Dr. SODEMAN. There are many reasons for this that are not patent, I think.

In the first place, our schools traditionally in the past have had very large numbers of part-time teachers.

Mr. ROGERS. No. These are full-time.

Dr. SODEMAN. Yes, but we have had many part-time teachers in the past and full-time teachers are replacing them, Mr. Rogers.

Mr. ROGERS. Well, I assume—these figures I have given you are full-time faculty members, not part time.

Dr. SODEMAN. Right, sir; but they are replacing part-time faculty that do not appear in the figures.

Mr. ROGERS. I do not care who they replace. The numbers increased from 11,000 to 19,000 and they are full time.

Dr. SODEMAN. During that period of time part-time teachers have dropped off rather remarkably as full-time teachers increased. Then, too, one cannot teach medical students in a vacuum. Medical schools are not medical schools with a hospital attached any more. They are major medical centers with many components in teaching. The graduate programs are important. The research programs are important. Allied health is important. The dispensing of service that is satisfactory is important. We are extending activities into the community and teaching in community services, and so on, outside of the medical center.

Mr. ROGERS. Well, has not this basically been true since the early 1960's?

Dr. SODEMAN. Not to the——

Mr. ROGERS. Has it changed that much in the last seven years?

Dr. SODEMAN. It has changed remarkably, sir. And, all of these things, when they add up, make a rather remarkable difference in these figures. People do not teach all of the time. They do research part of the time. They give service part of the time. And——

Mr. ROGERS. Well, this is what I am wondering now. Are we properly using the personnel to instruct to get the doctors out to teach the present knowledge and to heal people on present knowledge?

Dr. SODEMAN. I believe that it is necessary to do this in this way because you must teach medical students in the total setting and pattern of medical care if they are to grasp the whole spectrum of medical care.

Mr. ROGERS. Let me ask you this. Why would it be that out of 85 schools, 85 medical schools in 1957, 32 of those schools graduated fewer or the same number of physicians in 1967 as they did 10 years earlier in 1957, and yet we have had an increase in faculty, we have 176 percent increase in funds. I cannot reconcile these figures.

Dr. SODEMAN. One must consider that our faculties—our medical school status at the time where the point of reference takes place, were not in optimal condition and optimal state at that time.

Mr. ROGERS. But, this has decreased since the time when it was not even optimal.

Dr. SODEMAN. But, quality is increasing at the same time.

Mr. ROGERS. Well, how do we know this?

Dr. SODEMAN. We can tell this by the way in which students react to the qualifying examinations and by other techniques.