seminars for physicians and teaching sessions for nurses and patients; to assist in organization of a State Diabetes Association and local chapters; to test techniques of data collection. Many people of different disciplines in many communities are involved in this project.

4. Development of a central cancer registry—direct cost, $66,615

To devise a uniform region-wide cancer reporting system, integrated with the PAS, the computer-stored data from which can be retrieved to serve a broad range of educational, research, statistical, and other purposes. The following hospitals are participating in the first year of the project: Duke University Medical Center, North Carolina Memorial Hospital, North Carolina Baptist Hospital, Charlotte Memorial Hospital, Veterans' Administration Hospital, Watts Hospital, Hanover Memorial Hospital, Southeastern General Hospital, Craven County Hospital. In subsequent years the registry will be expanded to include all hospitals and physicians in the region.

5. Medical library extension service—direct cost, $25,839

To bring medical library facilities of the three medical schools into the daily work of those engaged in medical practice. Local hospital personnel will be trained to assist medical staff; libraries will be organized into a functional unit for responding to requests for services. Bibliographic request service will be established.

6. Cancer information center—direct cost, $41,716

To provide practicing physicians with immediate consultation by telephone and follow-up literature. Each of the three medical schools will be responsible for providing service in its geographic locale. The aims of this project are two-fold: (1) to assist physicians in providing optimum care of patients with cancer; and (2) to continue the education of the physicians by giving new information in a patient-centered experience.

7. Continuing education in internal medicine—direct cost, $33,313

To bring practicing internists from all over the state to the Medical Center for a month of up-to-date training in their subspecialties. They will share responsibilities with attending physicians and make ward rounds with students, staff, and together. This experience should enhance the appreciation in the University, both at faculty and student levels, for the expanding role of the medical center for the quality of care in the community.

8. Continuing education in dentistry—direct cost, $67,508

To provide physicians and dentists with the knowledge of mutual concern which will enable them to be more effective members of the health team. Courses will be given at the University of North Carolina and in communities. Studies will be made of facilities needed to provide dental care in hospitals. The purpose of this project is to insure that as many patients as possible who suffer from heart disease, cancer, stroke, or a related disease receive appropriate dental care as a part of their comprehensive treatment.

9. Continuing education for physical therapists—direct cost, $27,838

To develop and establish regional continuing education programs for physical therapists in order to strengthen physical therapy services for patients in all parts of the state. Subregions will be delineated where needs and interests will be identified and committees will be organized to arrange local activities.

10. The establishment of a network of coronary care units in small community hospitals in Appalachia, North Carolina—direct cost, $93,019

This is a proposal to develop coronary care units in seven hospitals in this rural, mountainous area. RMP will supply the monitoring equipment (the hospital provides suitable space) when adequately trained physicians and nurses are available. An intensive training course for physicians will be conducted in the geographic region, and continuing education programs will be conducted when necessary.

TENNESSEE MID-SOUTH REGIONAL MEDICAL PROGRAM

Due to the geographical diversity of the region, the Tennessee Mid-South Regional Medical Program has been concerned with both the health problems of the urban poor as well as the health problems of remote rural areas. The Tennessee program has sought solutions to these and other regional programs