a moment, the disinterested and apathetic governmental father of the research years has become the kindly, interested, but extremely firm, future father-in-law. (That he may become an overbearing tyrant is possible, depending upon the success of the courtship.)

The imminent wedding is complicated by the fact that we are not quite certain who is the bride and who is the groom. If educational ability, facility, and personnel are the measure of virility, then the medical college system must be the groom. It is doubtful that the father will listen for long to any disclaimers of ability of the groom to effectively support the bride without further prodding or promise to help with support. It also is doubtful that any disclaimers on the part of the bride (the medical care delivery system) as to her ability to assume educational or analytic duties in the household seriously will affect the future of the marriage.

Similes aside for the moment, let us consider this union between medical education and research and medical care and examine the factors necessary for its success. Three areas require close scrutiny: (1) the depth of the quality, the ability, and the personnel of our educational and research facilities; (2) the sophistication, the quality, the ability, the personnel, and the functional pattern of our medical care institutions; and (3) the question of facilities support and construction subsequent to a productive union of the educational and research institutions and the medical care institutions—perhaps recognizable as the eventual arrangements for housing the family.

The medical college system at present is rich in all three areas. Over the last four decades, it has built up a large cadre of educationally oriented individuals, in spite of research emphasis. The very nature and primary task of the medical college system provides it with adequate classroom, audio-visual, instructional, and other material aids to education. Its hospitals are equipped for the most sophisticated care—a significant portion of it on a research or research-connected basis—and are largely modern and relatively well staffed. Although the medical college certainly will need some additional support to help it in its new role as the *resource* of both content and some instructional ability for the transmission and validation of knowledge, it is relatively well equipped to cope with its role as educational breadwinner. The distaff side—the community hospital, which will consume and utilize the educational paycheck—is much less adequately prepared.

NONUNIVERSITY HOSPITALS

The nonuniversity hospitals divide into those that have graduate educational programs and those that do not. A recent survey conducted by the Association of Hospital Directors of Medical Education shows that although graduate teaching hospitals are much smaller in number, their total bed capacity and total number of staff physicians are approximately equal to the total bed capacity and total medical staff physicians of the hospitals that do not conduct teaching programs. The same survey indicates that even among those hospitals conducting graduate programs, less than 50 per cent have *minimally* adequate teaching facilities and less than 10 per cent have the services of trained educators, evaluators, or sociologists available, even by consultation.

There is little difference between the two types of nonuniversity hospitals in most of the important parameters we shall measure. The major difference seems to be that those hospitals conducting graduate programs may be a little further advanced in educational philosophy. Their staffs, however, frequently are composed largely of physicians who do not actively participate in the teaching programs, and their educational facilities, with a few notable exceptions, tend to be little different from those present in hospitals that do not conduct graduate programs. Consequently, for the purposes of this discussion, the two types of nonuniversity hospitals may be discussed as a common entity. The fact remains that the emerging strident necessity for the nonuniversity hospital is that it *assume its proper role as the center of continuing education for the physicians and allied health personnel of its area.*

Most nonuniversity hospitals are modern, quite sophisticated, and relatively well equipped to render medical care. When one compares them with the medical college hospital, the difference in the area of medical care is a difference between acceptable sophistication on the part of most nonuniversity hospitals and proper ultrasophistication on the part of the medical college hospitals. This is a tolerable and appropriate difference.