(c) *Distribution of Medical Schools by Population Size of City*

1960 population [1]	*Number of schools*
10,000,000 and over	6
6,000,000 to 9,999,999	9
5,000,000 to 5,999,999	5
3,000,000 to 4,999,999	5
2,000,000 to 2,999,999	10
1,000,000 to 1,999,999	12
500,000 to 999,999	17
100,000 to 499,999	[2] 18
50,000 to 99,000	---
10,000 to 49,000	[3] 8
2,500 to 9,900	[4] 2
Under 2,500	---
Total	88

[1] Population used for the standard metropolitan statistical area where applicable in which the schools are located.
[2] Includes one developing medical school—operational, not yet eligible for approval.
[3] Includes one approved school of basic medical sciences.
[4] Includes two approved schools of basic medical sciences.

(e) *Ownership and Control*

Of the 88 medical schools now in operation, 43 are owned and controlled by States, 43 are owned and controlled by private nonprofit organizations, one is owned and controlled by a city (Cincinnati, Ohio), and one is owned and controlled by a territory (Puerto Rico).

(f) *Estimate of Current Value.*

No estimates are available.

B. Costs and User Charges

1. CONSTRUCTION COSTS

Costs of constructing a medical school vary greatly in relation to the functions for which the medical school is responsible. The diverse programs and responsibilities of medical schools make it impossible to set a narrow range of estimates for construction costs. At one extreme are schools built around a community hospital and remodeled college science building; at the other extreme are schools that required a capital investment of $35 to $50 million.

However, to indicate orders of magnitude, estimates have been developed for the cost of constructing two *hypothetical* schools, school A with an entering class of 64 students and a hospital of 500 beds and school B with an entering class of 96 students and a hospital of 700 beds. The central facilities of the small school, including classrooms and library and various other core services, were planned to permit future expansion of enrollment. In neither school A nor school B was space allowed for teaching students in other health professions such as dentistry or nursing. The numbers of medical students, graduate students, faculty, and fellows for which the two schools were designed were as follows: