by examining both entries and exits in a given area. The age structure of the physicians would be important in this respect, since it affects both their income and their exit from the profession. Additional insight would be gained by studying separately the location trends of specialists and general practitioners. Table 5 shows that the degree of urbanization is a much stronger factor in the location of specialists than in the location of general practitioners.

Table 5
Private Non-Hospital Physicians per 100,000 Population in the United States, 1959

County group	General practitioners	Full-time specialists
Isolated rural	42.8	2.6
Isolated semi-rural	46.5	22.9
Adjacent	46.4	20.0
Lesser metropolitan	42.5	55.4
Greater metropolitan	51.6	64.4

Source: Health Manpower Source Book, section 10, p. 12.

A final comment may be in order with regard to the general problem of physician distribution. It was shown that the relative inequality of distribution based on regional per capita income has decreased while the urban-rural inequality has increased. This is consistent with the findings of the physician location trends. Since the pull of population increase is stronger than the attraction of per capita income, a redistribution in favor of lower income areas is possible. The change in distribution, however, seems to be dominated by the movement of population rather than the movement of physicians. Population tends to move to higher income areas and physicians follow but at a slower rate. This has the long-run tendency of reducing the concentration of physicians in higher income areas, while at the same time it is not necessarily inconsistent with a continuation of great urban-rural inequalities. But it must be remembered that an increasingly smaller percentage of the total population will be in areas with low physicianpopulation ratios. Complete elimination of higher physician-population ratios in higher income areas is not likely to occur, nor is it necessarily desirable from an economic point of view. How fast the equalization of distribution will proceed depends in part on how the population redistributes itself and how fast physicians follow the movement of the population. Obviously, if population increases in higher income areas did not attract more physicians, the relative concentration of physicians in these areas would be more quickly eliminated.