vested in a medical director or health director appointed by the corporate management. A consumer cooperative or labor health center would have all authority vested in a board of trustees.

As with any other organization where a group effort exists, every "team" must have a "captain" and that person is often the medical director. His duties would, of course, vary with the size and complexity of the group. In a small group, he might tend to be the business manager and overseer of records. In a group of moderate size, the partners, co-owners, or even the executive committee might designate one, generally from among the group, to act as the medical director. In each of these cases, he would serve as the second line of authority insofar as it was delegated to him. He would represent the group, from a professional standpoint, before the public. He would be the professional coordinator and the business manager. In the matter of equal co-owners, the medical director might serve as the chairman of the policy making body.

With regard to the non-profit group situations, the medical director, in virtually all cases, becomes the essential liaison with the lay supervisory or sponsoring board or, in the case of the corporate industry, as the liaison with a vice-president under whose responsibility the health or medical group would fall. The authority and responsibility granted to the medical director under these circumstances would be far greater than in the former instances. This is because the sponsoring group or board of trustees are lay persons who must depend upon the wisdom and competence of the person whose special training and education permits this activity. In some instances an executive director may be appointed. The functions of this office would be similar in nature to the medical director, especially if it were filled by a physician. However, there is a recent trend developing among non-profit group practices for the retention of a lay executive director who would be responsible for overall management. In this latter case, a chief of professional services would be responsible solely for the professional aspect. When the higher position is the medical director or, in the case of the executive director, a physician, then the matter of business management is most often placed in the hands of administrative assistants who are lay persons specially trained in administration. Their responsibility would include all financial transactions of the group including the collection of patient fees and the maintenance of financial records. They would supervise all office personnel, prepare schedules and be responsible for "house" maintenance. It should be noted that in the early days of group practice, the business manager may have ranged from the part-time auditor to one of the doctors who "looked after the money end." With the advent of greater efficiency in hospital administration and the growth of medical administration as a field of academic importance, more and more groups are turning their business and administrative management over to lay persons who are specialists in these fields.

One would expect that the fractionalization of the professional disciplines would depend upon the size of the group. The larger the group and the more diverse the areas of specialization, the more likely the departmentalization would exist. For groups which are departmentalized, they would, almost without exception, follow the classical lines of medical specialization. To briefly state this, medical and surgical services would be grouped. Under medical service would be internal medicine, pediatrics, psychiatry and psychology, cardiology, dermatology, endocrinology, allergy and, often, radiology and the laboratory. The surgical services might include obstetrics and gynecology, ophthalmology and optometry, otorhinolaryngology, general surgery, urology, orthopedics and podiatry, and, often, the dental department. In a hospital where a pathologist is present, he would most often supervise the laboratory. Also, in a hospital, an anesthesiologist would render his work under the surgical service. A physician engaged in public health or industrial medicine would be under the medical service.

Mention should be made of three other categories of personnel: nurses, pharmacists and medical librarians. The organizational structure would generally place the nursing service under the medical director and the same might hold for the pharmacy. This is generally not true, however, for a hospital institution. The responsibility for the medical library would be that of the administrative assistant.

While attending the 1959 meeting of the Group Health Association of America, the writer had an opportunity to speak to members of 36 representative groups from all over the country. It is almost a generalization that the group is the sole possessor of its facilities and equipment, that the larger the group, the more likely it would be that it owned its own building and even its own hospital. Because of the changing value of property and the rapid rise in the cost of building and equipping a center for group practice, the meager availability of sta-