



**Statement of Ownership,
Management and
Circulation**
(Required by 39 U.S.C. 3685)

1A Title of Publication PSYCHOSOMATIC MEDICINE		1B PUBLICATION NO 0 0 3 3 1 3 1 7 4				2 Date of Filing 10/1/92
3 Frequency of Issue Bimonthly		3A No of Issues Published Annually 6		3B Annual Subscription Price \$118.00		
4 Complete Mailing Address of Known Office of Publication (Street, City, County, State and ZIP+4 Code) (Not printers) 428 East Preston Street, Baltimore, Maryland 21202-3993						
5 Complete Mailing Address of the Headquarters of General Business Offices of the Publisher (Not printers) 428 East Preston Street, Baltimore, Maryland 21202-3993						
6 Full Names and Complete Mailing Address of Publisher, Editor, and Managing Editor (This item MUST NOT be blank)						
Publisher (Name and Complete Mailing Address) Williams & Wilkins, 428 E. Preston Street, Baltimore, Maryland 21202-3993						
Editor (Name and Complete Mailing Address) Joel E. Dimsdale, M.D., University of California - San Diego 9500 Gilman Drive, La Jolla, CA 92093						
Managing Editor (Name and Complete Mailing Address)						

7. Owner (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. If the publication is published by a nonprofit organization, its name and address must be stated.) (Item must be completed.)

Full Name	Complete Mailing Address
American Psychosomatic Society	George K. Degnon, Executive Director American Psychosomatic Society 6728 Old McLean Village Drive McLean, VA 22101

8. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages or Other Securities (If there are none so state)

Full Name	Complete Mailing Address
NONE	

9. For Completion by Nonprofit Organizations Authorized to Mail at Special Rates (DMH Section 424 (2) only)
The purpose, function, and nonprofit status of this organization and the exempt status for Federal income tax purposes (Check one)

(1) Has Not Changed During Preceding 12 Months
 (2) Has Changed During Preceding 12 Months (If changed publisher must submit explanation of change with this statement)

10. Extent and Nature of Circulation (See instructions on reverse side)	Average No. Copies Each Issue During Preceding 12 Months	Actual No. Copies of Single Issue Published Nearest to Filing Date
A Total No. Copies (Net Press Run)	3380	3382
B Paid and/or Requested Circulation **SEE BELOW 1. Sales through dealers and carriers, street vendors and counter sales	230	247
2 Mail Subscription (Paid and/or requested)	2265	2176
C Total Paid and/or Requested Circulation (Sum of B and 2)	2495	2423
D Free Distribution by Mail, Carrier or Other Means Samples, Complimentary, and Other Free Copies	35	36
E Total Distribution (Sum of C and D)	2530	2459
F Copies Not Distributed 1 Office use, left over, unaccounted, spoiled after printing	850	923
2 Return from News Agents	NONE	NONE
G TOTAL (Sum of E, F1 and 2—should equal net press run shown in A)	3380	3382

11 I certify that the statements made by me above are correct and complete
 Signature and Title of Editor, Publisher, Business Manager, or Owner
Oliver Wells Publisher