practice medicine in a State, Territory, Commonwealth or possession of the United States or in a Province of Canada.

SPECIAL REQUIREMENTS IN PUBLIC HEALTH*

1. Successful completion of at least one academic year of graduate study leading to the degree of Master of Public Health or an equivalent degree or diploma in a school of public health accredited for the purpose of such graduate study by the American Public Health Association; or training or study deemed by the Board to be substantially equivalent to such graduate study;
2. Residency of at least two years of field experience in general public health practice, which included planned instruction, observation, and active participation in a comprehensive, organized, public health program approved by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; or an equivalent Canadian residency approved by the Board; one year of such period in both instances may be an approved clinical residency in a field directly related to public health;
3. A period of not less than one year, in addition to 1 and 2 above, of special training in, or teaching or practice of, public health;
4. The candidate must have been engaged in the practice of, or training for, public health for at least two of the five years preceding application.
5. Limitation of practice to full-time teaching, research, or practice of public health as a Specialty.

SPECIAL REQUIREMENTS IN AEROSPACE MEDICINE*

1. Successful completion of at least one academic year of graduate study in preventive medicine in a school of public health accredited for the purpose of such graduate study by the American Public Health Association; or training or study deemed by the Board to be substantially equivalent to such graduate study;
2. Residency of not less than two years, in addition to 1 above, which shall have provided planned instruction in the principles of aerospace medicine, and supervised participation in a comprehensive program of aviation medicine approved by the joint Residency Review Committee for Preventive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; one year of such requirement may be satisfied by one or more years of training in an approved residency in a clinical specialty deemed by the Board to be directly related to aerospace medical practice.
3. A period 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.
5. Limitation of practice to full-time teaching or research in, or practice of, aerospace medicine.

SPECIAL REQUIREMENTS IN OCCUPATIONAL MEDICINE*

1. Successful completion of at least two academic years of graduate study in preventive and occupational medicine in a school of medicine, a university graduate school, a school of public health, or a combination of these schools, all of which must be acceptable for such graduate training by the joint Residency Review Committee for Preventive Medicine of the Council on Medical Education of the American Medical Association and the American Board of Preventive Medicine; or training or study deemed by the Board to be substantially equivalent to such graduate study.
2. Residency 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 requirement for an internship will be discontinued July 1, 1973. Revised General and Special Requirements will become effective at that time.

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.

5. Limitation of practice to full-time teaching, research, or practice of occupational medicine.

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 by the American Public Health Association, or in Canada, an equivalent academic program approved by the Board; and

2. Residency of at least two years of instruction, observation and supervised experience in a comprehensive organized Preventive Medicine Residency Training Program approved for this type of residency training by the joint Residency Review Committee for Prevenive Medicine of the American Medical Association's Council on Medical Education and the American Board of Preventive Medicine; or an equivalent Canadian residency approved by the Board. One year of the residency experience may be in a clinical residency approved by the American Medical Association's Council on Medical Education, or an equivalent Canadian residency, in a field directly related to preventive medicine;

3. A period of not less than one year (in addition to 1 and 2 above) of special training or research in, or teaching or practice in, some area (or areas) of preventive medicine;

4. The candidate must have been engaged in the practice of, or training for, preventive medicine for two of the five years preceding application.

5. Limitation of practice to full-time teaching, practice or research in preventive medicine as a specialty.

APPLICATIONS FOR EXAMINATION AND RE-EXAMINATION

Each application for examination must be made on the prescribed form (which may be obtained from the Secretary of the American Board of Preventive Medicine) and must be filed with the Secretary by November 1st in order for eligibility to be established for the examination in the spring of the next year. It must be accompanied by the required documentation, application fee, and one recent, clear, unmounted, autographed photograph of the applicant which should be attached to the application.

No member of the Board is authorized to give an opinion as to the eligibility of candidates. The determination of eligibility will be made only by the Board, after receiving full application information. Each candidate must comply with Board regulations in effect at the time the examination is taken and also those in effect at the time the Certificate (if any) is issued; regardless of when his original application was filed.

Properly qualified applicants may take Parts I and II of the examination together following the four years of graduate education, residency and additional specialized experience, or may elect to take Part I of the examination after completion of the graduate study and the required residency training. In either situation, an applicant will not be admitted to examination until he has completed satisfactorily all requirements of graduate study and residency.

An applicant declared ineligible for admission to examination may refile or reopen his application on the basis of new or additional information within two years of the filing date of his original application, without payment of an additional application fee.

An applicant declared eligible for admission to examination but who fails to submit to examination within three years of the date of the first examination for which he or she is declared eligible, except as specified above, is required to file a new application, and to pay a new application fee.

Candidates failing the examination, may, upon timely application and payment of appropriate fee, be admitted to re-examination within a three-year period.

Candidates failing three examinations will not be admitted to subsequent examinations unless the Board so directs.

MULTIPLE CERTIFICATION

A person who has been certified in one affiliated specialty (e.g. Public Health), may apply for certification in another affiliated specialty (e.g. Occupational Medicine); however, the applicant must meet in full the special requirements for each of the affiliated specialties in which he desires to be examined.

In determining whether the applicant meets such requirements, no period of training or experience, other than the year of formal graduate study, will be taken into account if the same period shall have been taken into account in determining his eligibility for another affiliated specialty.

FEES

Application fee.....$50

Must be submitted with application; is not refundable.

Examination fee.....$200

Fee for each Part of examination is one-half of total examination fee and is payable when applicant is notified of acceptance for examination.

Re-examination fees:

Each part taken.....$100

Examination fees for additional affiliated Specialties: Each specialty.....$100

EXAMINATIONS

Examinations will be held from time to time and in various places depending upon need as indicated by applications received. Examinations in some instances will be held in connection with the annual meetings of the nominating organizations and also may be held at other times and at other places so located geographically as to minimize travel for the applicants.

The examination consists of two parts:

Part I is a comprehensive written examination designed to test the knowledge of the applicant in the basic principles of preventive medicine. Part II is a comprehensive written examination or, in the case of candidates being examined in General Preventive Medicine, a comprehensive oral examination emphasizing the applicant's knowledge in the special field in which he requests certification.

An oral interview or practical examination is also required of candidates being examined in Public Health, Aviation Medicine, or Occupational Medicine which usually will be held at the completion of Part II of the examination. An endeavor will be made to adapt the details of the oral interview or practical examination to each candidate's experience and practice.

Candidates for certification in a second or third affiliated specialty will be required to pass only that portion of the written and/or oral examination relating specifically to such field, i.e. Part II only.

The examiners will submit a report upon each candidate to the assembled Board, by which the result of the examination will be determined finally.

CERTIFICATION

Upon satisfactory completion of the examination and proof to the satisfaction of the Board that the applicant is eligible for certification, a Certificate will be issued to the effect that the applicant has been found to be possessed of special knowledge in the field specified in his application. The Certificate will be signed by officers of the Board and will have its seal affixed. Each Certificate remains the property of the Board, but the person to whom it is issued is entitled to its possession unless and until it is revoked. Any Certificate issued by the Board may be revoked if evidence, satisfactory to the Board, is presented that the applicant was not eligible to receive it at the time of application or issuance, or that he misstated, misrepresented, or concealed any pertinent fact, or that his license to practice medicine has been suspended or revoked, or that he has ceased to be engaged in the teaching, research, or practice of the specialty in which he has been certified. The issuance of a Certificate to any person does not constitute such person a member of the Board.

CERTIFICATION OF FOREIGN MEDICAL GRADUATES

The Board may issue special certificates to graduates of foreign medical colleges indicating the possession of special knowledge in Preventive Medicine, or a field thereof. Such certificates are issued only to individuals who have had full residency training in Preventive Medicine in the United States or Canada but who are not authorized to practice medicine in the United States or Canada.

To be eligible for such certification, the individuals must make application for special certification and must establish to the satisfaction of the Board that (1) he has been graduated with the degree of Doctor of Medicine, or a degree determined by the Board to be equivalent, from a medical school not located in the United States or Canada; (2) he has satisfactorily passed the qualifying examination given by the Educational Council for Foreign Medical Graduates; and (3) he has had, in the United States or Canada, not less than three (3) years of training and experience in Preventive Medicine or a field thereof, which included (a) at least one year of study in a School of Public Health, or a school determined by the Board to offer equivalent training and (b) at least two (2) years of Residency Training or supervised field experience in Preventive Medicine or a field thereof, except that the requirement of one year of such training and experience may be satisfied by a clinical Residency judged by the Board to be directly related to Preventive Medicine or a field thereof; and that (4) it is his intention, without mental reservation, to engage in practice in a specified country other than the United States or Canada within one year after completion of training. Should he at any time thereafter engage in teaching or practice in the United States or Canada, he will deposit his special certificate with the Boards.

The application procedures, the examinations, and the fees are the same as those required of all others seeking certification by this Board.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY

APPLICATION FOR CERTIFICATION

An application, in order to be considered for Part I of the examination, which is given about May 1 of each year, must be in the hands of the Secretary of the Board *no later than the preceding October 31*. A proper application form may be obtained from the Executive Secretary-Treasurer. Application may be made for certification in psychiatry or in neurology. Applications will be formally considered only when made on the official application blank in such form as may be adopted from time to time by the Board and when accompanied by an application fee in such amount as may be fixed by the Board.

The Executive Secretary-Treasurer of the Board, upon receipt of an application, will make inquiries from those whom the candidate submits as references and from such other persons as the Executive Secretary-Treasurer may deem desirable and will verify the candidate's record from the biographical records of the American Medical Association. Determinations of applicants' eligibility will be made in accordance with the rules and regulations of the Board in effect from time to time.

FORM OF CERTIFICATION

The Board currently issues four types of certificates. The first is a certificate with respect to psychiatry, the second is a certificate with respect to neurology, the third is a certificae with respect to child psychiatry and the fourth is a certificate with respect to child neurology. If an applicant is certified with respect to both psychiatry and neurology, or with respect to both child psychiatry and child neurology, two certificates shall be issued to such applicant, one in psychiatry and the other in neurology. Each certificate shall be in such form as may be specified from time to time by the Board.

REQUIREMENTS FOR APPLICANTS

Each applicant for a certificate must establish that:

1. Physician (M.D.)
   (a) He has an unlimited license to practice medicine in a state of the United States or its possessions, or in a province of Canada.
   (b) He has a satisfactory moral, ethical and professional standing.
   (c) He has satisfactorily completed the Board's specialized training and experience requirements in psychiatry or neurology, or both as set forth below.
2. Osteopathic Physician (D.O.)
   (a) He has an unlimited license to practice medicine in a state of the United States or its possessions.
   (b) He is of satisfactory, moral, ethical and professional standing.
   (c) He has satisfactorily completed the Board's specialized training and experience requirements in psychiatry or neurology, or both, as set forth below.

SPECIALIZED TRAINING AND EXPERIENCE

Admission to the examination for certification in psychiatry or in neurology requires a total of five calendar years of training and experience, all undertaken in the United States or Canada, three years of which must be specialized training in the specialty in which certification is sought satisfactorily completed in approved training programs, plus two years of experience. Admission to the examination for certification in both psychiatry and neurology requires a total of six calendar years of training and experience, all undertaken in the United States or Canada, four years of which must be specialized training satisfactorily completed in approved training programs, plus two years of experience. If an applicant seeks

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certification in both psychiatry and neurology, he must have satisfactorily completed four full years of graduate training in approved training programs and have had two full years of satisfactory experience, all undertaken in the United States of America or the Dominion of Canada. The graduate training must include two years in psychiatry and two years in neurology. For an applicant whose training began after June 30, 1964, at least two full years of training in each specialty must be spent in a single program. The graduate training years may occur in any sequence. The two years of experience may be in either neurology, or psychiatry, or both, but at least one year of training in psychiatry or neurology must precede the year(s) of experience. The required years of experience should be spent in clinical practice with major responsibility for the care of patients. Those seeking such dual certification will be required to take the entire Part I (written) examination in each specialty.

All applicants who began training on or after July 1, 1956, must show that at least 24 months of their training were secured in a training program or different programs approved for at least two years of residency training in the specialty in which they seek certification. All applicants who began training on or after July 1, 1964, must show that at least 24 months of their training were secured in a single training program approved for two or three years of training credit.

The training for psychiatrists should include clinical work with psychoneurotic and psychotic patients, combined with the study of basic psychiatric sciences, medical and social psychology, psychopathology, psychotherapy, and the physiological and pharmacological therapies, including a basic knowledge of the form, function and pertinent pathology of the nervous system. The training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training period should include instruction in the psychiatric aspects of general medical and surgical conditions and the behavior disorders of children and adolescents sufficient to develop practical ability to direct the treatment of such conditions. It should also include collaborative work with social workers, clinical psychologists, courts, and other social agencies. The training program of the candidate for certification in psychiatry should include sufficient training in neurology to enable him to recognize and to evaluate the evidences of organic neurological disease.

The training for neurologists should be based on clinical work with adults and children with neurological disorders, including the neurological complications of medical and surgical conditions. This should be combined with study of the basic neurological sciences, neuroanatomy, neurophysiology, neuropathology, neurochemistry, neuropharmacology, and neuroroentgenology. This training should be supervised and guided by teachers competent to develop skill and understanding in the utilization of such basic knowledge in dealing with patients. Mere factual knowledge is not sufficient. This training should include sufficient training in psychiatry to enable the candidate to recognize and evaluate the common psychiatric reactions.

The Board offers the foregoing two paragraphs as an outline of desirable training. If, however, the candidate has evidence of equivalent qualifications of training and experience not in the pattern here formulated, this evidence with appropriate documentary support may be included in his application for evaluation and possible approval by the Board.

Candidates seeking certification in either neurology or psychiatry, after being certified in the other, must submit evidence satisfactory to the Board of an additional two years of post-graduate training in an approved training program in the supplementary specialty.

Thus, no candidate is eligible for examination by the Board until he has completed at least five years of special training and experience in neurology or in psychiatry for a single certificate, or at least six years of special training and experience in neurology and psychiatry for certification in both neurology and psychiatry.

Experience credit will not be given for work performed before the applicant has had at least one year of accredited training in psychiatry or neurology except that an applicant may substitute two or more consecutive years spent in formal accredited training in any one of the medical or surgical specialties for one year of experience in psychiatry or neurology. This training may have been acquired prior to the training in psychiatry or neurology.

Since the emphasis of the Board examination is in the clinical aspects of psychiatry and neurology, the candidate is advised to obtain adequate clinical experience during the two years following his training. Under certain circumstances, experience credit will be given for investigative work in any of the basic sciences. Documentation of these two years must be submitted.

The lists of training programs approved by this Board and by the Council on Medical Education of the American Medical Association may be found in the current issue of the Directory of Approved Internships and Residencies.

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 has 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 of the American Board of 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.

The plan will go into effect July 1, 1970.

CERTIFICATE IN NEUROLOGY

WITH SPECIAL COMPETENCE IN CHILD NEUROLOGY

The American Board of Psychiatry and Neurology believes that the proper preparation for the practice of Child Neurology requires that the practitioner be a competent neurologist who has had additional training in Pediatrics and Child Neurology. To qualify for the new certificate, a different type of preparation and certifying examination has been formulated. The same diploma will be used, the only difference being that instead of certifying competence in "Neurology," it will certify competence in "Neurology with Special Competence in Child Neurology." It is expected that such a diplomate will be a general neurologist, but with special knowledge of neurological disorders of children.

The following are the requirements for eligibility for admission to examination for certification in Neurology with Special Competence in Child Neurology.

A. GENERAL QUALIFICATIONS

The applicant must comply with the Board's requirements as to being duly licensed to practice medicine, being of high moral, ethical and professional character, being a graduate of an acceptable medical school, and having completed one year's approved internship. Straight Pediatric internship is not an absolute requirement but is strongly urged.

B. SPECIAL QUALIFICATIONS

1. One year of general Pediatric residency.
2. Two years of general Neurological residency.
3. Either of the following:
   (a) Two years of Neurological residency devoted to Child Neurology; or
   (b) One year of Neurological residency devoted to Child Neurology plus two years of experience in Child Neurology.
4. During the period of Neurological residency, the candidate must have satisfactory training in the sciences basic to Neurology and in Psychiatry and Neurological Surgery as outlined in the "Essentials of Approved Residencies" as they apply to Neurology.

C. EXAMINATION

Successful completion of the Part I (written) examination is required before admission to the oral examination.

Just as the training for this certificate would differ from the regular pattern, so would the examination. In the regular neurological certifying examination, the candidate examines and discusses the neurological problems presented by two adults and one child. For the new certificate the candidate would be required to pass all other parts of the regular examination but would instead examine two children and one adult patient.

EXAMINATIONS

Though the purpose of the examination is to test the competence of the candidate in psychiatry or neurology or both, it must not be forgotten that both these medical disciplines constitute part of the broad field of general medicine. The Board requires some proficiency in neurology on the part of those it certifies in psychiatry and vice versa, but examines the candidate in accordance with the certificate he seeks. The examinations will be of such type that no adequately trained person will fail, and yet they will be sufficiently searching so that the specialist in fact may be separated from the specialist in name. Part II (the practical examination) will include the examination of patients under the supervision of the examiner. The manner of examining patients, and the reasoning and deductions therefrom, will constitute an important part of the examination. Oral and practical examinations will be given in the basic sciences with special regard to their clinical implications. The examination for certification in psychiatry will differ from the examination for certification in neurology. Written examinations (Part I) will be given.

The neurologist should have acquired skill to conduct a diagnostic psychiatric interview, to summarize his findings, and formulate a diagnostic statement. He should be acquainted with other diagnostic procedures used in psychiatry, when they are useful, and their limitations (psychologic tests, narcosynthesis). He should have a reasonable knowledge of general psychopathology and a sufficient awareness of psychodynamic forces to make it possible for him to manage the emotional problems of a patient with a neurological illness. His information of psychiatry should include as well knowledge of the major forms of psychiatric therapy, their indications and contraindications. The neurologist must be aware as well as of such medico-legal issues as competency and responsibility. Formal provision should be made in neurologic training programs so that the trainee may acquire the knowledge and skills described before.

REGULATIONS REGARDING EXAMINATIONS

All candidates seeking eligibility for the oral examination in Psychiatry or Neurology first must successfully complete Part I (written) which will be a multiple-choice type of examination.

The written examination is given once a year, about May 1, on a regional basis throughout the United States and Canada as well as in selected sites outside the continental limits of the United States. Every effort will be made to accommodate candidates in their locale, but the candidate may not select the site of his examination, and no transfer to another area can be made during the three-month period preceding the written examination.

Approximately six weeks after the written examination, candidates will be notified by the Executive Office of the Board, Inc. whether they passed or failed.

Candidates who have passed the written examination will be assigned to Part II (oral) and may not select either the site or the date. It is the candidate's privilege to decline the assigned examination and request consideration for a later date, but there is no guarantee that another date or location will be more satisfactory to the candidate.

The candidate who successfully completes his written examination but does not appear for his oral examination within a three-year period loses his eligibility. Should he wish to appear for the oral examination at a later date, he must reapply, pay another application fee, reestablish his eligibility, pay examination fees and successfully complete another written examination.

Applications for candidates declared eligible but who do not elect to take Part I of the examination remain valid for three years from the date they are received in the Executive Office. The candidate who does not appear for examination during this three-year period forfeits his application and written examination fees. When he reapplies, he must pay another application and written examination fee.

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. Scheduling for Part II examination will be made automatically in the order of original application for examination.

Candidates who condition the Part II examination shall be required to be present for assigned repeat examination within six months of the conditioned examination, unless the availability of places in the schedule requires further deferral.

The candidate who passes Part I (written) but fails Part II (oral) has a second opportunity for another oral examination within one year after his first unsuccessful attempt and payment of another Part II examination fee. Should he fail the second time, he must wait two years and take additional training before reapplying, pay the necessary fees and repeat the written examination.

Candidates who do not appear for their assigned written examination forfeit the $50.00 fee and are required to pay an additional written examination fee should they request scheduling for the written examination at a later date.

A candidate who fails his first written examination may on payment of $50.00 take his second written examination the following year or the year thereafter. Two failures will necessitate reapplication with a new fee and reevaluation by the Credentials Committee.

Physicians who will achieve eligibility (three years of residency followed by two years of experience) no later than June 30 may submit their formal application before the preceding October 31 and request consideration for the May written examination.

PAYMENT OF FEES
(Effective July 1, 1969)

The candidate upon filing his application shall accompany it with a fee of $175.00. If the applicant is found not eligible,

the written examination fee of $50.00 will be returned to him. The application fee of $125.00 is not refundable. When the candidate has successfully completed his written examination, the Executive Office will notify him that he has been accepted for the oral and practical examination. The candidate must then send to the Executive Office an additional examination fee of $150.00. A candidate who has been certified in either psychiatry or neurology and who has been admitted to the supplementary examination for the other certificate must pay an additional fee of $150.00.

A candidate who has failed the written examination may request permission to repeat the written examination. Such requests must be accompanied by a written examination fee of $50.00 which must be received in the Executive Office no latter than October 31 prior to the scheduled date of the examinations.

A candidate who has failed in one oral examination is eligible for re-examination within one year upon payment of a re-examination fee of $150.00. After the year has elapsed, he must submit a new application and pay new application and examination fees. If he fails the re-examination, he may, after two years have elapsed, submit a new application and $175.00 fee, present evidence of further training, and pay an examination fee of $150.00, repeating both the written and oral examinations.

A candidate who fails in one or two subjects conditions the oral examination and is eligible for re-examination in those subjects within six months upon payment of a re-examination fee of $100.00. After the six months has elapsed, he must submit a new application, pay new application and examination fees and repeat both the written and the entire oral examinations. If he fails the re-examination, he may apply again for the complete examination after two years upon submission of evidence of further training and upon payment of a fee of $175.00. If declared eligible by the Credentials Committee, he will be required to complete successfully the written examination before being admitted to the oral examination at which time he must pay a new examination fee of $150.00.

Any candidate who finds himself unable to attend the examination to which he has been admitted and does not notify the Secretary at least three months before the date of the examination will forfeit his examination fee. Any candidate who fails to appear for examination within a period of three years following the date of application shall be required to submit a new application and pay the applicable fees and re-establish his eligibility.

APPLICATION FOR CERTIFICATION IN CHILD PSYCHIATRY

An applicant who wishes to be certified in Child Psychiatry shall complete, sign and file with the Executive Secretary-Treasurer 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 Secretary-Treasurer. The application shall be accompanied by a check payable to the Board for $125 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 Secretary-Treasurer. The application, supporting data and fee must be received by the Board no later than May 1 in order for the applicant to be considered for the examination to be conducted during that calendar year.

The Executive Secretary-Treasurer, upon receipt of an application, shall make inquiries from those whom the candidate designates as references and from such other persons as the Executive Secretary-Treasurer 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 satisfactory 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 trainwas 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 he 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 $125.00. This fee is not refundable.

Those applicants accepted for examination will be notified and scheduled for examination. The examination fee of $150.00 is payable when such payment is requested by the Executive Secretary of the Board. If a written examination is required, an additional examination fee of $25.00 will be required.

Should the applicant be found not eligible for examination for certification in Child Psychiatry, he will be notified of his deficiencies so that these may be corrected before expiration of application. The application remains valid for three (3) years from date of submission. After this period, the applicant must submit a new application and pay a new application fee to receive further consideration.

EXAMINATIONS

Examinations will be held whenever there are a sufficient number of candidates. These will be oral and/or written examinations and will include examination in all areas relating to normal personality development and pathological deviations. It will cover any area of developmental disturbance, including mental retardation, etiological mechanisms and therapeutic measures and planning. Knowledge of the history and literature of Child Psychiatry will constitute a part of the examination. The utilization of psychological testing, contributions of collaborative personnel and types of social planning will constitute a part of the examination. An important part of the examination will be the candidate's ability to reason from the material presented to him and to organize a practical program of therapy and management from these data.

Should the candidate not be successful in the initial examination, he may be re-examined within one year after payment of a $150.00 re-examination fee. If he does not appear for re-examination within one year, the application lapses, and he may receive further consideration only after submitting a new application and a new application fee of $125.00.

A candidate who fails not more than two of the six examination hours may receive a "conditional result." His re-examination will consist of one hour of examination in each of the subjects failed in the initial attempt and must be taken within a one-year period.

Should the candidate not be successful in re-examination, he must wait for two years before submitting a new application. During these two years, he must remain in the full-time practice of Child Psychiatry as defined above and undertake such further preparation which will correct the deficiencies which he should have noted in his two previous examinations.

Any candidate who finds himself unable to attend an examination to which he has been admitted and does not notify the Secretary of the Board at least three (3) months before the date of examination will forfeit his examination fee. Any candidate who has been declared eligible for examination and who fails to appear for examination within a period of three (3) years from the date of submission of application shall be required to submit a new application and pay the attendant fee.

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 490,
Evanston, Illinois 60201

AMERICAN BOARD OF RADIOLOGY

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 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 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. A license to practice medicine in the state or country in which he resides, or of which he is a citizen. Osteopathic physicians must have a license to practice medicine that is identical with and equivalent to the full and unrestricted licenses granted graduates of approved schools of medicine in the United States.

3. Assurance that the applicant holds himself out to be a specialist in Radiology or one of its branches as defined under "Definitions" and that he limits his practice to the field of Radiology.

4. Assurance that he is a citizen of the United States or Canada, or a citizen of another country.

B. General Professional Education:

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 detemine from time to time.

RADIOLOGY

1. Candidiates beginning their training in Radiology after June 30, 1971 will be required to have four years af 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 Medicine. Time spent in Nuclear Medicine 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 Medicine. It may include a maximum of three months' training in Therapeutic Radiology.

Candidiates may expect to be examined in physics and in Diagnostic Nuclear Medicine.

THERAPEUTIC RADIOLOGY

Candidates beginning their training in Therapeutic Radiolgy 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 Medicine. It may include a maximum of three months' training Diagnostic Radiology.

Candidates applying for Therapeutic Radiology alone must show evidence of personal experience in the use of intracavitary and interstitial radium or equivalent sources, as well as proficiency in roentgen and other teletherapy modalities.

CREDIT FOR MILITARY SERVICE

Candidates beginning their training before July 1, 1971, and engaged in full-time radiological work while in service may substitute one year of their military experience for the additional year of either further training or practice if their formal training was interrupted by military service, or if it came immediately before or upon completion of the training.

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 $300.00 (U.S. Currency) 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 $175.00. 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 new application and 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 examinaion 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 $175.00 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 new application and re-examination fee are required.

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REQUIREMENTS FOR ADMISSION TO THE EXAMINATIONS AND CERTIFICATION

I. GENERAL QUALIFICATIONS

Professional competence in surgery, an ethical standing in the profession and a moral status in the community which are satisfactory to the Board.

Engagement in the practice of surgery.

II. MINIMAL EDUCATIONAL REQUIREMENTS

A. Preliminary Education

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 manner. Candidates for examination are expected to have a detailed knowledge of surgery of the gastrointestinal tract and other abdominal conditions, of the breast and of the head and neck. In addition they are expected to possess an adequate breadth and depth of understanding of the principles of management of musculoskeletal, trauma and head injuries, and of the more common problems in cardiothoracic, vascular, gynecologic, neurologic, orthopedic, pediatric, plastic 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 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 or chief year of residency in an approved program in a manner satisfactory to the Board in order to be considered for admission to the examinations.

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 evaluation and actions of the Conference Committee on Graduate Education in Surgery.

Those programs in General Surgery in the United States approved by the Conference Committee on Graduate Education in Surgery for four or more years (Type I) and in Canada by the Royal College of Physicians and Surgeons of Canada for "full training" are acceptable to the Board.

Those residency programs in the United States bearing the three-year approval (Type II) of the Conference Committee are acceptable as partial training for candidates completing such programs prior to July 1, 1972. As previously announced, all Type II programs were discontinued effective June 30, 1972 and residents who were then in junior appointments in those programs not approved for Type I status beginning on July 1, 1972 must complete the requirements applicable to their particular status as shown on page 7.

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 Conference Committee on Graduate Education in 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 Approved Internships and 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

Satisfactory completion of four or more years of graduated responsibility in clinical surgery following graduation from medical school in a program acceptable to the Board is required of all candidates. The Board believes that optimum surgical education requires that the resident remain in the same program for at least the final two years of his clinical training. Candidates may under current policies complete the Board requirements in two ways.

1. GROUP I—Candidates who satisfactorily complete an approved Type I (four or more years) graded residency in surgery including a bona fide senior year.
   a. For candidates who on or after July 1, 1971 have a dual appointment as surgical intern and first year surgical resident, the residency must include at least four years of clinical surgery following graduation from medical school. Clinical surgery may include rotations on other closely allied disciplines such as anesthesiology, surgical pathology, or additional *clinical* rotations (not to exceed six months' total during the four years) which the Program Director considers to be an integral part of the entire program. Full time rotations to other non-surgical services must be in addition to the above specified clinical years in surgery. A senior year is required.
   b. For candidates not having a dual appointment but who had a free standing internship or other suitable clinical experience of at least one year, the four year

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. A senior year is required.

c. Candidates serving in approved programs 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 year of true senior responsibility.

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 approved as a component of that program by the Conference Committee on Graduate Education in Surgery.

e. The Board will recognize assignments during junior years not to exceed one year to hospitals approved by the Conference Committee as an "affiliate" of the parent program. The senior year must be accomplished in the parent institution except where special approval has been granted by the Conference Committee for a part thereof to be in a separate "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, preferably 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 a 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.

Residents who have not completed 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

Such credit is not automatic. Candidates who have served in the U. S. Military Services may be granted credit for not more than twelve months provided the Program Director under whom he is serving his residency so recommends. The candidate must have served in a military hospital in a status other than that of a regularly appointed resident in an approved program, must have had a satisfactory surgical assignment with adequate and diversified clinical material; and must have been under the supervision of a surgeon acceptable to the Board. Group II candidates may not receive credit towards their residency for military service, but it may be considered for preceptorship credit.

CREDIT FOR FOREIGN GRADUATE EDUCATION AND EXPERIENCE

Qualification for examination and certification by the American Board of Surgery is based upon surgical education in appropriately approved programs in the United States or Canada. Regardless of an individual's professional attainments here or abroad, no more than partial credit may be granted for surgical education in a foreign country and such credit is considered by the Board only when the request originates from the Director of an approved program in which the candidate has been serving for nine to twelve months as a junior resident and whose observed performance is such that the Director wishes to advance him to a higher level. Such requests from the Director will be considered by the Credentials Committee and recommendations made to the Board. It is highly unusual that more than one year of credit for residency at a junior level is granted by the Board for surgical education abroad.

RULES GOVERNING ADMISSIBILITY TO THE EXAMINATIONS

I. INITIAL EXAMINATION

A. A candidate is not admissible to the examinations in whole or in part until he has successfully met the requirements of the Board *currently in force at the time he submits his formal application* and/or such other requirements as the Board may specify in special cases, all his credentials have been considered; and his formal application has been approved. He will be notified of the Board's action regarding his application and admissibility to the examinations.

B. A candidate who has been notified of the approval of his application and who does not successfully complete the examinations of the Board within five examining years will no longer be considered an "Active Candidate" and therefore not admissible to its examinations. If he wishes to be reinstated as an "Active Candidate" he must so notify the Board and furnish such information as may be required to update his credentials. He must meet the requirements in force when he is reinstated. If he is reinstated it will be for a period not to exceed three years, after which his credentials must again be assessed.

C. One who has not been an "Active Candidate" for a five-year period will have his file removed from the records of the Board and disposed of. After that date, if he wishes to be considered for admission to the examinations, he will be processed as a "New Applicant."

The Board does not use or sanction the term "Board Eligible." The standing of an individual with the Board varies from time to time according to the status of his credentials.

II. RE-EXAMINATION

A. A candidate may be examined in Part I for a second or third time at one year intervals. A candidate who has been unsuccessful three times may be admitted to re-examination for a fourth time after an interval of two years provided his updated credentials are acceptable to the Board. A candidate who has been unsuccessful in Part I on four occasions or who has not successfully completed Part I within ten years after approval of his original Application for Examination will be required to complete satisfactorily at least one year of General Surgery Residency at an advanced level in an approved Type I program, or no less than one year in a Clinical Fellowship in General Surgery, either of which must be approved in advance by the Board, before he will be considered for readmission to the examination.

B. A candidate may re-examined for the second time in Part II after one year's interval. He may be examined for the third time after an additional interval of two years if his request is approved by the Credentials Committee. A candidate failing Part II three times must subsequently complete satisfactorily a minimum of one year of General Surgery Residency at an advanced level in an approved Type I program, or no less than one year in a Clinical Fellowship in General Surgery, approved in advance by the Board, before he will be considered for readmission to the examination. The Board, on the basis of its judgment, may deny a candidate the privilege of further re-examination.

C. A candidate who previously passed a part of the Part II examination when it was divided into Clinical Surgery and Basic Sciences or Anatomy and Pathology and who now applies for re-examination must complete the entire Part II because the basic sciences have been integrated into the examination and are not offered as separate subjects.

THE EXAMINATIONS

The examination required for certification is composed 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.

I. PART I

This examination is written and is offered once a year, usually on the first Wednesday in 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.

The examinations are composed annually by members of the American Board of Surgery with the technical assistance of the National Board of Medical Examiners.

Successful completion of Part I is a requirement for admission to Part II.

II. 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 examination in surgical pathology by 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.

APPLICATION FOR EXAMINATION

A prospective candidate for examination by the Board should carefully read the requirements set forth in this 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 December of 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 December of that year.

Candidates who complete the educational requirements after September 30th will *not* be considered for admission to Part I in December of 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

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 Examination	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 at least 3 days prior to the examination to which he is assigned or who fails to attend he 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 and the Associate Secretary-Treasurer, serve without remuneration.

CERTIFICATION

I. AWARD OF CERTIFICATE

A candidate who has met all the requirements and successfully completed the examinations will be issued a Certificate by the Board, signed by its officers, attesting to his qualification in surgery.

II. 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

REQUIREMENTS FOR EXAMINATION

1. Certification by the American Board of Surgery.
2. Adequate training in thoracic and cardiovascular surgery.

Definition of what constitutes adequate training.

Candidates who have satisfactorily completed two years of training in a program approved by the tripartite Residency Review Committee for Thoracic Surgery are eligible for examination by the American Board of Thoracic Surgery.

Candidates trained in thoracic and cardiovascular surgery in programs not approved by the Residency Review Committee for Thoracic Surgery must have their qualifications reviewed by the Credentials Committee of the American Board of Thoracic Surgery on an individual basis. Requests for such evaluation should be directed to the Secretary, Rollin A. Daniel, Jr., M.D., 14624 East Seven Mile Road, Detroit, Michigan 48205.

The Board does not accept training by preceptorship.

Even though emphasis on one or another facet of thoracic surgery (pulmonary, cardiovascular, esophageal, thoracic trauma, etc.), may have characterized the candidate's training experience, he is nevertheless held accountable for knowledge concerning all phases of the field. Not more than one year of training credit is to be allowed for experience that is confined to any one such segment.

Since few hospitals are capable of providing adequate experience in all facets of thoracic surgery, affiliation between diverse institutions is recommended. By preference the twenty-four months of training should be consecutive, and rotation through affiliated institutions or services should be appropriately spaced for proper benefit from each. It is also required that the candidate be familiar with the basic sciences as they relate to thoracic surgery. His moral and ethical standards must be acceptable.

TWELVE-MONTH SENIOR RESIDENCY REQUIREMENT

The American Board of Thoracic Surgery has adopted a provision that every candidate for certification must have satisfactorily completed 12 months of senior responsibility in thoracic and cardiovascular surgery, which preferably should be continuous. The Chief of Thoracic Service will be required to sign a statement to that effect as a part of the application of the American Board of Thoracic Surgery. These policies apply to all candidates who began their senior resident responsibilities on or after January 1, 1969.

FOREIGN TRAINED CANDIDATES

In exceptional instances and after individual evaluation, the Credentials Committee of the Board may grant some credit for training in thoracic surgery acquired on services outside of the United States.

APPLICATIONS

Prospective candidates desiring to apply for examination should consider whether they are able to meet the minimum requirements of the Board. They should then submit a letter to the secretary's office, outlining briefly their training and experience in thoracic surgery. An application form will not be sent unless evidence is submitted in the letter indicating that the prospective applicant appears to meet the minimum requirements.

The Board's acceptance of candidates for examination is based not only upon an evaluation of their training but also upon information available to the Board concerning their professional ability as Thoracic Surgeons and their ethical standing.

EXAMINATIONS

The last semi-annual examination consisting of an oral clinical examination and an interpretive data examination (which combines X-ray interpretation, pathology and interpretation of cardiac catheterization data) was given in May, 1972.

Beginning in the fall of 1972, the examination will consist of an objective multiple choice written examination and a practical oral examination to be given concurrently, once annually.

Candidates who are eligible for examination or re-examination and who fail to exercise the examination privilege within three years must have their eligibility re-evaluated by the Credentials Committee of the Board.

Information regarding the date and location 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.

It is the policy of the American Board of Thoracic Surgery to examine candidates only upon the completion of their thoracic surgery residency.

RE-EXAMINATIONS

Candidates who fail the examination are eligible to repeat the examination the following year.

FEES

Registration fee ..... $50.

This fee must be submitted with the application. It is not refundable.

Examination fee ..... $350.

This fee is due and payable when the candidate is notified that he has been approved for examination.

Re-examination fee ..... $250.

This fee is due and payable when the candidate is notified that he has been approved for re-examination.

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

VICTOR F. MARSHALL, President, New York City
J. HARTWELL HARRISON, Vice-President, Boston
JAMES H. MCDONALD, Secretary-Treasurer, Rochester, New Hampshire
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CLARENCE V. HODGES, Portland, Oregon

Office of the Board, Oakbrook Towers, Suite 4-G, 40 North Tower Road, Oakbrook, Illinois 60521

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 $150.00 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 graduate 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.

Any formally integrated service may permit some variation on the one-year basic science, general surgery and internal medicine requirement, provided it is completed prior to the senior year.

E. Applicant must have an additional period of not less than two years in the practice of Urology in the city of his office or place of practice.

F. The applicant must assure the Board that he is engaged in the full time practice of Urology.

G. After January 1, 1969, except in unusual instances and at the discretion of the Board, applicants will be required to make application within five years of completion of the training required by the Board. After a five year period, additional training may be required. Applicants will be required to submit case reports within three years of the date of formal application.

FEE

The examination fee is $300.00. (This fee will be increased when and if the expense of the examinations and other activities of the Board demand.) One hundred fifty dollars should accompany the application. One hundred fifty dollars should be paid when the application has been processed. Neither fee is returnable. The cost of the preparation and mailing of the certificate will be charged to the candidate.

Applications for certification shall be examined by the Credentials Committee and reviewed by the Board. When additional data are required to complete the application, these will be requested by the Secretary.

If a candidate fails, he will be permitted a second examination after one year or within three years, but he must give sixty days' notice of his intention to appear for re-examination. A NEW group of case reports will be required, which do not duplicate previous submissions made to the Board. When an applicant has failed twice he may file a new application after two years and shall pay a second full fee.

A candidate who has 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. A list of all major and minor hospital cases during the

most recent two year post-residency period. These lists should include the name of the hospital, identification of the patient, date of admission and designation of the specific surgical procedure. This index must be verified by the various hospital administrators.

2. Photostatic copies of one or more of the full hospital record of any of the above may likely be requested. The candidate is expected to furnish this within one month of the request.

3. Detailed presentations of ten representative (not necessarily consecutive) major urological cases chosen from the above list. At the conclusion of each, a discussion of interesting, unusual and instructive features is expected. The inclusion of one or more photographs of principal roentgenograms is advisable. Also, a specific formulation of the indications for operation in each case, and a final appraisal of the result is required.

4. Preparation of Case Reports

The Board is fully cognizant that all operative results are not always perfect, so the candidate need not be fearful reporting undesirable results or deaths. In the latter instance, a necropsy report is desirable to complete the clinical picture.

Preparation of case reports by candidates for examination by The American Board of Urology, Inc., is requested in order to give the Board a view of the competence of the candidate in his daily practice and to acquaint the examiner with the candidate's abilities in diagnosis and treatment of patients having undergone a *variety* of major urological surgical procedures.

It is essential that the greatest possible variety of major surgical urological disorders be presented. The Board is interested in the candidate's abilities throughout the entire scope of Urology (male, female and children) rather than the candidate's interest or abilities in a small segment of urological practice. The case reports may deal with post-residency, private or ward patients under the candidate's charge and upon whom he has personally operated.

These reports must reveal not only facts but also the candidate's ability to think and to express himself in clear English. The candidate must specify the patient's problem, the reasons for and the interpretation of the various diagnostic procedures and selection of the particular surgical procedures and selection of the particular surgical procedure and the final result. Furthermore, there should be included a six (6) month post-hospital follow-up (in its absence, reasons should be stated). In short, the candidate must present the material, adequately dated, so that the examiner need not make any assumptions concerning omissions or important details.

The reports must be done personally and the final typewritten material proofread and a statement included to verify this fact. Particular attention should be given to the use of descriptively clear, grammatically correct English including punctuation, spelling, paragraphing, dating and careful numbering of pages.

If the records are not bound the case reports should be stapled individually bearing the numbers 1 through 10 so that the examiner can easily identify each in grading the set.

Carbon copies of the entire group are to be brought to the Oral-clinical Examination.

Each case report should begin with the following headings:

a. Identification of the patient
b. Age, sex, occupation, race and marital status
c. Name of hospital, city, state and referring physician
d. Date of hospital admission
e. Preoperative diagnosis
f. Operative procedure and date
g. Final diagnosis
h. Complications
i. Final result
j. Date of hospital discharge

The body of the record should contain the following:

a. History

(1) Chief Complaint

This is to be stated as subjective symptom and not an objective or laboratory observation.

(2) Present Illness

This is to be presented, fully dated, as a historical record of the patient's complaints and their development.

(3) Past Personal History

An account of the patient's previous illnesses, operative procedures, injuries, venereal infections, allergic manifestations and a review of symptoms. Such information as marital status, menstrual history, personal habits should be included.

(4) Family History

Facts relevant directly or indirectly to the present illness should be recorded.

b. Physical Examination

The physical examination should be presented in significant detail under proper headings paragraphed for ease of reading. At its beginning the patient's blood pressure, temperature and pulse is to be stated.

c. Laboratory Data

Clinical laboratory data must be reported in detail and not recorded as "normal." It is to be reported under proper headings; i.e., blood count, urinalysis, blood chemistries, x-ray, renal function studies, etc.

Urographic and angiographic studies are to present the interpretation of the candidate and not a copy of the radiologist's report.

d. Preoperative Hospital Period

This should be presented in detail with significant dates and the several diagnostic procedures described including their indications. Again this should be presented under appropriate headings, i.e., laboratory data, cystoscopic examinations, excretory urograms, etc. Any omission of indicated laboratory or x-ray data because of economic reasons or lack of available facilities should be so stated.

e. Provisional Diagnosis

f. Indications for Operation

The specific indications for a particular operation should be stated with supporting subjective and objective data in order to completely justify the anticipated surgery.

g. Operative Procedure

The operative procedure should be described in detail including the type of anesthesia, preparation of patient, gross pathological anatomy, etc.

h. Pathology

(1) Tissue Examination

The tissue removed should be described by the candidate as to the gross appearance, its weight, size, and the histologic findings. This is to be the observation of the candidate rather than a copy of the pathologist's report.

(2) Chemical Examination

Such findings as the composition of stones, etc.

(3) Bacteriologic Reports

The report of any specific infection which may have been demonstrated in the operative specimen, operative wound, urine obtained in the event of stones or an obstructive uropathy, etc.

i. Postoperative Course

This should be carefully dated and portray in detail this portion of the patient's hospital illness. It must include all complications, unusual febrile reactions, their cause and consultations along with specific findings and recommendations.

The postoperative therapy should be specifically outlined including reasons for such therapy. The time of removal of sutures, the drain and the catheter should be recorded along with the final condition of the wound.

Postoperative laboratory data or x-rays should be recorded stating their indications, the results and their influence on further therapy.

j. Final Diagnosis

k. Final Hospital Summary

A concise statement stating patient's admission date and the primary problem along with the date of operation and its indication and a brief summary of the post-operative period and the date of discharge.

l. Postoperative Post-Hospital Follow-up

This should include a period of six (6) months with significant dates, specific therapy, laboratory and x-ray studies and their indications. In the event the patient was not or could not be followed for six months (in rare instances) the reasons should be stated. The final condition of the patient should be recorded.

m. Final Case Summary

This summary should provide the examiner with evidence of the candidate's cerebrations which either support or deny the efficacy of the preoperative, operative, and post-operative decisions and any intervening irregularities which may have influenced the ultimate handling of the particular patient problem. If this is merely a recapitulation the case report will be failed.

5. Prepare a resume with dates and identification of the last four consecutive cases in which death occured while the patient was under the candidate's responsibility (whether private or service, recent or remote). If autopsy was not performed, indicate why.

6. The deadline for receipt of case reports in the Board Office is July 1st of each year.

B. Examinations

1. Written

The written examination is designed to demonstrate the candidate's knowledge of the entire field of urology and allied subjects; i.e., clinical, urology, embryology, anatomy, physiology, pathology, bacteriology, physiological chemistry, endocrinology, etc.

This examination may be held simultaneously on a specified date in different parts of the country at places convenient for candidates.

2. Pathology

The examination in pathology will consist of the identification of gross and microscopic morphology and urinary sediments.

It will be held at the time of the oral-clinical examination.

3. Oral-clinical

This will consist of a discussion of urological problems, subjects forming the basis of this examination include all phases of urography and clinical urology (male, female and child) encompassing metabolic, physiologic, biochemical and bacteriologic aspects of clinical urology.

It will ascertain the candidate's familiarity with recent literature, the breadth of his clinical experience and his general qualifications for the practice of urology.

C. The professional adaptability of each candidate will be investigated in an attempt to determine his ethical conduct and his attitude toward his patients and fellow practitioners.

FINAL ACTION OF THE BOARD

Final action concerning each applicant is made by the entire Board and is based on the applicant's training, his professional record, his attainments in the field of Urology, and the results of the examinations. This Board is organized not to prevent qualified urologists from obtaining certificates but to assist them in becoming recognized in their communities as men competent to practice in the special field of Urology.

THE ACTIVITIES DESCRIBED IN THE FOREGOING PROCEED FROM THE CERTIFICATE OF INCORPORATION IN WHICH IS STATED THE NATURE OF THE BUSINESS, OBJECTS, AND PURPOSES PROPOSED TO BE TRANSACTED AND CARRIED OUT BY THIS CORPORATION.

REVOCATION OF CERTIFICATE

Certificates issued by this Board are subject to the provisions of the Articles of Incorporation and the By-laws. According to Article IX, Section 4, of the By-laws, "Each Certificate shall be subject to revocation in the event that:

A. The issuance of such certificate or its receipt by the physician so certified shall have been contrary to, or in violation of, any provision of the Certificate of Incorporation of this, The American Board of Urology, Inc., or of the By-laws; or

B. The physician or party certified shall not have been eligible to receive such certificate, irrespective of whether or not the facts constituting him so ineligible were known to, or could have been ascertained by, the directors of the Board at the time of the issuance of such certificate; or

C. The physician or party so certified shall have made any misstatement of fact in his application for such certificate or in any other statement or representation to the Board or its representatives; or

D. The physician so certified, at any time while continuing to practice, shall cease to practice Urology; or

E. The physician so certified shall at any time have neglected to maintain the degree of competency in the practice of the specialty of Urology as set up by the Board, and shall refuse to submit to re-examination by the Board; or

F. The physician so certified has been found to be guilty of unethical practices or immoral conduct or of conduct leading to revocation of his license.

The Board of Trustees of this Corporation shall have the sole power, jurisdiction and right to determine and decide whether or not the evidence or information before it is sufficient to constitute one of the grounds for revocation of any certificate issued by this corporation. The Board of Trustees, may, however, in its discretion, require any physician so certified to appear before the Board of Trustees or before any one or more of them or before any individual or individuals designated by the Board of Trustees, upon not less than twenty (20) days written notice, and to show cause, at the time and place specified in such notice, why his certificate should not be revoked upon any one or more of the above-described grounds specified in such notice. The failure of any physician so notified to appear as required in such notice, without due excuse deemed sufficient to the Board of Trustees, shall constitute, *ipso facto*, cause for revocation of his certificate. The decisions of the Board of Trustees relating to all matters under this Section 4 shall be final and binding.

MEDICAL LICENSURE REQUIREMENTS*

Formal Education Requirements of Licensing Boards

Medical practice acts vary considerably with respect to preprofessional and professional training requirements. In some instances, these requirements are broadly stated, thereby giving the boards broad powers to establish regulations governing education and training. In three states, graduation from medical school is the only stated educational requirement.

Two states still have medical practice acts that require graduation from high school without providing for equivalent credits. In those states, it is possible for exceptional students who might have gone to college without graduation from high school to be refused medical licensure.

In 29 states there are specific quantitative requirements for the amount of premedical college work. In all except one of these the requirement is for two years of work or an equivalent amount expressed in other terms; three states specify 60 semester hours. One state stipulates a three-year resident course of college grade, but a year ago it modified the act to include the words "or its equivalent." This incidentally provides an example of the way in which problems of this nature may be handled in a progressive manner.

There are 11 states in which subject matter is specified at the premedical college level. In four of these, the law states only that the board or a commissioner of the board may establish or prescribe course requirements. All 11 identify the subjects of chemistry, physics, and biology in one way or another; three of the 11 specify courses in English, and one specifies in addition a foreign language. Two of the states prescribe in their laws the length of the required course; one stipulated one college year of physics, biology, and English and two college years of chemistry; the other specifies 12 semester hours of chemistry, 8 semester hours of physics, and 8 of biology—of which 10 hours must consist of laboratory work. In one jurisdiction the regulations stipulate six semester hours each of English, chemistry, and biology, with three of the chemistry required in organic. One other state stipulates theoretical and laboratory courses in physics, biology, inorganic chemistry, and organic chemistry. Three states have the specification that the premedical course work must be applicable toward a BA or BS degree.

Licensure of Foreign-Trained Physicians

The AMA Council on Medical Education and the Executive Council of the Association of American Medical Colleges for ten years (1950-1960) published a listing of foreign medical schools whose graduates they had recommended for consideration on the same basis as graduates of approved medical schools in the United States and Canada. The list was offered as an advisory aid for use by state licensing boards, hospitals, specialty boards, and other organizations in the United States concerned with the

Basic Requirements for Initial Medical Licensure for Graduates of US Medical Schools

	Written Exam	Basic Science Certif.	Endorsement of National Boards	Citizenship[2]	Graduate Training[4]
Alabama	X	X[8]	X	X	X
Alaska	X	X[8]	X	..	X
Arizona	X	..	X	I	X
Arkansas	X	X[8]	NO	X	X[7]
California	X	..	X	..	X
Canal Zone	X	..	X	..	X
Colorado	X	X[8]	X	X	X
Connecticut	X	X[8]	X	D	..
Delaware	X	..	NO	D	X
District of Columbia	X	X[8]	X	..	X
Florida	X	..	X	D	X
Georgia	X	..	X[1]	X	X
Guam	X	X	X	..	X
Hawaii	X	..	X	D	X
Idaho	X	..	X	D	X
Illinois	X	..	X	..	X[5]
Indiana	X	..	NO	..	..
Iowa	X	X	X	D	X
Kansas	X	X	X	D	X
Kentucky	X	..	X	X	X
Louisiana	X	..	NO	D	..
Maine	X	..	X	I	X
Maryland	X	..	X	D	..
Massachusetts	X	..	X	D	..
Michigan	X	..	X	D	X
Minnesota	X	X[8]	X	D	X
Mississippi	X	..	X	X	..
Missouri	X	..	X	..	..
Montana	X	..	X	X[3]	X
Nebraska	X	X[8]	X	D	..
Nevada	X	X	X	D[3]	X
New Hampshire	X	..	X	D	X
New Jersey	X	..	X	D	X[5]
New Mexico	X	..	X	D	..
New York	X	..	X	D	..
North Carolina	X	..	X	D	..
North Dakota	X	..	X	..	X
Ohio	X	..	X	D	..
Oklahoma	X	X[8]	X	D	X[5]
Oregon	X	X[8]	X	..	X
Pennsylvania	X	..	X	D	X
Puerto Rico	X	..	X	D	X
Rhode Island	X	..	X	D	X
South Carolina	X	..	X	I	X
South Dakota	X	X[8]	X	D	X
Tennessee	X	X[8]	X	..	..
Texas	X	X	NO	D	..
Utah	X	X[8]	X	D	X
Vermont	X	..	X	D	X
Virgin Islands	X	..	NO	..	Xr
Virginia	X	..	X	D	..
Washington	X	X[8]	X	..	X
West Virginia	X	..	X	D	..
Wisconsin	X	X[8]	X	I	X
Wyoming	X	..	X	D	X

X—Implies yes, or required.
1—Only if issued prior to Oct 15, 1953.
2—D indicates a declaration of intention to become a citizen of United States. No entry (..) indicates no requirement. I—indicates Immigrant visa (blue card).
3—Declaration of citizenship adequate for citizens of Canada.
4—All states indicated by X only require one year of straight or rotating internship; those indicated by Xr require rotating internship. No entry (..) indicates no requirement.
5—Straight internship accepted if applicant furnishes proof he has finished residency training in approved hospital training program or has been accepted for such training.
6—Straight internship accepted except in pathology and psychiatry.
7—At the discretion of the board.
8—Part I of National Board or FLEX acceptable. Also a license in another state by examination.

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evaluation of medical schools. It was acknowledged that the list was tentative and that the position of the two councils with respect to foreign medical schools not listed was that they neither approved nor disapproved them.

With the institution of the ECFMG examination, both councils withdrew the listing, effective Jan. 1, 1960. The councils wish to emphasize that discontinuing the listing of foreign medical schools was not intended to indicate any lowering of standards of the foreign medical schools included in the listing. Rather, the action reflected the councils' inability to acquire and maintain a continuing, adequate knowledge of the educational programs of the foreign medical schools whose graduates come to the United States.

Four boards, Connecticut, Kentucky, Maine, and Minnesota, maintain their own lists of acceptable foreign medical schools; the remaining 48 do not attempt to maintain such lists. Of the 48, some continue to make use of the AMA's extinct list as described above, whereas the majority depend on the ECFMG examination and certificate.

The current recommendation of the Council on Medical Education and the Executive Council of the Association of American Medical Colleges is that agencies in the United States concerned with the medical qualifications of graduates of foreign medical schools consider certification by the Educational Council for Foreign Medical Graduates as evidence that the recipients of such certification have medical knowledge at least comparable with the minimum expected of graduates of approved medical schools in the United States and Canada.

The current requirements for foreign-trained physicians seeking medical licensure in the United States and its possessions are given in Appendix Table 11 of the complete licensure report. All but seven boards require applicants to present the certificate obtained after successfully passing the ECFMG examination. Eighteen of these boards stated in 1972 that the ECFMG requirement was in the law, and the remainder said it was in their regulations. Irrespective of the basis for the ECFMG requirement, all but 13 state boards said that it was possible to waive the requirement for individual applicants. The most usual causes for waiving ECFMG were certification of the physician by a specialty board, licensure in another state by virtue of having passed an examination, American citizenship and education in the United States, arrival in the United States before 1960, and graduation from a medical school in the United Kingdom.

Most states require foreign graduates to have at least one year of approved graduate training in a US hospital. Two boards, Indiana and West Virginia, eliminated the US graduate training requirement for licensure in the past year, leaving such requirement to the discretion of the board in individual cases.

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	D
Alaska	X	X	X	..
Arizona	X	..	X	I
Arkansas	X	..	X	X
California	X	..	X	..
Colorado	X	..	X	X
Connecticut	X	X	X	D
Delaware	X	X	X	D
District of Columbia	X	X	X	..
Florida	X	..	X	D
Georgia	X	..	X	D
Guam	X	X	..	..
Hawaii	X	X[1]	X	D
Idaho	X	..	X	D
Illinois	X	..	X	D
Indiana	X	X	X	D
Iowa	X	X	X	D
Kansas	X	X	X	D
Kentucky	X	..	X	X
Louisiana	X	..	X	D
Maine	X	X	X	I
Maryland	X	..	X	D
Massachusetts	X	..	X	D
Michigan	X	..	X	D
Minnesota	X	..	X	..
Mississippi	X	X	X	..
Missouri	X	..	X	..
Montana	X	..	X	D
Nebraska	X	..	X	D
Nevada	X	..	X[6]	D
New Hampshire	X	X	X	D
New Jersey	X	..	X	D
New Mexico	X	X	..	D
New York	X	[2]	X	D
North Carolina	X	..	X	D
North Dakota	X	X	X	..
Ohio	X	..	X	D
Oklahoma	X	..	X	D
Oregon	X	X	X	..
Pennsylvania	X	..	X	D
Puerto Rico	X	..	..	D
Rhode Island	X	[4]	X	D
South Carolina	X	..	X	I
South Dakota	X	..	X	D
Tennessee	X	..	..	[5]
Texas	X	[3]	..	D
Utah	X	X	X	D
Vermont	X	X	X	..
Virgin Islands	X	..	..	..
Virginia	X	..	X	D
Washington	X	..	X	..
West Virginia	X	..	X	D
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).
1—If certified by National Board of Medical Examiners.
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.
6—If served in a hospital recognized for intern training by the AMA.

Status of Requirements for Medical Licensure for Physicians Trained in Foreign Countries Other Than Canada*

	Written Examination	Admitted Also on Reciprocal or Endorsement Basis	Citizenship	Offer FLEX Examination	Internship	Certification by Educational Council for Foreign Medical Graduates	Special Basic Science Test	Examination Fee, $
Alabama	x	..	x	x	x	x	x	100
Alaska	x	x	..	x	x	x	x	150
Arizona	x	x	I	x	x	x	..	100
Arkansas	x	..	x	x	x	..	x	50
California	x	..	..	x	x	..	..	50
Canal Zone	x	x	..	..	x	x	..	50
Colorado	x	..	x	x	x	x	x	75
Connecticut	x	x	D	x	..	..	x	150
Delaware	x	x	D	..	x	x	..	50
District of Columbia	x	x	..	..	x	x	x	50
Florida	x	..	D	..	x	x	..	50
Georgia	x	x	x	x	x	x	..	50
Guam	..	x	..	..	x	x	..	50
Hawaii	x	..	D	x	x	x	..	125
Idaho	x	..	D	x	x	x	..	150
Illinois	x	x	..	x	x	..	..	75
Indiana	x	..	..	x	..	..	..	85
Iowa	x	x	D	x	x	x	x	50
Kansas	x	..	D	x	x	x	x	50
Kentucky	x	x	x	x	x	x	..	50
Louisiana	x	x	D	x	x	x	..	100
Maine	x	x	I	x	x	x	..	100
Maryland	x	x	D	x	x	x	..	100
Massachusetts	x	x	D	x	..	x	..	125
Michigan	x	x	D	x	x	x	..	75
Minnesota	x	x	D	x	x	x	x	75
Mississippi	x	..	x	..	..	x	..	35
Missouri	x	x	I	x	x	x	..	100
Montana	x	x	x	x	x	x	..	100
Nebraska	x	x	x	x	..	x	x	100
Nevada	x	x	D	x	x	x	x	200
New Hampshire	x	x	D	x	x	x	..	100
New Jersey	x	x	D	x	x	..	..	100
New Mexico	x	x	D	x	..	x	..	100
New York	x	x	D	x	x	x	..	40
North Carolina	x	..	D	x	..	x	..	100
North Dakota	x	..	..	x	x	x	..	125
Ohio	x	x	..	x	x	x	..	100
Oklahoma	x	..	D	x	x	x	x	65
Oregon	x	x	..	x	x	x	x	150
Pennsylvania	x	..	D	..	x	x	..	50
Puerto Rico	x	..	D	..	x	..	..	30
Rhode Island	x	x	D	x	x	x	..	50
South Carolina	x	..	I	x	x	x	..	100
South Dakota	x	x	D	..	x	x	x	40
Tennessee	x	..	..	..	x	x	x	50
Texas	x	x	D	..	..	x	x	50
Utah	x	x	D	x	x	x	x	75
Vermont	x	x	D	x	x	x	..	105
Virgin Islands	x	..	..	..	x	x	..	100
Virginia	x	x	D	x	x	x	..	100
Washington	x	x	..	x	x	x	x	25
West Virginia	x	x	D	x	..	x	..	100
Wisconsin	x	x	I	x	x	x	x	100
Wyoming	x	x	D	x	x	x	..	75

*See separate table applicable to Canadian citizens (Table 13)
x—implies yes.
D—Declaration of intention to become citizen of United States.
I—Immigrant visa (blue card).

ARIZONA. Two years of approved internship or residency in US hospitals required.

CALIFORNIA. Noncitizens—2-year internship in an approved hospital in the US, 1 of the said years being in California, or 5 years of graduate training in approved programs for declared citizens. Citizens—1-year approved internship in an approved hospital in the US followed by an oral and clinical examination; if satisfactory internship already completed, all three parts of examination (written, oral, clinical) may be taken at the same time.

CANAL ZONE. Acceptable at the discretion of the board.

COLORADO. Credentials may be submitted in original form and accompanied by translation and will be directly verified or documents should bear evidence of being visaed by the US Consul in the country wherein the school of graduation is or was located. Two years of approved residency.

CONNECTICUT. For graduates of unapproved medical schools, minimum of 3 years of hospital training in approved hospitals in US or Canada required, 1 year of which must be in general medicine. Maintain list of acceptable medical schools.

DELAWARE. Residency for 1 year required.

DISTRICT OF COLUMBIA. Examinees must pass DC exam or be exempt by virtue of having passed a basic science exam elsewhere. Considered on individual basis.

FLORIDA. One year approved internship or 5 years of private practice in United States.

GEORGIA. Reciprocity applicants may furnish certification of passing examination of Educational Council for Foreign Medical Graduates in lieu of acceptable medical school, and applicants are given consideration on an individual basis. Must appear before licensing board for interview. FLEX in 1973.

GUAM. Legal residence for 1 year required.

HAWAII. Residency for 1 year required.

IDAHO. Considered on an individual basis.

ILLINOIS. Considers application on an individual basis from graduates of schools not on approved list. A graduate from an unapproved school may be accepted on basis of postgraduate training in this country, or applicant may have been admitted on basis of court order.

INDIANA. Two years postgraduate training in approved hospital in US required and declaration of citizenship.

IOWA. The medical examiners may accept in lieu of a diploma from a school of medicine approved by this board all of the following: (a) a diploma issued by a medical college which college has been neither approved nor disapproved by the medical examiners; and (b) completion of 3 years of training as a resident physician which training has been approved by or is acceptable to the medical examiners; and (c) recommendations of the ECFMG.

KANSAS. Certificate from medical college specifying in detail the physical equipment of the school, the curriculum, current catalog showing courses of study, and certificate that the college is recognized by authorities of such foreign country as qualifying its graduates for practice therein; diploma from such college; certificate of licensure in the country where graduated; all documents to be translated into English and certified by the consul. ECFMG certificate required.

KENTUCKY. Applicant required to complete at least 5 years' training in the United States in an institution approved by the board.

LOUISIANA. Must have had 3 years graduate training, 1 year of which training occurred in Louisiana.

MAINE. Maintains list of acceptable medical schools.

MASSACHUSETTS. If a candidate is a diplomate of an approved specialty board, he may be admitted to the examination for licensure without being required to hold ECFMG certificate.

MICHIGAN. Applicants with first papers who meet all requirements of this board for permanent licensure are granted a temporary license. This license is renewable annually on July 1, not to exceed 5 years.

MISSISSIPPI. Interview by examining board prior to examination required.

NEW HAMPSHIRE. Proof of a commitment to practice in the state of New Hampshire.

NEW JERSEY. Candidates required to have not less than 3 years training in a hospital approved by the board; or 1 year if licensed in country of medical school.

NEW YORK. ECFMG or equivalent plus 1 or 2 years approved hospital training required, with rare exceptions in special cases.

NORTH CAROLINA. Considered on an individual basis.

NORTH DAKOTA. Considered on an individual basis.

OHIO. Must serve at least 2 years as intern or resident in approved hospital in this country.

OREGON. Must show evidence of internship and/or residency of no 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 United States or Canada is required.

SOUTH CAROLINA. Residency training required as specified by board.

SOUTH DAKOTA. Applicant required to practice in a state institution for 4 years under a temporary license and reappear before the board for permanent licensure, if unable to meet ECFMG and internship requirement.

TENNESSEE. Each applicant considered on an individual basis; 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.

VIRGIN ISLANDS. Residence of 6 months required.

VIRGINIA. Two years of accredited hospital training in approved hospital in the US or Canada within the 5 years prior to application. If citizenship is not required within 7 years after licensure, the license automatically becomes void.

WEST VIRGINIA. ECFMG recommended by board not required by law. Original medical school diploma and official listing of premedical and medical school courses must be submitted.

WISCONSIN. Temporary license issued after passing FLEX to foreign graduate physicians for 2-year periods, renewable twice and after 6 years if applicant has remained in Wisconsin practicing permanent license will be issued.

WYOMING. Oral examination required.

	Temporary and Educational Permits, Limited and Temporary Licenses, or Other Certificates Issued by State Licensing Boards
Alabama	Limited license for full-time foreign graduate teaching staff of the University. For work in that institution only.
Alaska	Temporary permits issued for specified period or until next examination while processing permanent licensure. Locum tenens for 120 days to a licensed MD.
Arizona	Temporary permits issued on basis of community emergency for term not more than 6 months, and only once renewable.
Arkansas	Temporary permits issued for limited time in cases of emergency and to prevent hardship. Valid until next board meeting.
Connecticut	Educational permits granted to graduates of foreign medical schools to serve in approved hospital training programs. Must have standard ECFMG certification.
Delaware	Temporary emergency license to noncitizens and cross-the-border physicians granted for 12 months, subject to renewal, for emergency shortage and for locum tenens practice up to 4 months provided physician is licensed in another state.
Florida	One year non-renewable certificate for full-time medical school faculty member limited to teaching hospital.
Georgia	Temporary permit until board meets. Institutional permit, good only in state institution, renewable each year.
Hawaii	For interns and residents. Also, for physicians to work for state or county agency or conditions of shortage or emergency or under supervision of licensed MD.
Idaho	Temporary license until next board meeting.
Illinois	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.
Indiana	Temporary license pending next examination for graduates of approved medical schools. Temporary Education Permit issued foreign medical graduates for graduate education training, must have standard or temporary ECFMG certification. Temporary medical permit granted to interns and residents until they can obtain a regular license.
Iowa	Resident physician license for training in approved hospital under supervision of licensed physician. Temporary license for 1 year issued at discretion of board. May be renewed for 2 additional years.
Kansas	Temporary permit until next board meeting. Fellowships to work in state institutions. Provisional license for residents.
Kentucky	Temporary permits issued to qualified applicants by endorsement for 6-month period to serve until investigations completed and meeting of board. Limited licenses issued to graduates of foreign medical schools on succescfully passing board examination, etc. for one year, renewable for specified place, purpose, and time.
Louisiana	Temporary permit for qualified candidates between regular semi-annual meetings of the board. Foreign graduates granted temporary permits for approved rexidency training, employment in state institutions, and for teaching/resrarch assignments.
Maine	Temporary camp license for season. Hospital resident license for 1 year in specific hospital.
Massachusetts	Limited registration covering appointment as intern, resident, or fellow in specific hospital, as an assistant in medicine while a student in medical school, as faculty member licensed in another state, or board certified specialist.
Michigan	Temporary annual license for resident and postgraduate training renewal each year, not to exceed 5 years. Internship permits issued to graduates of foreign medical schools for a period of 1 year.
Minnesota	A certificate of Graduate Training for qualified foreign graduates. Temporary license valid until next board meeting.
Mississippi	Temporary license for practice until next board meeting pending permanent license by examination or reciprocity.
Missouri	Temporary license issued to interns, residents, fellows, or house officers only.
Montana	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 made permanent.
Nebraska	Limited license to graduates of foreign medical schools. Temporary educational permits for residents and medical school faculties.
Nevada	Temporary permit for 1 year for residency training provided candidate is eligible for permanent licensure.
New Hampshire	Temporary license not to exceed 5 years issued to FMG's who meet all qualifications except full citizenship.
New Jersey	Temporary license for 4 months to physicians eligible for full licensure when requested by licensed physician who will be out of state. Temporary license for noncitizens for maximum of 6 years. Permit to work in county or state hospital.
New Mexico	Institutional permit issued for practice in state hospitals only. Interns and residents must register with the board of medical examiners. Temporary licenses issued until next board meeting.
New York	Temporary certificate for 2 years of residency training required for graduates of US and Canadian schools, except in public hospitals. ECFMG required of all foreign graduates.
North Carolina	Limited license issued for duration of residency to physicians not eligible for licensure by endorsement.
North Dakota	Temporary permit for US and Canadian graduates between board meetings, and for locum tenens. Limited license for physicians employed in state hospitals.
Ohio	Temporary permits for approved internship and residency training. Limited permits for employment in state hospitals.
Oklahoma	Temporary license for 1 year for residency training in approved hospital, may be renewed for duration of training.
Oregon	Limited license, institute practice good only in state institutions, may be extended; Limited License, Public Health, may be extended.
Pennsylvania	Postgraduate certificate issued for residency training in approved hospital and for the length of time required for certification by a specialty board. Foreign Postgraduate Registration for physician in United States on Educational Visa.
Rhode Island	Temporary permit for 1 year for interns, residents, and house officers in hospitals.
South Carolina	Temporary permit for intern and residency training on a yearly basis. Temporary licenses are issued to eligible endorsement applicants beginning practice prior to board meeting. Temporary permits issued to foreign graduates for employment in state hospitals. Must hold ECFMG certificate.
South Dakota	Temporary license issued for 4 years to graduates of unapproved medical schools for practice in state institutions provided applicant passes basic science and medical board examination. Sixty-day locum tenens permit.
Texas	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.
Utah	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 in the regular and continuing clinical practice of medicine before a regular license is issued.
Vermont	Limited license to interns, residents, fellows, or house officers working under supervision of licensed physician.
Virginia	Temporary permit may be issued until next board meeting for reciprocity applicants.
Virgin Islands	Temporary certificate issued to military service personnel on duty, and to municipal personnel until next board meeting.
Washington	Conditioned certificate or license for employment by the Department of Institutions if licensed in another state.
West Virginia	Temporary license issued until next board meeting to qualified applicants. Issued annually to foreign graduates for employment in state hospitals. Also issued to holders of ECFMG certificates for employment in private hospitals.
Wisconsin	Temporary educational 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 permanent license. 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.
Wyoming	Temporary permit until next board meeting. 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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