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ORGANIZATION SECTION

PROCEEDINGS OF THE CHICAGO SESSION

MINUTES OF THE SUPPLEMENTAL SESSION OF THE HOUSE OF DELEGATES OF THE AMERICAN MEDICAL ASSOCIATION, HELD IN CHICAGO, DECEMBER 9-11, 1946

(Continued from page 1015)

HOUSE OF DELEGATES

First Meeting—Monday Morning, December 9 Continued

Report of Special Committee on Executive Session for Consideration of Rich Report

Dr. William Bates, Chairman, presented the following report, which was adopted section by section on motion of Dr. Bates, duly seconded and carried:

The members of the House of Delegates and the officers are all familiar with the presentation of a part of the Rich Report at the San Francisco Session last July.

Since that time this committee was appointed and met with the Executive Committee of the Board of Trustees in September in Chicago. Each member received a copy of the report and it was gone over line by line. In addition, we received reports from various department and bureau heads concerning that part of the Rich Report which referred to their respective departments or bureaus.

After that, this forty-five page report was broken up into six comparatively equal parts for study by the Committee members. On last Saturday, Dec. 7, 1946, we met to correlate the various studies. On Sunday, Dec. 8, 1946, with a preliminary draft of our report practically completed, we met with the Board of Trustees for further consideration.

Today we come before you prepared to present the results of our studies, but in view of the fact that most of you have not seen the original and complete Rich Report, your Committee recommends:

1. That each member of the House of Delegates be given a copy of the Rich Report, also a copy of this committee's report, on a special roll call at the end of this morning's session.

2. That the first order of business on Tuesday be reserved for the report of this special committee of the House of Delegates, and

3. That it be considered by this House at that time in executive session limited to members of the House of Delegates and officers of the Association, acting as a Committee of the Whole.

4. That each delegate be requested to bring his copy of the Rich Report so that a full, free and complete discussion of this subject may be had.

Copies of the so-called Rich Report and of the report of the special committee referred to in the recommendations were then distributed to each delegate called by roll, and consideration of the reports was ordered for the next day in executive session, the House to sit as a Committee of the Whole.

Report of Committee on Military Rank

Dr. B. R. Kirklin, Chairman, presented the following report, which was referred to the Reference Committee on Miscellaneous Business:

Your committee, which was authorized by the House of Delegates at its annual meeting in San Francisco last July, has inquired into the general situation of military rank accorded to members of the Medical Corps of the United States Army and advises that there is now being formulated a plan for more rapid promotions and higher rank, but it has not yet matured to the point where it seemed wise for us to seek an appointment with the Secretary of War. Furthermore, the Secretary of War has appointed an advisory committee composed of outstanding medical men, all of whom served in World War II. This committee is now in the process of formulating recommendations concerning the Medical Department of the Army.

Among its recommendations will undoubtedly be included that of increased military rank. It is therefore thought advisable for this committee to time our conference with the Secretary of War in such a way that it can do the most good.

Your committee, therefore, requests its continuance with instructions to report back to this body at its annual session in Atlantic City next June.

Report of Committee on Rural Medical Service

Dr. F. S. Crockett, Chairman, presented the following report, which was referred to the Reference Committee on Medical Service:

The second annual Rural Health Conference will be held February 7 and 8, 1947. The first conference, held on March 30, 1946, was reported at the San Francisco meeting. This first conference was largely exploratory affording opportunity for a revelation of mutual interests and the development of a more understanding appreciation of many factors affecting the producer and consumer of medical service in rural areas.

A two day meeting is planned with all organized farm groups invited to participate in discussions and formulation of conclusions in six important parts of the rural health problem. Discussion groups will be organized about the following subjects: (1) Bringing and holding well qualified physicians in rural communities. (2) Hospital facilities and health centers. (3) Voluntary medical prepayment plans. (4) Nursing needs of rural communities. (5) Health councils as agency for promoting rural health. (6) Medical care for lower income groups. The findings and conclusions of these committees will be presented to the full assembly for discussion and action during the morning of the second day. The meeting will terminate with a luncheon addressed by Hon. Melville Broughton, former Governor of North Carolina. After the formal program is closed, the committeemen from all the states will have a closed session for a discussion of problems of mutual interest.

In August the President signed the Hill-Burton Bill for federal assistance in construction of hospitals and other related facilities. Special provision in the bill requires that priority be given to rural areas in greatest need. Assistance consists of grants of one third the cost of approved projects. Since the greatest need exists usually in areas with the least economic resources it is evident that each state will need to develop plans to meet this situation. The bill will assist in building two types of health facilities—hospitals in whole or in part for governmental units, church or other nonprofit corporations, or facilities less than hospitals, often referred to as health or diagnostic centers. The health center must include housing for the local public health service provided by the particular state laws. In

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addition to this there may be diagnostic laboratory and x-ray, doctors and dentists offices, and beds for emergency cases and normal obstetrics, any one or any combination to suit local needs.

Farmers interested in improving their community want primarily a physician. It is doubtful if much enthusiasm could be stimulated in a public health facility if it did not also do something to bring and hold a physician.

It was the privilege of the chairman of the Committee on Rural Medical Service to act as a member of two of the advisory committees invited to assist the Surgeon General of the Public Health Service and his executive council in the formulation of policy for the administration of the Hill-Burton bill. Every effort is being made to fulfil the intent of the Congress in extending the benefits of this legislation.

The Council on Medical Service has expended a great deal of time and attention on the prepaid medical insurance plans now developing in nearly all the states. Convenience and economy cause first efforts to be directed to employees of industry and it is only after some financial stability and executive "know how" has been acquired that the plans can be offered to rural groups or rural communities. Some few state plans are now exploring this opportunity for service. Blue Cross has enrolled over 1,500,000 rural people and is finding increasing acceptance of its plan. It seems quite evident that prepaid medical and hospital plans will play an important part in making available and more accessible to farmers medical and surgical care in catastrophic illness.

The Bureau of Information has sent a questionnaire to all county medical societies to learn the present need for physicians, especially in rural areas. Many returning medical officers have located in the villages.

The development of cooperative associations and other consumer controlled groups for provision of medical care has received considerable attention. There are some 89 cooperatives in 31 states now operating. This is an interesting experiment in the rural effort to do something constructive from the point of view of the consumer. The medical profession should be concerned in all these plans with the view that a high level of medical care be supplied. Since these groups expect to employ physicians, some minimum standard, or the basic principles involved in such contracts, should be adopted by this House of Delegates for the guidance of physicians entering such employment and for the consideration of employing groups interested in establishing a high standard of medical care.

The Committee on Rural Medical Service is very fortunate in that its members live in and represent the principle rural areas of the nation. This selection has been completed recently by the addition of two new members. It is with pleasure and assurance that this committee welcomes Dr. F. A. Humphrey of Fort Collins, Colo., and Dr. Carl Mundy of Toledo, Ohio, to its labors in behalf of better rural medical service.

Report of Committee on National Emergency Medical Service

Dr. E. L. Bortz, Chairman, presented the following report, which was referred to the Reference Committee on Emergency Medical Service, with the exception of the resolution, which was referred to the Reference Committee on Legislation and Public Relations:

The committee was created by action of the House of Delegates at its annual session in December 1945 to study the experiences of medical officers during the recent war. The following report was adopted:

The Board of Trustees would recommend to the House of Delegates that it authorize the Board of Trustees of the American Medical Association to appoint a committee of seven to be known as the Committee on Military Service. This committee shall include four civilian physicians who served in the war and three others. The committee will study the many communications that have been received and the suggestions made by physicians in the armed forces. The committee will also formulate policies for recommendations to be forwarded through the Surgeons General to the Secretary of War and the Secretary of the Navy expressing the views of the medical profession in planning for proper utilization of the services of physicians in any national emergency.

Soon thereafter the Board of Trustees appointed the following committee: Dr. Perrin H. Long, Army; Dr. Harold C. Lueth, Army; Dr. Edward L. Bortz, Navy; Dr. James C. Sargent, Navy; Dr. Harold S. Diehl, Procurement and Assignment Service; Dr. O. O. Miller, civilian physicians groups; Dr. V. C. Tisdal, civilian physicians groups. Each of these individuals brought a different point of view to the deliberations of the committee.

The first meeting of the committee, which was an organization meeting, was held March 15, 1946. A considerable number of letters had been sent to the American Medical Association by medical officers drawing attention to certain disturbing problems in the medical activities of the armed forces. The committee reviewed these, and plans to correlate the data contained in them with the results of the questionnaire which is now being distributed.

The committee was of the opinion that a number of problems of importance to the studies were not encompassed in the original title of the committee, i. e., Committee on Military Medical Service, and therefore it was recommended that the Board of Trustees create a new title; accordingly the name was changed to Committee on National Emergency Medical Service. In this way certain aspects of premedical and medical education, activities of the Procurement and Assignment Service and medical care for the civilian population are included in the scope of the committee's investigations.

Your committee desires to state that from the beginning the committee has had the utmost cooperation, assistance and stimulation from the General Manager, Dr. George F. Lull, and the entire Board of Trustees.

On April 26, 1946, the committee met with Surgeon General Kirk and his staff, Surgeon General McIntire, Dr. Warren Draper, Deputy Surgeon General of the United States Public Health Service, and Dr. J. B. Mason, a representative of the Medical Department of the Veterans Administration, for a discussion of certain problems which the committee believed to be important. These included some comments on changes which were at that time under consideration by the medical departments of the Army, the Navy and the United States Public Health Service. The reports of this conference are in the files of the committee and open to any member of the House of Delegates who desires to study them.

A resolution presented to the House of Delegates in December 1945 suggested an investigation of the experiences of medical officers in World War II and recommended that a questionnaire be sent out. This recommendation precipitated the problem of obtaining the most important factual data by means of a questionnaire which would be of value to the committee in ascertaining the degree of utilization of the medical manpower during the war. The mechanics of formulation, distribution, collection and classification of the material made available through the questionnaire has been an expensive procedure and required a trained expert staff for its consummation. The committee was fortunate in obtaining the services of Mrs. Frances Tofield as secretary to the committee, and Dr. Frank G. Dickinson, professional economist, who has just recently become a member of the staff of the American Medical Association.

A pilot questionnaire was sent to 1,000 former medical officers whose names were selected at random. The response was surprisingly large, 470, or 47 per cent, of the questionnaires being carefully filled out and returned to the committee. With the pilot study as a preliminary step, a revised questionnaire was drawn up. These questionnaires are now being distributed to about 50,000 former medical officers, some of whom are still in uniform.

The response to this postwar questionnaire is exceeding expectations. Up to Dec. 6, 1946, 18,000 returned questionnaires had been received . . . exactly three weeks after the mailing of the questionnaires started. Four fifths of the questionnaires are signed, and 1 physician out of 50 attached a letter to his returned questionnaire.

Letters were mailed to 355 key men throughout the country for their "opinion viewpoint" during November, and 85 replies had been received by November 30. The information obtained from letters to these key men will likewise be classified.

The committee desires to discuss its findings with the surgeons general of the three governmental services and the Chief of

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the Bureau of Medicine and Surgery of the Veterans Administration before submitting its final report to the House of Delegates.

During the course of the committee's deliberations the relationship between the functions of the surgeons general to the civilian medical personnel was discussed.

The selection of men to be surgeons general should, our committee maintains, be made from those available men who are eminently qualified by experience and broad professional contacts and who possess the confidence of the medical profession of the nation on whom they must depend for support.

The following resolution is presented by the committee:

WHEREAS, The development of a strong and attractive medical service in the Army, the Navy, the Public Health Service and the Veterans Administration is in the best interests of the public welfare; and

WHEREAS, The development of such services depends on the confidence and intimate collaboration of the medical profession of the nation; and

WHEREAS, In time of national emergency the Medical Corps of the armed services requires the enlistment of a large number of doctors recruited from civilian practice; therefore be it

Resolved, That the House of Delegates of the American Medical Association recommend the appointment by the Board of Trustees of the American Medical Association of a committee, or committees, of distinguished American physicians who will, as occasion arises, study the qualifications of men available for the positions of Surgeon General of the Army, Navy, Public Health Service or Veterans Administration and advise the President of the United States of their considered judgment.

Respectfully submitted,

EDWARD L. BORTZ, Chairman.
HAROLD C. LUETH.
PERRIN H. LONG.
JAMES C. SARGENT.
HAROLD S. DIEHL.
O. O. MILLER.
V. C. TISDAL.

Report of Committee to Consider Revision of the Constitution and By-Laws

Dr. F. F. Borzell, Chairman, requested permission to present the report of the Committee to Consider Revision of the Constitution and By-Laws on Tuesday morning, which was granted.

Report of Joint Committee for the Coordination of Medical Activities (Committee on Postwar Medical Service)

Dr. E. E. Irons, Chairman, presented the following report, which was referred to the Reference Committee on Medical Education:

Following the expressed wish of the House of Delegates, with the concurrence of the Board of Trustees, that the Committee on Postwar Medical Service be continued, a recommendation for continuance was made to the other organizations represented in the committee and was agreed to unanimously. It was recognized, however, that new conditions evidently are arising and the content of the committee's deliberations changing. With this in mind, the name has been changed to Joint Committee for the Coordination of Medical Activities. The Joint Committee, as was the Committee on Postwar Medical Service, is made up of committees of the American Medical Association, the American College of Surgeons and the American College of Physicians and of individual "liaison" members representing the following organizations and agencies: Advisory Board for Medical Specialties; American Dental Association; American Hospital Association; Association of American Medical Colleges; Catholic Hospital Association; Federation of State Medical Boards; U. S. Public Health Service; Veterans Administration; Federal Security Agency; War Department Office of the Surgeon General; Navy Department, Bureau of Medicine and Surgery.

It is well understood by all members of the committee and the organizations which they represent that the work of this committee is advisory only. However, the committee does afford a forum in which the widely diverse problems of American medicine can be discussed in a friendly atmosphere and, where situations justify it, the committee can exercise a considerable influence toward the accomplishment of desirable objectives.

Among the problems which undoubtedly still will require consideration are those of postwar training of veteran physicians and the development of further residency and postgraduate opportunities. Problems of licensure and of medical service in rural communities also are occupying the attention of the committee.

Respectfully submitted,

ERNEST E. IRONS, Chairman.

NEW BUSINESS

Resolution on Closer Cooperation Between the Medical and Dental Professions

Dr. C. B. Conklin, District of Columbia, presented the following resolution, which was referred to the Reference Committee on Medical Education:

WHEREAS, The medical and dental professions have a common interest in the extension of health service; and

WHEREAS, There is need for closer cooperation between these professional bodies; and

WHEREAS, The president of the American Dental Association in recognition of this fact has appointed a committee of five dentists to cooperate with a similar number of representatives from the American Medical Association; be it therefore

Resolved, That this House of Delegates authorize the President to appoint a committee of five members of the American Medical Association to cooperate with a similar committee of the American Dental Association and that each state medical association be also urged to appoint a committee for the purpose of bringing about closer cooperation between physicians and dentists.

Resolution on Requirements for Approval of Hospitals

Dr. E. V. Askey, California, presented the following resolution, which was referred to the Reference Committee on Medical Education:

WHEREAS, The problem of hospitalization is urgent now and will be distressingly difficult for an indefinite period of time; and

WHEREAS, There is apparently a definite plan to limit staff membership in hospitals to diplomates of the various specialty boards; and

WHEREAS, The limiting of staff memberships and heads of departments of such staffs in hospitals to such diplomates could tend to injure the best interests of the public and the medical profession as a whole; and

WHEREAS, Of a total of 180,000 physicians in the United States approximately only 22,000 are diplomates of all specialty boards, and limitation by the hospitals of their facilities to use by these few would work an injustice on other capable doctors and their patients; therefore be it

Resolved, That the House of Delegates of the American Medical Association suggests to the Council on Medical Education and Hospitals and directs it to further the realization of this suggestion, to wit:

The requirements for approval of hosptials shall be so defined that there shall be (1) adequate protection of the rights of all doctors and their patients in obtaining hospitalization to the end that general practitioners as well as specialists shall have access to and use of hospital facilities; (2) that the criterion of whether a doctor may be a member of a staff or a head of a department shall be his actual ability as a doctor and not dependent on special society or board membership, and (3) that the American College of Surgeons be urged to conform to these general policies in their procedures in the standardization of hospitals.

Resolution on Sponsoring a National Conference of Officers of County Medical Societies

Dr. H. G. Hamer, on behalf of the Indiana delegation, presented the following resolution, which was referred to the Reference Committee on Legislation and Public Relations:

WHEREAS, Public relations, as pertains to organized medicine, has a most important field of effort in reaching and giving information to and receiving suggestions from the rank and file of doctors who give medical service to the public the country over; and

WHEREAS, Efforts in this direction have been so successfully carried on by the secretaries' conferences sponsored by several of the state medical societies; and

WHEREAS, There is no national group at present functioning in this capacity; therefore be it

Resolved, That the American Medical Association sponsor a national conference of officers of county medical societies which shall meet yearly just preceding the annual session of the House of Delegates of the American Medical Association for the purpose of bringing to the annual session the diverse problems of the various localities, the exchange of ideas which would be helpful to the state conferences, in such matters as voluntary health insurance plans, hospitalization plans, construction of new hospitals in needed places and improvement in medical facilities, rural health activities, nursing activities and the activities of the various Councils of the American Medical Association.

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Resolution on Fellowship of Members of Permanent Corps of Veterans Administration

Dr. E. H. Cary, Texas, presented the following letter and resolutions, which were referred to the Reference Committee on Legislation and Public Relations, except the part referring to amendments to the Constitution and By-Laws, which was referred to the Reference Committee on Amendments to the Constitution and By-Laws:

VETERANS ADMINISTRATION
Washington 25, D. C.
December 4, 1946

Department of Medicine and Surgery
In Reply Refer to: 10CE

Dr. Edward H. Cary
1717 Pacific Avenue
Dallas, Texas

Dear Doctor Cary:

There will probably be introduced at the coming meeting of the House of Delegates, American Medical Association in Chicago, a resolution which will allow the doctors of the permanent staff of the VA to become members of the American Medical Association in the same class with the Army and Navy medical personnel.

Previous to this in some places the Veterans Administration doctors were not allowed to become members of the A. M. A. because they were not considered to have been in practice in the state for at least a year, which, I understand, is a rule in some medical societies. Therefore, in many cases our men felt that they were not a part of the American medical profession and were outside the pale. This, of course, is not healthy for either the medical profession or the full time medical staff of the VA. Veterans Administration policy is not to allow full time VA doctors to practice medicine outside of their VA duties and therefore they cannot engage in private practice except when called by a practicing physician in consultation or in an emergency. Consequently, many of them will be excluded from membership in the Association.

As you know, there are now about 1,000 residents in training within the VA hospitals. In order to complete their training it is necessary in many cases for them to have two years of practice and we would like to keep them in the VA hospitals for these two years to serve the veterans confined in the hospitals. These are all men licensed to practice medicine in some state, and if they do not have the advantage of becoming members of the A. M. A. many of them will feel that the two years of practice within the VA is a handicap rather than a privilege. We would very much like to have a resolution passed that will give them the privilege of joining the rest of the medical profession in its national associations. These men are all veterans who had their medical training interrupted by their military service. Most of them are not settled in any locality permanently and have not made up their minds where they want to settle. Therefore it would be difficult for them to come under the year's practice rule unless the A. M. A. gives them the advantage of membership before they have done this year of practice outside the VA hospitals.

We also wish to give our full time men the advantage of close association with the medical profession in their various localities and also give the men devoting their time to private practice the educational advantages which we are offering and intend to continue to offer the VA medical staff. If they could all feel that they were part of the same family, I feel sure that it would result in great benefit to the civilian medical profession and to those associated with the Veterans Administration.

I hope you can see your way clear to promote this resolution for the benefit of all concerned.

Sincerely yours,

PAUL B. MAGNUSON, M.D.
Acting Assistant Medical Director
for Research and Education.

WHEREAS, The Veterans Administration as now constituted has an organized medical staff specifically constituted by an act of Congress; and

WHEREAS, The number of veterans entitled to medical care because of service connected disabilities is exceedingly great; and

WHEREAS, The Veterans Administration has sought the advice and cooperated with the American Medical Association in developing methods of administering medical care to the veterans; and

WHEREAS, Such problems are likely to continue for many years and are of considerable importance to the medical profession; and

WHEREAS, It would aid in the presentation and consideration of such problems if there were available in the House of Delegates a representative of the Veterans Administration as the Army and Navy medical departments and the U. S. Public Health Service are now represented; and

WHEREAS, Transfer of the permanent corps of the Veterans Administration to various installations widespread throughout the country makes difficult the securing and holding of membership of such members of the permanent staff in county and state medical societies; therefore be it

Resolved, That members of the permanent corps of the Veterans Administration be permitted to apply for Fellowship in the American Medical Association without payment of dues, with the understanding that such Fellowship shall continue as long as the physician concerned continues to be a member of the permanent medical corps of the Veterans Administration and that it does not involve subscription to THE JOURNAL or other publications of the American Medical Association; and be it further

Resolved, That the following amendments to the Constitution and By-Laws be considered by the House of Delegates with a view to making this action effective:

CONSTITUTION AND BY-LAWS

ARTICLE 5.—HOUSE OF DELEGATES

"SECTION 2.—COMPOSITION.—The House of Delegates is composed of delegates elected by the constituent associations and by the sections of the Scientific Assembly, and of delegates from the Medical Department of the Army and the Navy and the Public Health Service, appointed by the Surgeon General of the respective department . . ." should be changed to read

"SECTION 2.—COMPOSITION.—The House of Delegates is composed of delegates elected by the constituent associations and by the sections of the Scientific Assembly, and of delegates from the Medical Department of the Army and the Navy, the Public Health Service and the Veterans Administration, appointed by the Surgeon General of the respective department . . ."

ARTICLE 5.—HOUSE OF DELEGATES

"SECTION 3.—The total voting membership of the House of Delegates shall not exceed 175. The Medical Department of the Army and the Navy, the United States Public Health Service and the scientific sections shall each be entitled to one delegate . . ." should be changed to read

"SECTION 3.—The total voting membership of the House of Delegates shall not exceed 175. The Medical Department of the Army, of the Navy, of the United States Public Health Service and of the Veterans Administration and the scientific sections shall each be entitled to one delegate . . ."

BY-LAWS

CHAPTER 1.—SEC. 2. TERM.—Insert before the last line "Veterans Administration."

Resolution on Study of Child Health Services by American Academy of Pediatrics

Dr. William Weston, Section on Pediatrics, presented the following resolution, which was referred to the Reference Committee on Medical Education.

WHEREAS, The American Academy of Pediatrics is making a nationwide study of child health services; and

WHEREAS, The members of the American Academy of Pediatrics are all members of the American Medical Association; and

WHEREAS, The purpose and objectives and the scope of study undertaken by the American Academy of Pediatrics conform with the ten point program of the American Medical Association for the constructive health of the American people; and

WHEREAS, This study has been approved by many state medical societies; therefore be it

Resolved, That this study being made by the American Academy of Pediatrics be called to the attention of the House of Delegates of the American Medical Association, that the purpose, objectives, scope and method of study be reviewed by the House of Delegates and that the House of Delegates give its approval to this study.

Resolution on Standards Required for Certification by the Specialty Boards

Dr. William Weston, Section on Pediatrics, presented the following resolutions, which were referred to the Reference Committee on Medical Education:

WHEREAS, The American Medical Association by its rating of institutions according to specialty board certification of its staff members, is directly and indirectly a sponsor of the various specialty boards; and

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WHEREAS, These boards have apparently adopted a policy of increasingly difficult examinations, even delving into detailed pathology, embryology, physiology and physiochemistry; and

WHEREAS, Many of the examination questions can be more easily answered by recent graduates than by a well qualified specialist who has not had formal courses of study in some years; and

WHEREAS, This attitude on the part of the board is discouraging to a great number of competent, capable and even skilful men who, in order to avoid the onus of a possible failure, now refuse to apply for certification and thereby deprive recognized hospitals of their service on their staff; and

WHEREAS, There is a well integrated rumor to the effect that members of certain boards have expressed a determination that the servicemen returning will not find it easy to attain a certification; therefore be it

Resolved, That the said members of the specialty boards be requested to give serious consideration to the acceptance of men who have fifteen to twenty-five and more years solely devoted to their specialty, without demanding too much detailed knowledge of subjects long ago studied; and be it further

Resolved, That the members of said boards be asked to recognize the fact that many contemporaries of servicemen were granted their certification under less difficult and detailed examination while these men were in service and not able to attend the meetings of their boards. And in consideration of this to lighten, rather than make more difficult, entry of ex-servicemen to the boards, especially when the boards have written evidence from colleagues in the applicant's own community testifying as to the applicant's standing in his specialty.

Resolution on Change of Policy of American Specialty Boards

Dr. William H. Halley, on behalf of the Colorado delegation, presented the following resolution, which was referred to the Reference Committee on Medical Education:

WHEREAS, Certain of the American specialty boards have recently announced discontinuance of their former practice of according credit for preceptorships with a certified diplomate and have ruled instead that every applicant for certification must serve a lengthy residency following his internship; and

WHEREAS, This recent change in policy constitutes an unfair imposition on many returned medical veterans and other young physicians who find it impossible to obtain such residencies; and

WHEREAS, It is the opinion of the American Medical Association that the preceptorship is one of the best methods of teaching the art of medicine; and

WHEREAS, Qualified and experienced preceptors already certified by these boards are available in all parts of the United States; and

WHEREAS, The art of medicine is frequently neglected in hospital residencies due to overemphasis on the science of medicine; now therefore be it

Resolved, That the House of Delegates of the American Medical Association requests the Advisory Board for Medical Specialties and the several American specialty boards to review and reconsider their policies in relation to residencies and preceptorships in accordance with the foregoing statements.

Resolution on Appointment of Reference Committees

Dr. William H. Halley, Colorado, presented the following resolution, which was referred to the Reference Committee on Rules and Order of Business:

WHEREAS, The By-Laws of the American Medical Association contemplate the appointment of House of Delegates reference committees from the membership of the House of Delegates; and

WHEREAS, The duty of reference committees to pass judgment on the activities of elected and appointed officers makes it obviously improper for these committees to be composed of the persons whose actions they are expected to judge; and

WHEREAS, In recent years the Board of Trustees of the American Medical Association has acted as a reference committee of the American Medical Association House of Delegates to pass judgment for the House of Delegates on actions previously taken by the Board of Trustees; and

WHEREAS, Official protest of this action has been received from the Colorado State Medical Society; now therefore be it

Resolved, That the House of Delegates of the American Medical Association instructs its speaker to utilize as reference committees of this House of Delegates only committees composed exclusively of elected delegates.

Resolution on Prohibition of Political Activity on Part of United States Public Health Service

Dr. William H. Halley, Colorado, presented the following resolution, which was referred to the Reference Committee on Legislation and Public Relations:

WHEREAS, The United States Public Health Service was created organized and is amply financed for certain specific purposes, namely the promotion of the public health, the prevention of disease, the control of epidemics and the extension of help and advice to state and local communities in these and similar problems of disease prevention; and

WHEREAS, The United States Public Health Service in wartime has certain additional duties and functions related to the armed forces in assisting them in protection of the nation and its citizens; and

WHEREAS, Existing federal laws contemplate that regular officers of the United States Public Health Service shall devote their full time to the aforementioned duties; and

WHEREAS, Certain officers and members of the United States Public Health Service, including its Surgeon General, have within the last year so put aside consideration of the functions and duties for which they were appointed and commissioned as to devote much of their time and energy to political activities, even to the extent that the Surgeon General of that Service has issued written orders to his staff and his officers directing their utterances and thinking on highly controversial questions of medical legislation wholly unrelated to the proper functions of the United States Public Health Service and in opposition to American democratic processes; now therefore be it

Resolved, That the House of Delegates of the American Medical Association condemns without qualification, as a perversion of function and dereliction of duty, political and partisan activities on the part of officers of the United States Public Health Service, including its Surgeon General, and recommends that steps be taken to prohibit political activity on the part of the United States Public Health Service, and that further steps be taken to restore the prestige of this important department of our government in the scientific field for which it was created, organized and financed.

Motion on Mimeographed Resolutions

Dr. A. A. Walker, Alabama, moved that, in view of the fact that the members of the House of Delegates have mimeographed copies of some of these resolutions for their edification and education, the reading of such mimeographed resolutions be dispensed with at this time except by title and that they be referred directly to the reference committees, and the motion was seconded by Dr. A. S. Giordano, Indiana. Dr. Walker accepted an amendment that the reading of such resolutions be dispensed with unless there be an addition to the mimeographed copy of the resolution, and the motion as amended was carried.

Resolution on Rich Report

Dr. James P. Kerby, Utah, presented the following resolution, which had already been taken care of and which the Speaker announced would be taken up in the Committee of the Whole:

WHEREAS, The American Medical Association has had a complete and presumably competent survey of its public relations made by the Rich Associates; and

WHEREAS, The report of the Rich Associates apparently contains rather sweeping recommendations; and

WHEREAS, The contents of this report are unknown to the House of Delegates of the American Medical Association in spite of the fact that said House is the policy making body of the American Medical Association; and

WHEREAS, It is believed to be unwise for the House of Delegates to approve changes in the American Medical Association without knowledge of what it is that it approves; be it

Resolved, That the delegate to the American Medical Association is hereby instructed to take such action in the House of Delegates of the American Medical Association as will result in the members of that House becoming informed as to the contents of the so-called Rich report of the Rich Associates.

Resolution on Referring all Business to Reference Committees

Dr. James P. Kerby, Utah, presented the following resolution, which was referred to the Reference Committee on Medical Education:

WHEREAS, At the last meeting of the House of Delegates of the American Medical Association numerous matters were referred to the Board of Trustees as a reference committee; and

WHEREAS, At least one question was referred to the Judicial Council as a reference committee; and

WHEREAS, The By-Laws of the American Medical Association clearly set forth the constitution, manner of appointment and duties of the reference committees of the House; and

WHEREAS, It appears improper that a standing committee of the Association should act as a reference committee to review its own actions; be it

Resolved, That the delegate to the American Medical Association is hereby directed to take such action in the said House as will result in all business of the House of Delegates being referred to the reference committees of the House in accordance with the By-Laws of the American Medical Association.

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Resolution on American Medical Association Contribution to Health Education Projects

Dr. T. K. Gruber, for the Michigan delegation, presented the following resolutions, which were referred to the Reference Committee on Medical Education:

WHEREAS, The Michigan State Medical Society has supported a program of health education during the past five years; and

WHEREAS, Such health education is not purely of local but also of national interest and value; therefore be it

Resolved, That the delegates of the Michigan State Medical Society to the American Medical Association be instructed to initiate a study of a policy by which the American Medical Association could contribute a portion of the cost of such a program of health education carried on by any state medical society.

Resolutions on Establishment of General Practice Sections in Approved Hospitals

Dr. T. K. Gruber, for the Michigan delegation, presented the following resolutions, which were referred to the Reference Committee on Medical Education:

WHEREAS, The House of Delegates of the American Medical Association has established an individual section on the general practice of medicine; and

WHEREAS, The general practitioner has been recognized as a separate branch in the medical profession; and

WHEREAS, This group has shown its interest in this section by registering 939 members in the section at the 1946 American Medical Association meeting in San Francisco; and

WHEREAS, Their scientific section meetings were well attended; and

WHEREAS, The House of Delegates has already voiced its approval of such sections in the separate state and county societies that are component parts of the American Medical Association; and

WHEREAS, Sections on general practice have been started in some recognized hospitals that are approved by the American College of Surgeons and the Council on Medical Education and Hospitals and have been accepted by those bodies; and

WHEREAS, Many hospitals have not established general practice sections in their visiting active staffs and their governing heads are doubtful whether such action has the approval of the bodies which set up the rules and regulations for the approval of their hospitals for interns and residents; therefore be it

Resolved, That the delegates of the Michigan State Medical Society in convention assembled voice their approval of the establishment of sections of general practice in approved hospitals and that the delegates from Michigan to the American Medical Association House of Delegates introduce a similar resolution at the next meeting, requesting approval of that body; and be it further

Resolved, That a copy of this resolution be sent to the Hospital Committee of the American College of Surgeons with a request that that body voice approval of such sections and include such in its manual of Hospital Regulations.

Resolutions on Establishment of Certifying Board to Determine Qualification for General Practice

Dr. T. K. Gruber, Michigan, presented the following resolutions, which were referred to the Reference Committee on Medical Education:

Resolved, That the Speaker of the House of Delegates appoint a committee consisting of five members to formulate and recommend a plan for the establishment of a certifying board to determine qualifications for general practice; and be it further

Resolved, That the committee be requested to report at the next meeting of the House of Delegates in June at Atlantic City.

Resolution on Intern and Resident Medical Training

Dr. A. S. Giordano, Indiana, presented the following resolution, which was referred to the Reference Committee on Medical Education:

WHEREAS, The primary objective of intern and resident medical training is medical education; and

WHEREAS, The acceptability of internships and residencies in hospitals should be founded on the excellence of their teaching programs; and

WHEREAS, The number of hospitals approved for intern and resident training exceeds the number of available interns and residents; and

WHEREAS, Such disparity has forced hospitals to compete for applicants for training on monetary rather than on educational opportunities; therefore be it

Resolved, That a reasonable and uniform maximum figure for the remuneration of interns and residents be established, so that the monetary value of internships and residencies may not act as a deciding factor in the applicants for such training.

Resolutions on Evidence of Practice of Medicine

Dr. Henry S. Ruth, Section on Anesthesiology, presented the following resolutions, which were referred to the Reference Committee on Miscellaneous Business:

WHEREAS, The accepted method of notification of the amount of recompense indicated for medical service rendered consists in presentation to the patient or responsible party of a statement or bill for the same; and

WHEREAS, The amount involved has been established over a long period on an individual basis between the physician and the patient; and

WHEREAS, The fee rendered is usually based on the duration of service in time and effort, responsibility involved, material expenditures, the financial status of the patient and the qualifications of the physician; and

WHEREAS, The practice of anesthesiology as well as other specialties has been defined by the American Medical Association as the "practice of medicine"; therefore, be it

Resolved, That the presentation of bills and the collection of private fees for medical service rendered by other than recognized physicians be hereby established as evidence of the practice of medicine; and be it further

Resolved, That persons sending such bills shall be liable to the penalties set forth in the medical practice acts and/or laws pertaining to medical education regulating the practice of medicine.

Resolution on Morton Centenary

Dr. Henry S. Ruth, Section on Anesthesiology, presented the following resolution, which was referred to the Reference Committee on Miscellaneous Business:

WHEREAS, The year 1946 marks the one hundredth anniversary of the first public demonstration of the use of ether as an anesthetic agent by W. T. G. Morton on Oct. 16, 1846 in the Massachusetts General Hospital in Boston; and

WHEREAS, This event represents one of the most important steps in medical history; therefore be it

Resolved, That the American Medical Association cooperate with the American Society of Anesthesiologists and other acceptable medical organizations in programs celebrating this centenary.

Resolution on Bituminous Coal Mine Wage Agreement

Dr. Clark Bailey, Kentucky, presented the following resolution, which was referred to the Reference Committee on Executive Session:

WHEREAS, As a result of a resolution presented at the last session of the House of Delegates of the American Medical Association in regard to the problems of medical practice in the coal mining areas brought about by the bituminous coal mine wage agreement the Council on Medical Service was directed to cooperate with the mine physicians in these areas; and

WHEREAS, The physicians in the coal mining areas have been greatly benefited by the advice and interest of the members of the Council on Medical Service with the cooperation of the Council on Industrial Health; and

WHEREAS, There has been established an active relationship between coal mine physicians and these Councils of the American Medical Association; and

WHEREAS, As a recent grave crisis of a national character emphasizes the need for the continuance of the close relationships with the mine physicians; and

WHEREAS, The results of the survey stipulated in the wage agreement, of health, housing and sanitary conditions in the mine areas, will demand constructive medical leadership; therefore be it

Resolved, That the Council on Medical Service and the Council on Industrial Health be directed to continue close cooperation with the mine physicians in an effort to maintain and improve the high standards of medical practice.

Resolution on Teaching of Preventive Medicine and Public Health

Dr. William D. Stovall, Wisconsin, presented the following resolution, which was referred to the Reference Committee on Medical Education:

WHEREAS, The professional literature is emphasizing preventive medicine as the advance of modern medicine;

WHEREAS, Groups concerned with administrative practices applicable to the control and prevention of disease are anxious that preventive medicine receive special recognition in the medical school curriculum;

WHEREAS, The technical methods for practice of preventive medicine and those for the practice of general medicine are not sharply differentiated in medical teaching;

WHEREAS, The concepts of preventive medicine arise from technical practices for disease control by prophylactic immunization, by the diagnosis and adequate treatment of incipient disease and functional disorders, and by environmental control;

WHEREAS, The introduction of additional subjects and more teaching hours into an already crowded medical curriculum is difficult;

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WHEREAS, The American Medical Association over the years has been active in advancing medical education to meet the progress of medical science and setting the standards for medical education in this country; therefore be it

Resolved, That the Council on Medical Education and Hospitals of the American Medical Association be requested to restudy the teaching of preventive medicine and public health to undergraduate medical students to determine the methods used in various medical schools in this country and Canada to determine the subject matter covered in such teaching.

Distribution of "Rich Report"

Copies of the "Rich Report" and the report of the special committee to study it were distributed by roll call.

The House recessed at 1:20 p. m. to reconvene Tuesday morning at 9:30.

Second Meeting—Tuesday Morning, December 10

The House of Delegates was called to order at 9:40 a. m. by the Speaker, Dr. R. W. Fouts.

Roll Call

On motion duly made, seconded and carried, the House directed that the report of the Reference Committee on Credentials for this day constitute the roll call.

Presentation of Minutes

It was moved by Dr. William Weston, Section on Pediatrics, seconded by Dr. Thomas S. Cullen, Maryland, and carried, that the House dispense with the reading of the minutes.

Report of Reference Committee on Credentials

Dr. G. Henry Mundt, chairman, announced that 167 delegates had been registered, and the speaker stated that a quorum was present and the House was ready to proceed with business.

Reconsideration of Third Recommendation in Report of Special Committee to Study the "Rich Report"

The Speaker announced that two distinguished visitors were present, one of whom wished his address given in executive session and would have to be heard at 10:30 a. m.

On motion by Dr. John W. Cline, California, seconded by Dr. William Weston, Section on Pediatrics, and carried, the recommendation adopted yesterday, reading "That it be considered by this House at that time in Executive Session limited to members of the House of Delegates and officers of the Association, acting as a Committee of the Whole" was rescinded.

Dr. John W. Cline, California, moved that the House reconsider the motion to make consideration of the Rich Report the first order of business this morning. The motion was seconded by Dr. Harry Aranow, New York, and carried.

Address of Dr. T. C. Routley

The Speaker introduced Dr. T. C. Routley, Secretary of the Canadian Medical Association, who addressed the House as follows:

Mr. Speaker, Ladies and Gentlemen:

For twenty-four years you have received me most cordially, and I regret exceedingly that circumstances did not make it possible for me to be with you at your San Francisco session. I would like to take one moment, if I may, and tell you, as the Chairman has instructed, why I missed your San Francisco session.

The government of Canada, as one of the invited nations to the United Nations International Congress on Health, invited the General Secretary of the Canadian Medical Association to act as one of its medical advisers. So for a period of five months I enjoyed the hospitality of New York. I didn't enjoy its humidity quite so much. But during that period I saw the formation of the World Health Organization as a structure set up by the United Nations. On completion of the structure, the government of Canada invited me to act as their representative on the Interim Commission, the body which has been charged with the responsibility of bringing the World Health Organization into being.

In the month of September the British Medical Association and the old Association Professionelle Internationale des Médicins which was organized in France decided there should be a conference on the medical profession of the world, and it was held in London. Again it was my privilege to be there.

Mr. Speaker, I am greatly privileged to have the opportunity to say to this governing body of the greatest medical association in the world that in my humble opinion two parallel streams have begun to flow, and I think their course might have some effect on the future of this world.

I believe that the World Health Organization set up by the United Nations offers an opportunity for the expression of good will and cooperation and world fellowship such as no other agency in the United Nations can do. But I submit to you, Mr. Speaker, that the World Health Organization without the vitalizing force of the medical profession of the world will be like an electric power line without electricity flowing through it.

I believe that we of the medical profession of the world have an opportunity because of our common belief in an ideal, because of our common objectives and because of our great belief in the ethics of our profession—we have an opportunity as a worldwide brotherhood—to demonstrate two things; first, that we can carry on as one world and second, that we believe in the brotherhood of man.

What would you think if the state of New York had only two physicians? Yet I have just come back from Geneva and heard Ethiopia and Liberia pointing out that with 12,600,000 population, they had two physicians between them. That is all. And I listened to the man from Czechoslovakia stating that the enemy liquidated—they never knew how—nearly 1,500 of their physicians.

I submit to you that today many parts of this world are suffering more than they ever did before. I submit to you gentlemen, that the medical profession has an opportunity not only to see that all mankind enjoys the highest possible level of health, but to demonstrate to a troubled world that man's humanity to man can transcend economic difficulties and that we can make this world safe for humanity.

I suggest to you that unless we go forward as one world we are going to go backward, and into utter chaos, as a divided world.

This great American Medical Association was quick to seize the opportunity of joining the World Medical Association. And may I speak, on behalf of the great American medical profession, appreciation of your hearty allegiance to and support of the efforts being put forward by this World Medical Association to make our profession what we think it can be all over the world. There is no desire, none whatever, to have the World Medical Association intrude itself into the private affairs of any nation. But, I think you will see quickly that there is an opportunity for physicians all over the world to assist one another.

Report of Reference Committee on Miscellaneous Business

1. Resolution on Morton Centenary: The Reference Committee on Miscellaneous Business recommends approval of this resolution as submitted yesterday.

2. Report of Committee on Military Rank: The Reference Committee recommends the continuation of the Committee on Military Rank and its activities as requested in the report of that Committee.

3. Resolutions on Evidence of Practice of Medicine: The reference committee offers the following substitute resolutions in place of those introduced on yesterday:

WHEREAS, The accepted method of notification of the amount of recompense indicated for medical service rendered consists in presentation to the patient or responsible party of a statement or bill for service rendered by the person rendering such service; and

WHEREAS, The amount involved has been established over a long period on an individual basis between the physician and the patient; and

WHEREAS, The fee rendered is usually based on the duration of service in time and effort, responsibility involved, material expenditures, the financial status of the patient and the qualifications of the physician; and

WHEREAS, The practice of anesthesiology has been defined by the American Medical Association as "the practice of medicine"; therefore be it

Resolved, That the House of Delegates of the American Medical Association reiterate its position that the administration of anesthesia constitutes the practice of medicine and the presentation of bills and the collection of private fees for such service rendered by others than recog-

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nized practitioners of medicine shall be considered as the evidence of practice of medicine; and be it further

Resolved, That these resolutions be sent to the agencies of each state having jurisdiction for the enforcement of medical practice acts and also to the secretary of the state medical association of each state.

Respectfully submitted,

WILLIAM A. COVENTRY.
R. B. ANDERSON.
GEORGE A. WOODHOUSE.
WARREN L. ALLEE.
WILLIAM F. COSTELLO.

The first and second sections of the report of the reference committee were adopted on motions of Dr. Coventry, duly seconded and carried.

Dr. Coventry moved adoption of the third section of the report of the reference committee dealing with the Resolutions on Evidence of Practice of Medicine, and the motion was seconded by Dr. Robert E. Schlueter, Missouri. After discussion by several, it was moved by Dr. Walter E. Vest, West Virginia, and seconded by Dr. George W. Kosmak, New York, that this portion of the report be referred again to the reference committee for further consideration and report tomorrow. The motion was lost in a standing vote.

Dr. Thomas M. D'Angelo, New York, moved to amend the resolution of the reference committee by adding "This in no way applies to nurse anesthetists in hospitals under the jurisdiction of a properly qualified anesthesiologist," and the motion was seconded by Dr. J. Stanley Kenney, New York. After discussion by several, Dr. E. V. Askey, California, suggested that the proposed amendment be changed to read "This in no way applies to nurse anesthetists in hospitals under the direction, jurisdiction and responsibility of a regularly licensed doctor of medicine," and the suggestion was accepted by Dr. D'Angelo.

Dr. Coventry's motion to adopt the third section of the report of the reference committee was then adopted as amended.

On motion of Dr. Coventry, seconded by Dr. George W. Kosmak, New York, and carried, the report of the Reference Committee on Miscellaneous Business as amended was adopted as a whole.

Report of Reference Committee on Emergency Medical Service

Dr. Walter G. Phippen, Chairman, presented the following report, which was adopted on motion of Dr. Phippen, seconded by Dr. George W. Kosmak, New York, and carried:

Your reference committee has read the report of the Committee on National Emergency Medical Service, and commends the committee for its diligence and comprehension of the scope of its work.

It believes the change in title to "Committee on National Emergency Medical Service" is well taken.

The questionnaire sent to fifty thousand former medical officers seems very complete and comprehensive, and its final tabulation will be looked forward to with great interest.

The committee agrees that "The selection of men to be Surgeon Generals should be made from those available men who are eminently qualified by experience and broad professional contacts and who possess the confidence of the medical profession of the nation on whom they must depend for support."

We believe that more consideration must be given to the care of the civilian population in any future national emergency because of the change in the type of offensive and defensive warfare.

We would suggest that the committee amplify its field of study by sending questionnaires to an appropriate number of those physicians who maintained civilian practice during the trying war period.

The committee is again commended for its excellent report of progress.

Respectfully submitted,

WALTER G. PHIPPEN, Chairman.
C. B. CONKLIN.
STEPHEN E. GAVIN.
GEORGE BRAUNLICH.
GROVER C. PENBERTHY.
ARDEN FREER.
JOHN HARPER.

Executive Session

On motion of Dr. John W. Cline, California, seconded by Dr. Walter E. Vest, West Virginia, and carried after amendment, the House went into Executive Session granting permission to attend, in addition to the delegates, to officers of constituent state or component county medical societies, executive secretaries, any members of the American Medical Association present, editors of state medical journals and directors of councils and bureaus of the American Medical Association.

The House then recessed to go into Executive Session at 10:30 a. m.

Address of Rear Admiral J. T. Boone (MC), United States Navy

The Sergeants at Arms polled the House and announced that all present were entitled to be there.

Dr. George F. Lull, Secretary, introduced Rear Admiral J. T. Boone (MC), U. S. Navy, Medical Advisor for the Coal Mines Administrator, who presented the following address:

Dr. Fouts, General Lull, Ladies and Gentlemen:

Before I start my address, I regret very much that it is necessary to read it, since I would much prefer to talk it; but, as I shall explain, there are very definite reasons why I at this moment have to be extremely careful. This is not, in any sense, the report of the medical survey or a part of it. I think what I have to say will speak for itself and for the reason that I have to approach the subject as I am this morning.

When the gracious and courteous invitation to address the House of Delegates was received by me, it could not be foreseen that a second labor strike in a single year would occur in the bituminous coal industry, nor was it possible to anticipate the unfortunate circumstances of court action necessitated by the unilateral denunciation by the president of the United Mine Workers of America of the contract executed between himself and the Government. Under these conditions, my appearance before you at this particular time unfortunately presents a definite handicap in a presentation that I had hoped to be able to make. I had looked forward pleasantly to this meeting. I full well realize that you, Mr. Speaker, honored me distinctively when you extended the invitation for me to address the House of Delegates. I wish that I could feel worthy of the honor bestowed. It would have been a happy occasion could we have sat down together, as it were, and discussed, fully and frankly, observations that it has been my privilege to make of the medical care, hospitalization, sanitation, housing and community life of the great industry of coal. The change in the national picture, however, creates a cause for embarrassment. To put it in more common vernacular, I feel that I am very much on the spot. However, in coming before you I recognize that I, as a physician, have a service to render to my profession as well as a public duty to perform as an officer of the Government. I shall ask your indulgence and charitableness in my efforts to present certain problems in which I believe the profession of medicine is vitally concerned.

I might begin by identifying my personal background of interest in medicine so that there may be no illusions that, despite any critical remarks, I have anything but a reverence for my profession and, therefore, am zealous to safeguard its welfare. The seeds of my vocation were implanted in the earliest recollections of my youth. Never had I wished to be anything but a Doctor of Medicine, and at the termination of my career, regardless of all the tributes that might be accumulated by me in a life time, I hope to be remembered as just a Doctor of Medicine. Many hours of my youth were spent with an uncle of mine who was a physician and for whom I had and still have a deep affection. He inspired me in those horse and buggy days as I rode with him over the countryside while he went from house to house to care for his patients. The concept of "the family physician" always has been an ideal of mine.

I cannot but regret that the practice of medicine has wandered, drifted or been forced far afield from this concept which is based on the personal relationship of patient and physician. We are witnessing and are a part of great changes

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in our individual and community lives and in our relationships with one another. The rapid progress of science, technology and industry compels social change. The resulting complexities of life have conspired to force on us high degrees of specialization, in medicine as well as in other fields. Discomforting as such thoughts may be, it is wise as well as necessary that medicine be attuned to the cadence of the times.

We can justly be proud that medicine can so speedily and admirably adjust itself to new conditions. No better example can be afforded than the way it responded to the emergencies of the war. The war brought with it tremendous acceleration in medical practices due to the scientific advances and the new discoveries made in drug therapy, new surgical procedures and emergency measures applied on the field of battle. For the first time in history, a war had been fought (and this, as we know, was one that involved more people than any other) in which the incidence of disease in the armed forces was less than battle casualties. To medicine must belong the credit for this accomplishment and, I might add, to preventive medicine belongs the greatest credit. No less a leader than Admiral Halsey has told me in person that until we had conquered the mosquito and the fly in the South Pacific the combat forces were held at bay in that theater of operation. Owing to immunization, we had no tetanus to speak of in this war, and no one died of epidemic typhus. We had safe water to drink and noncontaminated foods to eat. We lived in tropical climes heavily disease-laden, foreign to our troops and sea forces, and yet, in spite of sundry debilitating and invaliding factors, our military forces fought successfully a war to victory with a minimum of handicap from disease.

The war brought about many changes. It brought with it new discoveries in chemotherapy, gave impetus to advanced surgical procedures and furthered public confidence in the profession of medicine. The war compelled us, however, temporarily to intensify and accelerate medical education. Further, more than sixty thousand physicians in the United States were swept out of their offices, from their home firesides and transformed, as it were, overnight into military entities. The civilian attire was suddenly replaced by the military uniforms of the nation. Physicians who had retired from private practice, relinquished their leisure and their hobbies to resume the active practice of medicine in a highly commendable effort to meet the needs of their communities. Then when the war ended and the period of too rapid demobilization set in, physicians again faced a tremendous problem of readjustment.

The war years also were accompanied by changes and dangers of a legislative nature. A welter of new laws, bills and regulations bearing directly on public health and medical and hospital care confronted the medical profession. I am in no position, as an officer of the United States Navy, to express any personal preferences, alternatives or aversions. But I also need not be a mystic to discern that some of the proposals that have been vigorously propounded meet with disfavor and considerable apprehension by large numbers of medical practitioners. It is important only to note and reemphasize that such proposals as have engendered a substantial degree of public support stem from the real, as well as imagined, needs of the people. They are symptoms of dissatisfaction with the medical profession as it practices its art today; and the physicians themselves should be the first to recognize these symptoms, diagnose the causes and prescribe remedies which will not merely allay the complaints but produce the cure.

These controversial issues will doubtless rise again in the new Congress. It is likely that organized medicine will again find itself in the embarrassing position of the Good Samaritan trying to explain his deeds. However, organized medicine must also be prepared to present unselfishly some rational solutions to the problems of rising costs of medical care; more equitable distribution of services and facilities; more rapid transfer of the benefits of laboratory and clinical research to the patient; greater spread of diagnostic aid; wider application of the technology of public health, industrial medicine and preventive medicine, and other health matters of public concern.

None of us should fear the pounding out on the anvil of public opinion of the great issues of the day. Those of us alined with medicine must expect that the problems affecting medical practice will be laid on that anvil. We must not fear it but be prepared to play a leading part in its forging. Organized medicine must, however, see to it that the debate is tempered by the record of past successful accomplishment and by logical reasoning, not hysteria and emotionalism. In other words the profession of medicine must be the guiding and stabilizing force; it must apply the art of treatment and, if possible, in order to avoid an emotional national imbalance, it must meet the issues of the day with the tolerant artistry of the physician. If medicine does not exhibit the leadership in the correction of abuses and the overcoming of its own deficiencies and demonstrate its willingness to improve, other forces less experienced and less competent will undertake the leadership. Organized medicine has a tremendous challenge to meet. If it does not maintain directional control, other forces outside of it are not only willing but are anxious to mold the destiny of the profession.

The survey of medical care, hospital and medical facilities and sanitary conditions in the coal mining areas of the nation, which I have been privileged to organize and direct, has called my attention to other issues facing the medical profession which, if narrower in scope than those I have already mentioned, are nonetheless of vital importance to a proficient and free medicine. For the benefit of those who have not had the opportunity of reading my paper which was published in the November 30 issue of THE JOURNAL of The American Medical Association, I should like to describe briefly the origin and scope of the coal industry survey which was initiated some six months ago and is now drawing to a close.

As you remember, the soft coal mines were closed down by a strike throughout April and most of May of the present year. When operations were resumed, the mines were under government control by order of the President of the United States, and their operation was vested in the Department of the Interior. The Secretary of the Interior, the Honorable J. A. Krug, called on Admiral Ben Moreell* of the Civil Engineer Corps, United States Navy, who had made a notable record in handling a similar situation in the oil industry last year, to become Federal Coal Mines Administrator. A week after Government seizure, Secretary Krug, with the assistance of Admiral Moreell, negotiated a contract with the miners' union which became effective May 29. Various provisions of this contract deal with health matters, among which is section five, which reads as follows:

> The Coal Mines Administrator undertakes to have made a comprehensive survey and study of the hospital and medical facilities, medical treatment, sanitary and housing conditions in the coal mining areas. The purpose of this survey will be to determine the character and scope of improvements which should be made to provide the mine workers of the Nation with medical, housing and sanitary facilities conforming to recognized American standards.

The Secretary of the Interior, with the approval of the President of the United States, selected me to serve as the Director of the Medical Survey. Commodore Charles T. Dickeman, Civil Engineer Corps, United States Navy, was selected and assigned as my principal assistant and engineering advisor. Medical, engineering and welfare and recreation officers of the Navy were assigned for the purpose of composing field surveying teams, five of which were organized and assigned to investigate selected mining communities in twenty-two of the twenty-six principal soft-coal mining states of the nation. These teams worked out of the five regional area offices of the Federal Coal Mines Administration with headquarters located in Pittsburgh; Ashland, Ky.; Chicago; Kansas City, Mo., and Denver, Colo.

I have been aware that wonderment has prevailed in some quarters as to why a *Naval* Medical Officer was directed to make such a survey. Neither I nor my Naval medical associates are officers of the United States Public Health Service, but public health is not an unfamiliar subject to the Naval Medical Corps. Throughout the history of that Corps, it has made repeated

* When Admiral Moreell desired to retire from active duty in the Navy, he resigned as Federal Coal Mines Administrator and was succeeded by his Deputy, Captain Norman H. Collisson, United States Naval Reserve.

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investigations and taken corrective action on large scale public health matters in various parts of the world. Frequently, it has had to make foreign territory habitable for the armed forces of our country so that they might occupy and carry out their military obligations in varied climes and under varied conditions. The Navy serves from the Arctic to the Antarctic; in temperate, frigid and tropic zones. I might add, gentlemen, that the Naval Medical Corps also must pioneer many times to make it possible for our military personnel to work at great altitudes in the rarefied atmosphere, at great depths under the sea and in confined and crowded spaces in the ships on the surface of the sea. We of the Navy serve in shipyards which are great industrial plants. We, therefore, were enabled to approach our problem in the study to which I have referred not as the uninitiated in industrial health and in preventive or public health matters.

In organizing and conducting the survey the keynote was impartiality and objectivity. We approached the study without preconceived attitudes and without bias and have always maintained what we believe to have been strict impartiality. We were determined to obtain *facts* and to predicate conclusions solely on the basis of reliable information. In contradistinction to some other surveys, we were fortunate in that we could rely, in cases where statistical evidence was not obtainable, on professional people capable of making judicious appraisals. Further, we obtained excellent cooperation from management and labor, from state and community officials and from physicians on the valid promise that health is a common meeting ground for all who have a relationship with or are interested in the people in the great coal mining industry.

The allegation that there are subhealth standards in the bituminous coal industry prompted the Government to commit itself to making this survey. To medical practitioners it is obvious that there are subhealth standards in other industries also. However, our group had been ordered to give its attention only to the coal industry. Our investigation carried us personally into mine workings, physicians' offices, dispensaries, hospitals and schools and into the homes of miners in the states of Pennsylvania, West Virginia, Maryland, Kentucky, Virginia, Tennessee, Alabama, Ohio, Michigan, Indiana, Illinois, Iowa, Kansas, Missouri, Arkansas, Oklahoma, Colorado, Wyoming, Montana, New Mexico, Utah and Washington. It cannot be said that those of you physicians not practicing or living in the areas where coal is mined have no interest in the miner and his dependents. I am sure you are too broadminded to have any such concept. The health problem in the coal fields cannot be dismissed as a matter affecting less than 2 per cent of the population of the country or merely a few hundred physicians. What we have seen I can assure you is rightly a concern of the specialist in Chicago and New York as well as the general practitioner in the isolated Appalachian regions. As you well know, since diseases can become epidemics, diseases originating in rural and mining communities can be and frequently are spread to urban centers, to even those far removed from coal mining areas. The poor sanitation and apparent stream pollution in mining communities are matters of more than local concern. It is obvious to you gentlemen that illness and disease in one segment of the population can readily affect the health and welfare of the entire nation. I am sure, therefore, that you agree with me when I say that if we can help to raise the health standards of coal mining communities, we can contribute to improvement of the national well-being.

As the report of our findings still remains to be completed, it obviously would be premature and improper to reveal at this time our results and conclusions. However, to my associates in the practice of medicine, I feel it is not amiss to present some of my personal observations and impressions and to call to the attention of this most representative group some of the problems which seem to be a concern of organized medicine.

The apparent weaknesses in public health programs in the nation's coal mining regions are deeply disturbing. Elementary control measures, in many instances, are completely lacking. There are exceptions, of course, but I would guess that, as a general rule, coal-mining communities, particularly in the more densely populated and more heavily productive coal areas, are deficient in such essential measures as adequate water supply controls, proper disposal of sewage and garbage, reasonable safeguards against contamination from human and animal wastes, protection in food and milk handling and insect and rodent control measures. Although a number of coal-mining communities owned and operated by the larger and more progressive coal companies seem to be as sanitary and healthful as our better incorporated cities, they are too few in number and stand out as exceptions to the rule.

State departments of health and similar state agencies are, in most instances, aware of the problems, and some are making a strenuous effort to overcome them, but in a majority of cases, unfortunately, their efforts do not extend to coal communities. They are, however, severely handicapped. They are faced with shortcomings in their laws and with inadequacies in the powers of enforcement, particularly when many of these mining communities are privately owned property and not public or even semipublic properties. State health departments have not had, and do not now have, even with the federal financial assistance that has been given them in recent years, sufficient funds to carry out any but the most minimal programs. They are further seriously handicapped at the present time by inability to recruit trained personnel because of a definite shortage of professional people, and because of the relatively small salaries they are authorized to pay. On the county and local levels public health work is even more sporadic. A few of the coal counties have outstanding programs which are carried out by organized and trained staffs on a full time basis; other counties have no individual programs whatsoever or haphazard programs directed and carried out by part time personnel.

In the coal communities that I have visited, I have inquired into the participation in public health work by the "company" physician and other private practitioners and, I must say, I have been very disappointed to learn that, except for school health programs of immunization, physicians have evidenced very little interest in public health work and preventive medicine. These same physicians, as residents of the communities in which they practice, have not even as a rule undertaken their responsibilities as enlightened citizens and, shutting their eyes to the apparent stream pollution and closing their ears to the crying need for hygiene education of their fellow citizens, have withdrawn themselves into their work and their private lives. I full well realize the difficulties they face. They are extremely busy with the practice of curative medicine, their patient load probably being as high as that of any physician in the United States. They hesitate to assume a leadership in matters where there is little general understanding or willingness to understand. Nevertheless, their reluctance to show their concern and to participate beyond the confines of their own private practice is indicative of an attitude which is altogether too general.

I may be in error, but I cannot help having the feeling that there is a definite schism between curative medicine and preventive medicine. I am disturbed by the hiatus that exists between private practitioners and public health officials. All are men of medicine or closely related thereto. The common objective of private practitioners and the public health officials is the maintenance of the health of the people of the nation. Public health work in the coal-producing states and counties has broken down or rather, I should say, has never fully gotten under way because of an unfortunate lack of public understanding and public support. I believe that organized medicine can perform a noble task in closing the gap between curative medicine and preventive medicine and in assuming a greater degree of leadership in educating its own membership and the general public in the values of public health work; also it should stimulate and encourage the public to provide a greater measure of support for preventive health measures. I feel that every effort should be exerted to see that states and counties and other local jurisdictions have adequate legislation, reasonable enforcement authority and rounded out staffs of full time, not part time, health officers, sanitarians, visiting nurses and other trained personnel. Public health is not exclusively the concern of government.

Medical practice in coal mining communities throughout the United States has a traditional background. Various prepayment plans are in existence almost generally. The histories show that their origins are rooted in necessity. Coal-mining

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operations in many parts of the country began in isolated areas before the establishment of other communities or even ordinary means of public transportation. To attract physicians to these communities, it was necessary to guarantee them an income. This was done by "checking off" from the miners' wages a specified sum each pay day to provide for medical care. The coal company recruited the physician and provided him with office space. In some instances, the company paid him a salary of more or less money than the "check off" provided. In other instances, the entire sum of money obtained from the "check off" constituted the physician's guarantee.

Today, physicians who carry on their practices in coal-mining communities perform their duties under a variety of payment systems. In some cases, the physician is paid a straight salary by the company and limits his practice for the company to cases which are "compensable" under state laws. In other instances the doctor receives his principal fee under the "check off" system and, in addition to his general practice, handles accident cases for the company on a fee for service basis. The prepayment plans which are in existence today do not provide for complete coverage of the subscribers' ailments. The physician, under the prevailing systems, generally charges extra on a fee for service basis for maternity cases and for treatment of venereal diseases. He also generally charges extra for home calls to persons living outside the camp area, even though they are subscribers to the prepayment plan. In addition it is general for these "contract" or "list" physicians to practice on a fee for service basis among residents of the community who are not subscribers to the prepayment plan. There are many modifications of these systems, which the medical officers of our Survey Group have investigated and which will be described in the survey report that is now in preparation.

The prepayment medical care and hospitalization plans which are in existence in coal-mining communities can be very carefully scrutinized; and I am sure an overall study would be revealing and provocative. I feel it is a part of the obligations of organized medicine to know, if it does not know already, some of the situations which exist today. I cannot help but feel, as one who has visited and inspected many hospitals as part of my official duties, the tremendous variations in adequacy, appearance, safety and maintenance of hospitals. Unfortunately, too few states have adequate laws to license hospitals. If this were not so, I believe that the standards of the hospitals would be very much higher. It may be that the Hospital Survey and Construction Act will play an important part not only in providing more hospitals but in raising the qualities of the old as well as new hospitals, The Act should establish better standards which take cognizance of the requirements set by the medical profession.

I have, in previous discussions and in my talk before the Seventh Annual Congress on Industrial Health on October 1 in Boston, spoken of the lack of interest on the part of the practitioner in coal-mining communities in industrial health. While I do firmly believe that no physician can practice medicine effectively without a good understanding of the environmental conditions of his patients, I realize nevertheless that industrial medicine is a specialized branch of the medical arts. One should not, therefore, expect the physician in the coal-mining community who is engaged primarily in general practice to be thoroughly conversant with all the phases of industrial medicine as it applies to coal mining. This had better be left to the medical practitioner who is engaged specifically in the prevention and treatment of occupational illnesses and also sees the victim of industrial accidents prior to referral for definitive surgical care. Because the mine physician, as we know him today, is generally not familiar with the working environment of the miner and is not a specialist in industrial medicine, the preemployment examinations which he conducts in some instances at the request of the management have little value from the standpoint of proper placement of the job seeker. They are of benefit neither to the man whom he may be called on later to treat, nor to the employer who is concerned with the proper placement of persons; they are attached as primarily of use as a means of conclusion. As applied now they contribute little to preventive medicine, but they can be potent and constructive factors. It may be hoped, however, that, with the end of the war and the better possibility of recruiting additional physicians into the mine areas to alleviate the burdens of the present practitioners, mine physicians will have more time and will, through their own initiative and through their organization, take a greater interest in the environmental conditions of the miners in order to improve medical practice in the mining communities.

The luxury of criticism is one in which we all love to indulge. The coal-mining physician has had his share of criticism. The mere fact that medical practice in some coal-mining communities can be a lucrative business does not mean that the profession as a whole is interested primarily in making money. There are a number of men in the coal-mining communities who could do as well or better elsewhere, yet remain in these communities out of a spirit of service to the people and devotion to their profession. I will confess that the instances in which I have observed this are more rare than I would like to see, but they are, nevertheless, comforting to me and I am sure to all of us who love the medical profession. It is inspiring to a medical practitioner to relearn occasionally that the missionary spirit still exists in the profession.

Unfortunately, missionary zeal does not always go hand in hand with competence and progress. That is one of the penalties of conducting a medical practice in a relatively isolated area. Because of the assured income that results from the prepayment system which is common and traditional in the coal-mining industry, many young men who need a start in their profession have a unique opportunity to begin their careers in those areas. Where advantage is taken of such opportunities by young men who are starting out in practice, the benefits accruing therefrom are mutual. The physician is enabled to begin his practice on a solid foundation and pay off the debts which he has acquired for his medical education; the community at the same time will benefit from the vitality, energy and fresh knowledge of the young practitioner.

The advantages of such circumstances, however, can easily be inverted to become detrimental. If the young practitioner remains too long in isolation, hesitating to give up a relatively assured income—and he is entitled to security like any one else—he gradually and inevitably falls into a rut. It becomes more and more difficult for him, particularly when the demands of his patients consume so much of his time, to maintain and establish contacts with other members of his profession and to keep up, by reading and attending meetings, with the newer developments in medicine or to obtain more of the broad experience available in the larger areas or metropolitan centers. It takes a man with an unusual amount of willpower, determination and ambition to ward off the constrictions that are imposed on him by his isolation and the nature of the work he is doing.

To the physicians who practice in the coal mining communities, certain provisions in the Krug and Lewis Agreement have been highly disturbing. These are the provisions under section 4 dealing with a "health and welfare program." Under this program, two funds are to be set up, one of which is "a medical and hospital fund." I want to add at this point that the survey which we are conducting has only an indirect relationship to these funds.

There has been a lot of confusion about those funds, so I might take a moment to clarify it. You have heard that, under the Krug and Lewis Agreement, the first is Fund A in which the money comes from the 5¢ a ton royalty from coal. That is to go for retirement benefits and welfare, which have certain limitations defined, and yet to my mind need further definitions. The trusteeship for the control of that money accruing from the 5¢ a ton is composed of one trustee appointed from the government, one from the United Mine Workers of America and two elected members.

The other medical fund is for medical care and hospitalization. The money comes from the pay envelop deductions voluntarily, from the miner. That fund is to be administered by a trusteeship set up by the United Mine Workers of America. At the present time, the check-off money is collected by the operators and paid to physicians or hospitals in the various systems.

Then there is meant to be a correlation or implementation of the two funds and that is, as any mind can see, where trouble

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may arise. I do not know exactly how they were worked out. I might say that the many millions of dollars that have accrued from Fund A already, from the 5¢ a ton deduction, has been held in escrow in the First National Bank in New York under the custodianship of the Paymaster General of the Navy.

The medical fund which is to be administered by trustees appointed by the President of the United Mine Workers of America is to be accumulated from wage deductions of mine workers and is to be used for medical, hospital and related purposes "at the discretion of the trustees of the fund." Collections for this fund have not yet started, but what changes in the present system of medical practice will follow its establishment, no one, except possibly a few persons inside the United Mine Workers of America organization, can foretell. Whether the trustees will eliminate the direct payment of the "check off" to physicians; whether the money collected from the workers will go into a common fund to be spent on a local, regional or national basis, or whether the trustees will attempt to obtain medical services on a salary basis or on a fee for service basis is unknown. The mine physicians, I understand, are not so much concerned about their economic security as they are in the maintenance of their professional status. That is the concern of all medical men, because the establishment of this particular medical fund may be the precedent for similar funds in other industries. What changes this new departure, which may inject third parties between physicians and patients, will tend to bring about in medical practice, no one knows; but it is evident that the American Medical Association has been handed a problem which it cannot and is not overlooking. The views which organized medicine takes in handling such problems will help to fashion the pattern that is eventually evolved. Organized medicine, as I have said, must dissipate any emotionalism that beclouds sound reasoning and must assume leadership in the formulation and establishment of reasonable and practical programs that will benefit the people.

The ideals of the medical profession are as strong today as they were about twenty-four centuries ago when they were promulgated by Hippocrates. It is a tribute to the men of the medical profession that, on the whole, there has been so little straying from the path which the profession has marked for itself. The road ahead, however, is marked by pitfalls and obstacles. We must assure ourselves first that these are real obstructions and then remove them efficaciously, so that we may continue to move forward and serve humanity, for what is in the best interests of the people is best for the profession of medicine.

Committee of the Whole

On motion of Dr. Edwin S. Hamilton, Illinois, seconded by several, the House resolved itself into a Committee of the Whole for the consideration of the report of the Special Committee on Executive Session for Consideration of the Rich Report, with Dr. Hamilton as chairman.

Executive Session—Tuesday Afternoon

The House reconvened in Executive Session at 3:30 p. m., with the Speaker, Dr. Roy W. Fouts, presiding.

Report of Committee of the Whole

On motion of Dr. Edwin S. Hamilton, Chairman, seconded by several and carried, the report of the Committee of the Whole, which recommended adoption of the following portions of the report of the Special Committee on Executive Session for Consideration of the Rich Report, was adopted:

In opening a detailed discussion of the many recommendations involved in this report, your committee wishes to dwell first on the conclusion reached by Mr. Rich—offered, not as a recommendation but rather as an accepted mechanism for the activities of the American Medical Association—as stated in the last paragraph on page 1 of his report, "To separate distinctly the functions of scientific interpretation, medical economics and social medicine, and the direction of public relations." While recognizing the advantage of creating such several agencies, whether as committees, bureaus or councils, yet because of the overlapping and intermingling of the interests and activities of these several departments and for the sake of clearcut, now confusing, public relations and for the proper preservation, at all times, of the well considered professional viewpoint, it would seem essential to designate one officer or one small committee or council with authority to act in the capacity of interdepartmental supervisorship.

I. Proceeding to a detailed consideration of specific recommendation, your committee approves of recommendations no. 1 and no. 2 on page 2 of the Rich Report, reading as follows:

> 1. We *Recommend,* therefore, that the Association seek every possible opportunity and means to describe and dramatize the progress of scientific medicine, what it promises to mean to mankind, and especially, all that the Association has done and is doing to advance this progress.
>
> 2. We *Recommend Further* that this vital assignment be entrusted to the Editor of THE JOURNAL who, in our judgment, is on all counts best equipped to present this story with a degree of authority and with a brilliance which will appeal to the general public.

The suggestion is made, however, that in addition to a presentation of the purely scientific accomplishments of the profession the story of the development of organized medicine in America be made known. The approaching Centennial of the American Medical Association affords an excellent opportunity for acquainting the public with our story. This might well be accomplished by a series of articles published in Hygeia and in other periodicals depicting, chronologically, the more dramatic and significant steps in the history of the development of organized medicine in America, such as is now appearing in THE JOURNAL OF THE AMERICAL MEDICAL ASSOCIATION. Beginning with the Medical Society of New Jersey, organized in 1766 for the purpose of improving the practice of medicine and inspired by a need for bettering the care of disabled veterans of the French and Indian War, and so all down the line, in the formation of city, county, state and national organizations, the motivating factors have been betterment in the quality of medicine and the welfare and protection of the public. These facts well speak for themselves without elaboration.

II. Your committee cannot agree fully with the preamble on page 3 of the Rich Report leading up to recommendations concerning Hygeia. During war years, the circulation of this periodical was largely determined by the amount of paper available. Its circulation could have been doubled at any time. Your committee is somewhat at a loss to understand the implications in the criticism of the commercial methods of promotion used. It is fully in accord with the proposition that Hygeia should be vitalized into the most powerful medium of approach to the reading public. It should not only carry pertinent scientific facts suitable for public consumption but should also aquaint the laity with the "Doctor Story" and present the profession's side of all controversial matters. This magazine would afford an excellent medium for the presentation of the history of the development of organized medicine alluded to in the foregoing section. With these thoughts in mind, we approve of recommendation no. 3 on page 3 of the Rich Report, reading:

> 3. We *Recommend,* therefore, that the editor be requested to devote particular attention to the urgent task of vitalizing *Hygeia,* and that he be authorized to obtain a fully competent managing editor with adequate editorial and art assistants.

This committee does not approve of recommendation no. 4 on page 3 of the Rich Report, which reads:

> 4. We *Recommend Further* that the editor-in-chief be requested, each year, to reserve exclusively for *Hygeia* an appropriate number of his most vivid and popular articles.

III. In common with Mr. Rich, your committee recognizes the fact that the average busy physician may be a poor business man and perhaps an irregular economist, but he has done and is doing a splendid job for the American people. One advantage which the practicing physician has over the trained economic theorist is a first hand knowledge of people of all classes and a sympathetic understanding of their needs, both medical and socioeconomic. Our Bureau of Medical Economics up to the present has confined itself to the study and analysis of every conceivable phase of medical economics. It should continue to

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be headed by the best trained man available. With this suggestion your committee approves recommendation no. 5 on page 4 of the Rich Report which reads as follows:

> 5. We *Recommend* that in order to obtain a truly superior person of the highest caliber, he be offered not only direction of the Bureau but also responsibility for procuring and developing the material for a Department of Medical Economics and Social Medicine in THE JOURNAL and in *Hygeia*.

IV. With regard to the section on "Diverse Opinion," we are fully in accord with the proposition that all responsible minority groups should be afforded the privilege of giving public expression of their views. However, every member has had experience in his own county or state organization with the crack pot chronic objector, the mouth piece of no group, who makes a persistent nuisance of himself. The Editor should be permitted the use of his discretion in denying publicity to such persons. Your committee feels that diverse economic opinions should be limited to THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION and other journals for professional reading and not put in lay publications. With these exceptions, your committee approves of recommendation no. 6 on page 5 of the Rich Report, which reads:

> 6. We *Recommend*, therefore, that the economist appointed to the position mentioned shall give opportunity in his department of THE JOURNAL and of *Hygeia* for the expression of diverse viewpoints. This, we are convinced, will create a dynamic atmosphere which will go far to arouse the active interest of the many doctors whose lethargy has rightly been a matter of grave concern.

V. Your committee is fully in accord with the need of a more positive type of public relations program. It likewise recognizes the advantage of trained directorship in the development of such a program and it understands that a director has been appointed.

From past experience your committee knows that publicity experts, in their enthusiasm to attract the attention of the reading public, have been known to produce misleading headlines and tincture truth with fiction to the detriment of the dignity of the profession. With no intent to hamper this new officer, your committee nevertheless urges that all publicity and all projects promulgated by him be approved by the General Manager before published or undertaken. If this stipulation is made mandatory, your committee approves recommendations nos. 7 and 8, page 6 of the Rich Report which read:

> 7. We *Recommend*, therefore, that the General Manager be authorized to appoint an Executive Assistant in charge of coordinating and servicing the public relations activities of all officers, councils, bureaus, divisions and departments of the Association.
>
> 8. We *Recommend* further that this new appointee have the responsibility of developing, with the full support of the Board, ways and means of greatly broadening the system of interpretation of the Association to the public on matters other than scientific medicine.

Three Essential Goals: On pages 8 and 9 of the Rich Report, the subject of Three Essential Goals provides no points of difference. This committee is in agreement with the views expressed, which read as follows:

> Viewing the field of medical economics and social medicine from a public relations standpoint, there are three basic tasks—three essential goals, they might better be called. Each must be held constantly in mind by the Association.
>
> Find the Truth: The first of these goals is for the Association to convince the public that it is seeking the truth as honestly in the economic and social aspects of medicine as it is in the scientific. And it must recognize that in these fields, to which it is less accustomed, there is as yet no proven truth. To put it otherwise, truth here, as in medicine, must be found in the clinic. But here the clinic is the public. And in this clinic the patients are not prostrate—they are active, vigorous and articulate. And they have various views about what they want to have happen to them when they do become prostrate, as they know they will sooner or later.
>
> Moreover it must constantly be remembered that patients in this clinic *control* the public relations of the American Medical Association. Neither the American Medical Association itself nor the wisest public relations counsel can control its public relations. But confident reliance may be placed in a most substantial, even remarkable, improvement in its public relations if the American Medical Association will give a fair hearing week in and week out, year in and year out, to those who with sincerity and intelligence are inclined to other viewpoints or who believe there are neglected developments and issues which need attention. Only by full discussion can the right answers be found.
>
> Put the People First: Study alone will not suffice. The second essential goal is to show the public that the American Medical Association is actually following up the truth which it finds by doing everything in its power to bring medical care to all the people. As one nationally known public relations practitioner put it, the American Medical Association must prove "that it is out fighting for medical care that the public can afford."
>
> This means that the Association must deal first and foremost with the needs of the public; second, with the welfare of the physician. In other words, its actions must be the organized embodiment of the first statement in the "Principles of Medical Ethics":
>
> "A profession has for its prime object the service it can render to humanity; reward or financial gain should be a subordinate consideration. The practice of medicine is a profession. In choosing this profession an individual assumes an obligation to conduct himself in accordance with its ideals."
>
> Become Adequate: Finally the performance of the Association must be adequate. As one writer has recently said with reference to the National Health Program adopted Feb. 14, 1946, "The American Medical Association has submitted itself to the test of accomplishment."

National Physicians Committee for the Extension of Medical Service: This committee recognized: 1. That each member of the American Medical Association is primarily a citizen with the inalienable right to join any organization. 2. That the House of Delegates has on two previous occasions endorsed and commended the work of the National Physicians Committee for the Extension of Medical Service. 3. In line with the new program in the process of accomplishment, this committee feels that the American Medical Association should and must do its own public relations and legislative work. This implies no lack of appreciation of similar work done and to be done by other organizations devoted to the best interests of the public and of organized medicine. 4. In view of the controversial character of the Rich Report and in view of lack of documentary evidence relating to the National Physicians Committee for the Extension of Medical Service, this committee recommends further study of this portion of the report.

Lay Participation in Voluntary Plans: In many of the plans, there is lay participation. Few, if any, have total medical control and as long as we are providing medical service, control should be vested in the hands of the physicians. With that in view, this committee approves recommendation no. 10 on page 12 of the Rich Report, which reads:

> 10. We *Recommend*, therefore, that the relationship of lay participation to the successful development and operation of voluntary health insurance plans be the subject of objective study and that, unless there shall prove to be conclusive evidence to the contrary, the present requirements for total medical control be revised promptly.

In the Sherburne resolution, reference is made to the Council on Medical Service and Public Relations. Since these two functions are now divided, this recommendation should apply to the duties of the Executive Assistant to the General Manager.

Provided that the work of the Executive Assistant first meets with the approval of the General Manager, your committee approves of recommendation no 11, page 15 of the Rich Report, which reads:

> 11. We *Recommend*, therefore, that the Secretary and General Manager be requested to implement as fully as possible the resolution on modern medical public relations introduced by Dr. C. C. Sherburne of Ohio, and adopted by the House of Delegates last December. In doing so, however, the work should be performed through the Executive Assistant called for above.

The committee approves parts 1 and 2 of recommendation no. 12 on page 16 of the Rich Report, which read:

> 12. We *Recommend*, therefore,
>
> 1. That each council and bureau be requested to identify in its field all legitimate organizations having cognate interests; then to develop in cooperation with the Executive Assistant, for Board approval, specific plans for establishing practical cooperative relationships with them.
>
> 2. That the execution of the approved programs be under the guidance of the General Manager's Executive Assistant.

BUREAU OF HEALTH EDUCATION

Your committee has studied with care that portion of the Rich Report pertaining to the Bureau of Health Education. It agrees with Rich Associates that here the Association possesses an instrumentality of great potential importance in public relations. While the achievements of this Bureau in many respects has been impressive, many helpful suggestions have been forthcoming. Your committee feels that this activity should be stimulated and its good work furthered. With this in mind, adequate personnel should be supplied and suitable junior executives created to assume responsibilities for the various phases of work. This has already been accomplished in the appointment of added personnel of high caliber (Dr. Smiley and Mr. Hein).

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The report points out that the work of the Bureau of Health Education falls in two distinct and important parts: one is the health education of the public and the other is the school program. Each is equally important and neither can be neglected by the American Medical Association. Each should have the benefit of strong lay counsel. This report recommends that two advisory councils be appointed by the Board of Trustees to deal, respectively, with popular health programs and with school health programs. While your committee feels that definite responsibility for each of these two activities should be delegated to certain executives of the Bureau of Health Education, it questions the wisdom of more councils and greater bureaus. Your committee feels that the Director of the Bureau of Health Education should be responsible for the activities of this Bureau to the Board of Trustees. Policies of the Bureau are to be determined by the House of Delegates while the Board of Trustees acts as interim agent. Further cooperation with various educational bodies in order to cultivate the school health program is to be stimulated. This has been done in the past by the Bureau of Health Education.

With the substitution of the word "committees" for the word "councils," this committee approves recommendation no. 13 on page 18, of the Rich Report, reading:

> 13. We *Recommend*, therefore, that taking into consideration nominations by the Director of the Bureau and the Executive Assistant to the General Manager, the Board of Trustees appoint two advisory councils dealing respectively with school health programs and with popular health programs.

This committee approves recommendation no. 14 on page 19 of the Rich Report, which reads:

> 14. We *Recommend*, therefore:
>
> 1. The establishment of a "Health and School Section" of the Bureau.
> 2. The appointment of an Assistant Director to be in charge of this section.

Good progress has been made in the field of popular health education by our Association in the past; fertile fields lie ahead. Through various publications, releases and radio presentations immeasurable good will and education have been disseminated, a truly great work of public relations which could not but react favorably for our profession. Your committee recommends continued expansion in this field of activity.

With the addition of the words "Associate or" in front of Assistant Director, the committee approves recommendation no. 15 on page 20 of the Rich Report, reading:

> 15. We *Recommend*, therefore, the appointment of an Assistant Director to be in charge of Liaison with voluntary professional and lay organizations concerned with popular (as distinguished from school) health education.

Your committee feels that great good in health education can be accomplished through medical societies and voluntary medical service plans. Good progress has already been made in the larger medical societies, especially where paid executive secretaries are available. These avenues should be utilized further and the good start already made continued. The voluntary service plans offer an exceptional opportunity to contact the public and this means should be developed to the utmost. Adequate liaison with both the medical societies and voluntary medical service plans should be maintained and the Bureau should be ready to serve as voluntary consultant in the development and execution of their health education programs.

When the Bureau of Health Education develops to the point where the necessity for a field secretary is shown, the committee feels that recommendation no. 16 on page 21 of the Rich Report should be approved. This recommendation reads:

> 16. We *Recommend* the appointment of a field secretary to serve the voluntary plans as a consultant in the development and execution of their health education program.

The publications of the Bureau of Health Education were reviewed and suggestions were forthcoming. They were criticized from the standpoint of (1) out of date material; (2) extent of treatment; (3) method of treatment, and (4) format and make-up. It was suggested that the present out of date material be reviewed and if there is still a need for a particular publication it should be brought up to date, or if the need no longer exists the stock of such articles be scrapped. In this your committee thoroughly agrees; it cannot miss this opportunity to say that many articles which today are live material, tomorrow may be obsolete. This can best be exemplified by the rapid change brought about in treatment by introduction of the sulfa drugs and penicillin. Nevertheless, these suggestions should receive our earnest consideration. Your committee believes all publications should be periodically brought up to date, and when an article is found out of date it should be withdrawn from distribution. This is especially true of those containing inadequate material or those which by reason of format, illustrations and makeup are unattractive.

In reference to recommendation no. 17, page 22 of the Rich Report, your committee approves part 1 with the substitution of the words "withdrawn from distribution" for "scrapped."

Your committee approves part 2 of the recommendation with the addition that "a new list of classified health publications be prepared."

In reference to part 3 of the recommendation, your committee finds that this has already been done and therefore recommends this portion of the report.

In reference to part 4, your committee finds that this is already in force and, therefore, approves this portion of the recommendation. Recommendation no. 17, pages 22 and 23 of the Rich Report reads:

> 17. We *Recommend*, therefore, that:
> 1. The present stock of out-of-date pamphlets be immediately scrapped.
> 2. No further use be made of the present list of "Health Publications of the Bureau."
> 3. The Bureau be required to have each of its publications periodically reexamined as to scientific content by competent authorities.
> 4. Whenever a publication is found to be out of date it be withdrawn from distribution, and be rewritten if the subject is still important.

Your committee would like to suggest the great possibility for public relations through the greater utilization of the constituent state and component county societies. These societies are on the firing line, so to speak, and through them a great distribution of literature to the public can be accomplished.

Your committee approves recommendation no. 18 on page 23 of the Rich Report, which reads:

> 18. We *Recommend*, therefore, that to insure adequacy of treatment the indicated pamphlets be rewritten in consultation with a competent lay writer.

The committee feels that the need suggested in recommendation no. 19, page 24 of the Rich Report, is one calling for further investigation before approval. This recommendation reads:

> 19. We *Find Need* for popular editing and professional styling.
> Circulation: Reverting to the subject of the circulation of the Bureau publications
> We *Find Need* for (1) a wholly new catalogue or advertising leaflet, (2) separate advertising sheets for various groups of publications, (3) development of depository and distribution arrangements with state and county societies and (4) overall distribution and sale promotion by appropriate adaptations of proven business methods.

The report recognized the need and broadening influence of radio programs (recommendation no. 20, page 26 of the Rich Report) and the Committee concurs in the extent to which the recognition should be used in further study. Recommendation no. 20 reads:

> 20. We *Find Need* for competent assistance to aid in conceiving program ideas, procure and work with the best available script writers wherever they may be, obtain network sustaining time and inclusion in commercial time, supervise production, and advise state and county societies regarding the procurement and use of local time.

COUNCIL ON MEDICAL SERVICE

The name of this Council was changed at the San Francisco Session and its new duties clearly outlined by changes in the By-Laws.

In reference to recommendation no. 21 on page 28, part 1, of the Rich Report the change in the name of the council is already an accomplished fact, according to the By-Laws, under the name of Council on Medical Service and, therefore, the Committee approves the recommendation.

Regional Conference and Unorganized States. One of the functions of this Council, Chapter IX, Section 4, By-Laws, shall be "(6) to develop and assist committees on medical service and public relations originating within the constituent associations and component societies of the American Medical Association."

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Conferences may be held on invitations from constituent associations or component societies. The composition of these conferences should be determined at the local level. The American Medical Association should encourage these conferences and cooperate with the local constituent association and component societies.

The News Letter and Present Deficiencies. Your committee suggests that the excellent News Letter of this Council be further improved as facilities permit and that it be given wider dissemination. It suggests further that the Council study and recommend other facilities for transmitting news to the profession and general public.

BUREAU OF MEDICAL ECONOMICS

Your committee sees no advantage to be gained by the proposed change in the name of this Bureau. This Bureau should, in our opinion, concern itself with the science of economics in its broadest sense with particular reference to the practice of medicine and public health. Its findings will, of course, be available to all.

BUREAU OF LEGAL MEDICINE AND LEGISLATION

In the opinion of your committee "it would be most unwise for the Association to become as 'legislation conscious' as Mr. Rich would have it do. It is an organization with scientific objectives and it should remain so."

The committee disapproves of recommendation no. 22, page 33, in the Rich Report, and in its stead recommends that the Bureau of Legal Medicine and Legislation be prepared to assist in the development of legislation in accordance with principles established by the House of Delegates. Recommendation no. 22 reads:

> 22. We *Recommend*, therefore, that the Bureau of Legal Medicine and Legislation be requested and be enabled systematically to prepare legislation based on the findings of the Bureau of Medical Economics and Social Medicine and on the experience of the Council for the Extension of Medical Care; this draft legislation to be submitted to the House of Delegates for its action.

The committee concurs in the need for the availability of virtually the same services as those mentioned for the Bureau of Medical Economics. Recommendation no. 23, page 34 of the Rich Report, reads:

> 23. We therefore *Find Need* for the availability of virtually the same services as those mentioned for the Bureau of Medical Economics and Social Medicine.

COUNCIL ON INDUSTRIAL HEALTH

Your committee is in agreement with the general recommendation concerning this council. It feels that common public relations with this council and other related councils and bureaus should be stressed. More attention should be paid to industrial and consumer groups in view of the recent developments in connection with the United Mine Workers Health Fund. This will obviously place extra work on this council necessitating additional experienced help. Finally, it believes that the work of this council should be commended and that this council should be implemented with sufficient funds and staff to broaden its work with labor, management and consumer groups.

The committee approves recommendation no. 24 on page 35 of the Rich Report reading:

> 24. We *Recommend* that in view of the great public relations contributions which can be made by this Council every possible encouragement and facility be given to the conduct of its work.

The committee concurs in the findings that there should be services supplied similar to those required by the Council on Medical Service, contained in recommendation no. 25, page 35 of the Rich Report, which reads:

> 25. And we *Find Need* for supplying services similar to those required by the Council for the Extension of Medical Care.

SCIENTIFIC COUNCILS AND BUREAUS

Each of the scientific councils and bureaus has an opportunity to improve our public relations. On account of the diversified activities and interests of the councils and the overlapping work of some of them, your committee would like to emphasize again the absolute necessity of having an executive assistant to the General Manager responsible for the public relations and publicity of all of these agencies.

FUNDAMENTAL PRINCIPLES

In any large organization, it is a fundamental principle that coordination of all activities of such an organization is absolutely essential. Your committee recommends the appointment of a capable and experienced executive assistant to the General Manager whose duty it shall be to coordinate and service all public relations activities of the Association. To do this, the Executive Assistant must be in attendance or have an experienced reporter in attendance at all important board, council and committee meetings and thereby acquire and coordinate the information necessary to carry out the duties of his office.

The committee concurs in the suggestions of this report in reference to *A*, *B* and *C* of recommendation no. 26, page 37 of the Rich Report, which read:

> Fundamental Principles: To build up desirable public relations there are three essentials for the American Medical Association as for any other organization: positive and constructive policies; effective, adequate and coordinated action; balanced and efficient promotional and interpretive facilities.
>
> It will be recalled that the recommendation on page 6, approved by the Executive Committee, calls for an Executive Assistant to the General Manager charged with *coordinating* and *servicing* all public relations activities of the Association.
>
> He must, therefore:
>
> A. Have the right to attend all Board, Council and Committee meetings and, when he considers it necessary, to express opinion regarding public relations aspects of their deliberations.
>
> B. Have means of receiving, and channels for disseminating, intelligence calculated to achieve coordination of all actions that hold public relations implications.
>
> C. Have direct responsibility and adequate provisions for the promotional and interpretive (publicity) assistants recommended below.

The committee approves recommendation no. 27, page 38 of the Rich Report, with the understanding that the attendance of the Executive Assistant or his reporter be subject to the approval of the General Manager. Recommendation no. 27 reads:

> 27. We *Recommend*, therefore, that the Board of Trustees at its next meeting take the indicated action with respect to its own meetings and formally request all councils and committees to do likewise.

Requirement B of this report necessitates that the Executive Assistant be informed through the General Manager of the problems that arise in the constituent state associations so that he can more properly formulate a positive program concerning the problems of extension of medical care and health legislation. Finally, the recommendation concerning a "House Organ" should be implemented, which would enable the American Medical Association to present to its membership the full picture of the ever changing problems of medical care both pro and con, and that in addition authoritative points of view on current stands of the American Medical Association should be published for the benefit of constituent state medical associations. The committee, therefore, approves recommendation no. 28 on page 39 of the Rich Report with the foregoing changes. That recommendation reads:

> 28. We *Recommend*, therefore
>
> 1. That a national "house organ" be established.
>
> 2. That the Executive Assistant be enabled to engage a competent reporter to handle this publication under his supervision.
>
> 3. That the Executive Assistant be responsible for procuring and developing the material for the "Organization Section" in THE JOURNAL and for notes of this character in *Hygeia*.

PUBLICITY

In reference to recommendation no. 29 on page 40 of the Rich Report this committee approves. That recommendation reads:

> 29. We *Recommend*, therefore,
>
> 1. That the present editor of the clip sheet be transferred to the office of the Executive Assistant with the understanding however, that his writing on scientific subjects and his contacts with writers on scientific matters be subject to the approval of the Editor of THE JOURNAL.
>
> 2. That the present "Bureau of Public Relations" be discontinued.

PAMPHLET PRODUCTION

The committee approves recommendation no. 30 page 40 of the Rich Report reading:

> 30. We *Recommend*, therefore, that the Executive Assistant be enabled to engage a competent person to conduct a centralized service of pamphlet production.

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RADIO

The committee approves recommendation no. 31, page 41 of the Rich Report that provision be made for a junior radio specialist on the staff, backed by highly experienced professional counsel, if, after study, it is justified by need and cost. Recommendation no. 31 reads:

> 31. We *Recommend,* therefore, that provision be made for a junior radio specialist on the staff, backed by highly experienced professional counsel.

VISUAL TECHNICS

Your committee is certain that close cooperation with the National Education Association is and can continue to be a powerful adjunct in public medical education.

The committee does not approve of recommendation no. 32 in page 42 as it is written, but substitutes "We recommend, therefore, that all possible uses of visual technics be utilized backed by the advice of professional counsel."

PROMOTION

In reference to recommendation no. 33, on page 43 of the Rich Report, the committee approves, subject to cost and demonstrated need, the recommendation reading:

> 32. We *Recommend,* therefore, that the Executive Assistant be enabled to engage a competent promotional specialist.

SPEAKER'S BUREAU

In reference to the Speaker's Bureau on page 43, recommendation no. 34, the committee recommends that the Speaker's Bureau should be not only initiated but activated and utilized to its fullest capacity. That recommendation reads:

> 34. Speaker's Bureau: Since the need for a Speaker's Bureau has already been seen by the Trustees, and since we fully concur, no recommendation to initiate such a facility is needed. We ought to express our judgment, however, that this should never become a mere group of itinerant professional speakers. It should be essentially a national service bureau for the needs of national bodies and for the speaker's services which, it is to be hoped, will be operated by a growing number of constituent societies. It should actively identify up-to-the-minte speakers on medical topics and find appropriate places for them to speak.

CONTINUING COUNSEL

The committee recommends, therefore, that competent counsel be retained as advisor to the Executive Assistant and that all matters pertaining to public relations and publicity emanating from the counsel should be cleared through the office of the General Manager. Your committee fully recommends that until the program is established and evaluated no long term contracts be entered into with reference to the employment of counsel or other lay personnel recommended by this report.

APPENDIX A OF THE RICH REPORT

This material involves editorial, art, scientific, management and publicity departments. In view of the steps already taken to reorganize and fortify some of these departments and the steps taken to inaugurate a new public relations department, your committee does not feel justified in doing more than recommending that these suggestions be called to the attention of proper executives to take such steps as they find necessary.

The committee approves appendix A of the Rich Report which evaluates the Health Publications of the American Medical Association.

APPENDIX B OF THE RICH REPORT

Your committee has read with interest the criticism of this work, and again recommends that these criticisms be called to the attention of the proper authorities for such action as is necessary.

The committee approves appendix B of the Rich Report evaluating transcriptions submitted for audition.

APPENDIX C OF THE RICH REPORT

This is a field of activity which is so controversial and so costly, and one in which competition with many other types of program is so keen, that this committee recommends that this whole problem needs further investigation before committing the American Medical Association to excessive expenditures.

The committee approves appendix C of the Rich Report offering suggestions regarding expanded use of the radio.

In conclusion your committee wishes to state that the complete implementation of this report will cost an estimated minimum of $300,000 annually, and feels that this delay of six months before taking final action on the Rich Report was warranted. However, the work of this committee has been, to a large extent, rendered superfluous by the fact that the Board of Trustees initiated some of the recommendations of the Rich Report prior to the Rich investigation and many of the recommendations prior to the receipt of this committee's report for final action by the House of Delegates.

Supplementary Report of the Judicial Council

Dr. E. R. Cunniffe, Chairman, presented the following supplementary report of the Judicial Council, which was referred to the Reference Committee on Miscellaneous Business:

Report of Dr. A. C. Ivy.—This supplementary report concerns the report made by Dr. A. C. Ivy, who was sent to Europe as representative of the United States Government to review the war crimes of a medical nature committed by the Germans, which report was referred to the Executive Committee of the Board of Trustees, which in turn referred the matter to the Judicial Council.

The Council finds that the experiments described in Dr. Ivy's report are absolutely opposed to the Principles of Medical Ethics of the American Medical Association and are to be condemned. In order to conform to the ethics of the American Medical Association, three requirements must be satisfied: (1) the voluntary consent of the person on whom the experiment is to be performed; (2) the danger of each experiment must be previously investigated by animal experimentation, and (3) the experiment must be performed under proper medical protection and management.

Report of Committee on Centennial Celebration of American Medical Association

Dr. E. R. Cunniffe, Chairman, presented the following report, which was referred to the Reference Committee on Miscellaneous Business:

At the request of the Board of Trustees, the Committee on Centennial Celebration submits this preliminary report. It is a progress report to inform you of the plans so far as they have been developed.

The celebration will begin on Saturday night, June 7, when the Board of Trustees will give a dinner to several hundred of the most prominent laymen in the various walks of life in the United States—those interested in science, officers of allied professions, the financial world, editors, the Commander of the American Legion and men of national repute. There will be three speakers at the banquet, one of whom has already accepted, and the committee is awaiting the answers to the other two invitations before announcing the names.

The next day, June 8, will be known as "Medical Sunday." At 11 o'clock in the Auditorium, Atlantic City, three clergymen will speak on the spiritual side of medicine. Their addresses will be broadcast over a nationwide hook-up. Each speaker will be allotted twenty minutes. The speakers who have accepted our invitation are Rabbi Joshua Liebman of Boston, Dr. Ralph Cooper Hutchison, President of Lafayette College, formerly president of Washington and Jefferson College, and Monsignor Fulton J. Shean of Catholic University, Washington, D. C.

It is hoped that the state associations will stimulate their component societies to urge all local clergymen to call attention to Medical Sunday and say a few words to their congregations about the services rendered by the medical profession during the past one hundred years.

On the following day, Monday June 9, the Board of Trustees will give a dinner to the House of Delegates and officers and members of the different councils of the Association. There will also be two motion pictures shown, one portraying the development of medical motion pictures and the other a picture being especially developed for this meeting by the March of Time.

On Tuesday night, June 10, the President will be installed according to the traditions of our Association and there will be entertainment both before and after the addresses of the newly installed President and the retiring President. The entertainment will be furnished by two artists reputed to be among the finest in the musical world.

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Wednesday night, June 11, is reserved for the President of the United States, who will be invited early in the spring. However, it is considered wise to advise the special societies and fraternities that they should hold their banquets on that evening, since the President, if speaking, will surely be received by an overflow audience.

On Thursday night, June 12, the President's Ball will be held as usual, with three receiving lines—the retiring President, the President and the President-Elect. There will be two well known orchestras to furnish the music.

As special guests to be present at the General Scientific Meetings, the committee has invited Dr. Jonathan M. Meakins of Montreal, Canada, Dr. Watson Jones of London, England, and Sir Howard Florey of London, England.

The committee is asking all foreign countries either to send or to authorize a representative for their country to be present at our session.

MONDAY, JUNE 9—2 P. M.

Presiding Officer: EDWARD L. BORTZ, Philadelphia

The Antihistamine Drugs. GEORGE L. WALDBOTT, Detroit.
Poliomyelitis. HART E. VAN RIPER, New York.
Significant Trends in Cancer Research. STANLEY P. REIMANN, Philadelphia.
Cardiac Recovery. JONATHAN M. MEAKINS, Montreal, Canada.
Intermission.

MONDAY, JUNE 9—3:45 P. M.

Presiding Officer: HENRY R. VIETS, Boston

PANEL DISCUSSION ON THE MODERN MANAGEMENT OF HEART DISEASE

PAUL D. WHITE, Boston, Leader

Diet. WILLIAM BRIDGES, Boston.
Digitalis. HARRY GOLD, New York.
Diuretics. ARTHUR DE GRAFF, New York.
Quinidine. LOUIS KATZ, Chicago.
JONATHAN M. MEAKINS, Montreal, Canada
Question and Answer Period.

MONDAY, JUNE 9—5 P. M.

General Summary. PAUL D. WHITE, Boston.

TUESDAY, JUNE 10—9 A. M.

Presiding Officer: CLYDE L. CUMMER, Cleveland

The Obstructive Prostate. FRANK HINMAN, San Francisco.
Presentation. EDWARD A. STRECKER, Philadelphia.
Emergency Treatment of Vascular Occlusions. EDGAR V. ALLEN, Rochester, Minn.
Fractures. WATSON JONES, London, England.
Intermission.

TUESDAY, JUNE 10—10:30 A. M.

Presiding Officer: CHARLES H. PHIFER, Chicago

PANEL DISCUSSION ON EMERGENCY SURGERY

R. ARNOLD GRISWOLD, Louisville, Ky., Leader

Head Injuries. GLENN SPURLING, Louisville, Ky.
Abdomen. HENRY H. KESSLER, Newark, N. J.
Chest. EDWARD P. CHURCHILL, Boston.
Extremities. STERLING BUNNELL, San Francisco.
WATSON JONES, London, England.
Question and Answer Period.

TUESDAY, JUNE 10—12 M.

General Summary. R. ARNOLD GRISWOLD, Louisville, Ky.

TUESDAY, JUNE 10—2 P. M.

Skin Problems of the Elderly.
Uterine Bleeding. NORMAN MILLER, Ann Arbor, Mich.
Radioactive Products in Medicine. STAFFORD WARREN, Rochester, N. Y.
New Antibiotic Agents. SIR HOWARD FLOREY, London, England.
Intermission.

TUESDAY, JUNE 10—3:45 P. M.

Presiding Officer: CLYDE L. CUMMER, Cleveland

PANEL DISCUSSION ON ANTIBIOTIC THERAPY

WESLEY W. SPINK, Minneapolis, Leader

Streptomycin. CHESTER S. KEEFER, Boston.
Chemotherapy in Surgery. JOHN LOCKWOOD, New York.
The Development of Bacterial Resistance to Antibiotics. PHILIP MILLER, Chicago.
SIR HOWARD FLOREY, London, England
Question and Answer Period.

TUESDAY, JUNE 10—5 P. M.

General Summary. WESLEY W. SPINK, Minneapolis.

The section meetings will be held as usual and each section will invite one foreign guest who is an outstanding man in that specialty to be present and read a paper on some subject of his choice. Another speaker, a member of the section, has been or will be chosen to read a historical paper on the development of that specialty during the last one hundred years. These papers will be published later and will form a very inclusive history of these different specialties. As a matter of fact, since there is a Section on the General Practice of Medicine, the development of the entire medical field will be covered for this period.

Most, if not all, of the sections have selected a list of names of foreign guests and have submitted that list to the program committee with choices listed as first, second and third. The committee has followed their wishes in practically all cases, selecting the men to be invited according to the desire expressed by the officers of that section. In a few instances, in order to get a wider distribution of our foreign guests, the committee has recommended a second or third candidate. Men from England, Scotland, France, Germany, Sweden, Norway, Switzerland, Chile, Argentina and Mexico have been invited. The committee has received information that the Department of State would like to assist us in securing two noted German physicians who are not in sympathy with the Nazi cause. When these names are submitted by the State Department, the committee will select and recommend its choice to the Board of Trustees.

This program of the sections will, of course, be supplemented by the usual complete number of scientific papers, and the committee is certain that it will be the best scientific program ever offered to the Association in its hundred years and will well deserve its place on the program of the centennial celebration. The committee has also sent a request to the Postmaster General of the United States, asking that commemorative stamps be issued during the time of the session. This matter will be pursued on the return of the Postmaster General to Washington.

It is probably unnecessary to announce that the history of the American Medical Association, portions of which are being published in THE JOURNAL of the American Medical Association, will be completed and offered to the public at that time. It is needless to say anything in praise of this history, as a reading of it will certainly reveal its merit.

The committee would like to make known the exceedingly valuable assistance given to it by Dr. Edward L. Bortz, Chairman of the Council on Scientific Assembly, Dr. Morris Fishbein, Editor of THE JOURNAL, and Dr. George F. Lull, Secretary and General Manager of the American Medical Association, and the complete cooperation of the Board of Trustees.

Respectfully submitted,

EDWARD R. CUNNIFFE, Chairman.
THOMAS S. CULLEN.
WARREN F. DRAPER.
THOMAS P. MURDOCK.
WALTER F. DONALDSON.
WILLIAM J. CARRINGTON.

On motion of Dr. James R. Reuling Jr., New York, seconded by Dr. Burt R. Shurly, Section on Laryngology, Otology and Rhinology, and carried, the House rose from Executive Session.

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Tuesday Afternoon—Continued

The House at 3:45 p. m. reconvened in regular session with the Speaker, Dr. R. W. Fouts, presiding.

Supplementary Report of Council on Medical Service

Dr. E. J. McCormick, Chairman, presented the following supplementary report of the Council on Medical Service, which was referred to the Reference Committee on Medical Service:

The American Cancer Society has established regulations for the control of information services, detection centers, service programs and diagnostic and treatment clinics. The American Cancer Society's control over any of these is only in the distribution of funds with the exception of the information services. None of these agencies can be set up or operated without the approval of the local county medical societies.

This control by the county medical society pertains not only to permission to set them up but to everything in regard to their operation, staffing and economic control. The American Cancer Society itself will not own or operate any agency. The only other agency which will have such a part in any of them is the American College of Surgeons, which will be requested to inspect the detection centers from a purely professional standpoint to determine whether or not they are doing a satisfactory professional job. This will be done just as the American College of Surgeons now inspects diagnostic clinics and hospitals.

The regulations which have been drawn up have been approved by the Professional Advisory Committee of the American Cancer Society, on which there are representatives of the American Medical Association, and by the Council on Medical Service of the American Medical Association.

It is recommended that the House of Delegates give approval to this program.

Report of Reference Committee on Rules and Order of Business

Dr. Edward P. Flood, Chairman, presented the following report of the Reference Committee on Rules and Order of Business, which was adopted on motion of Dr. Flood, seconded by several and carried:

Resolution on Appointment of Reference Committees and Resolution on Referring all Business to Reference Committees: Your committee has had before it a resolution from the Colorado State Medical Society and one of similar purport from the Utah State Medical Association. These resolutions are on the reference of all business to reference committees and on the appointment of reference committees.

Your committee has carefully read the resolutions and also the Constitution and By-Laws governing the appointment of reference committees. The Constitution and By-Laws adequately covers the questions raised in these resolutions and obviously anticipates that reference committees would be composed of duly elected members of the House of Delegates as specified in article 5, section 2 of the Constitution and in chapter VII, section 1 and chapter X, section 1 of the By-Laws.

Because of the above stated facts, your reference committee recommends that no action be taken on these resolutions.

Respectfully submitted,
EDWARD P. FLOOD, Chairman.
JAMES P. KERBY.
MATHER P. PFEIFFENBERGER.
RICHARD D. SIMONTON.
WILLIAM D. STOVALL.

Report of Reference Committee on Medical Education

Dr. J. F. Hassig, Chairman, presented the following report, which was adopted on motion of Dr. Hassig, duly seconded and carried after discussion and amendment, and after a motion was lost to recommit to the committee one portion of the report:

1. Report of the Council on Medical Education and Hospitals: Your reference committee reviewed the report of the Council on Medical Education and Hospitals of the American Medical Association which was read to the House of Delegates. This report is primarily a presentation of activities of the council in the last months and contains no specific recommendations requiring action of the House or recommendations to the House from this reference committee.

2. Supplementary Report of the Council on Medical Education and Hospitals: The supplementary report of the Council on Medical Education and Hospitals to the House contains two items requiring action by the House:

A. Your reference committee recommends that the House adopt the proposal of the Council providing for changing the wording of the "Essentials of an Acceptable School for Clinical Laboratory Technicians" to read "Essentials of an Acceptable School of Medical Technologists." Your reference committee recommends that in conformity with this change in title of the document there be changes throughout the text whenever the term "clinical laboratory technician" occurs to read "medical technologist."

B. In its supplementary report to the House of Delegates the Council on Medical Education and Hospitals also presented a modified version of the existing "Essentials for Approved Examining Boards in Specialties." These essentials set forth the principles regarding the establishment of specialty boards seeking approval by the American Medical Association. Your reference committee finds that no basic changes in principle occur in the revised essentials. The major changes are largely by way of clarification and expansion of the existing rather abbreviated form in which these essentials have been stated. The modified essentials appear to the reference committee to be more fully explanatory and to be more useful whenever there is consideration of the establishment of a new specialty board.

3. Report of Joint Committee for the Coordination of Medical Activities: The activities of this committee, formerly known as the Committee on Postwar Medical Service, are made freely available through publication of minutes of meetings in THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION. The formal report of this committee to the House is a brief summary of recent activities of this committee. Your reference committee wishes to commend the past work of this committee through the difficult war years and believes that its future activities will likewise be of great importance in the world of medicine.

4. Report of Council on Scientific Assembly: The report of the Council on Scientific Assembly deals largely with special activities planned for the Centennial Celebration session in Atlantic City next year. The details of these plans were not presented in the general outline provided. The report promises a stimulating and interesting program.

5. Resolution on Rich Report: This resolution does not appear to your reference committee to lie in the field of its responsibilities and your committee wishes to return the resolution to the House of Delegates without recommendation or comment.

6. Resolution on Closer Cooperation Between the Medical and Dental Professions: This resolution appears to your reference committee to be worthy of serious consideration and study by the Board of Trustees of the American Medical Association.

7. Resolution on Teaching of Preventive Medicine and Public Health: This resolution calls attention to a field of medicine whose importance is continually increasing. Your reference committee feels that the attention paid to this aspect of medical education by the Council on Medical Education and Hospitals might be even greater than in the past.

Your reference committee recommends that this resolution be referred to the Council on Medical Education and Hospitals with the recommendation that it be employed as the basis for either an independent study of the teaching in this field or a portion of a more comprehensive study in which not only this but all other aspects of medical education in our medical schools might be comprehensively surveyed.

8. Resolution on Intern and Resident Medical Training: It appears to your reference committee that this resolution deals with a problem of importance in the hospital education of medical school graduates.

Your reference committee is in full accord with the statements in this resolution to the effect that internships and residencies should be evaluated entirely on the basis of the educational content of the training program and not on that of the monetary returns to the house officer. Your reference committee is cognizant that the Council on Medical Education and Hospitals is aware that house officerships of relatively inferior quality may seek to attract medical graduates through offering relatively

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large stipends. Your reference committee and the Council are agreed concerning the undesirability of this practice.

Your reference committee recommends that this resolution be referred to the Council on Medical Education and Hospitals for study with the recommendation that the Council's evaluation of internships and residencies should take into account any attempts on the part of a hospital to seek to offset deficiencies in the educational programs by an indefensible offering of financial remuneration.

9 and 10. Resolutions on Establishment of General Practice Sections in Approved Hospitals and on Requirements for Approval of Hospitals: The Resolutions on Establishment of General Practice Sections in Approved Hospitals and that on Requirements for Approval of Hospitals were considered together by your committee. This problem was thoroughly discussed by several who attended the meeting of the reference committee, which recognizes the problem presented in safeguarding the provision of hospital facilities for qualified physicians. The committee believes that the aims of these two resolutions may be met by the adoption of a single resolution embodying the important features of both resolutions. As a substitute for the two resolutions mentioned your reference committee recommends the adoption of the following resolution, and requests that the American Medical Association send a copy to the American College of Surgeons, the American College of Physicians, the American Hospital Association, the Protestant Hospital Association, the Catholic Hospital Association and every hospital in the country:

Resolved, That hospitals should be encouraged to establish general practitioner services. Appointment to a general practice section shall be made by the hospital authorities on the merits and training of the physician. Such a general practice section shall not per se prevent approval of a hospital for the training of interns and for residencies. The criterion of whether a physician may be a member of a hospital staff should not be dependent on certification by the various specialty boards or membership in special societies.

11. Resolution on Establishment of Certifying Board to Determine Qualification for General Practice: There is a resolution calling for the appointment of "a committee consisting of five members to formulate and recommend a plan for the establishment of a certifying board to determine qualifications for general practice." The importance of the problem of the general practitioner is recognized by your committee. This was discussed at great length by the reference committee and by the many who attended the open meetings of the committee. Your reference committee believes that the mechanism for this should follow the lines of the Essentials for Approved Examining Boards in Specialties which specifies that the board should be composed of representatives of the national organizations of that specialty including the related section of the American Medical Association.

Since the American Medical Association now has an established Section on General Practice, it would appear to your committee that this body, rather than a committee of the House of Delegates, should initiate this work. Therefore, the reference committee recommends the adoption of the resolution to read as follows:

Resolved, That the Section on General Practice of Medicine of the American Medical Association be requested to give consideration to a plan for the establishment of a certifying board to determine the qualifications for general practice and that the section be requested to make at least a preliminary report to the House of Delegates in June at Atlantic City.

12. Resolution on Standards Required for Certification by the Specialty Boards: Your reference committee is not aware of any actions of the American boards tending "to make more difficult entry of ex-service men to the boards." All the boards allow credit toward eligibility to applicants for the board examinations for appropriate service carried out in the armed forces. It does not appear appropriate to this reference committee to recommend to the American boards that credit for military service should be allowed except when medical officers carry out work in the field in which certification is desired in institutions providing adequate facilities under the direction of physicians competent to provide acceptable training in the specialty. In the opinion of your reference committee the American boards have adopted an understanding and fair policy in this regard.

Your reference committee recommends that this resolution be not adopted by the House of Delegates.

13. Resolution on Change of Policy of American Specialty Boards: The Colorado State Medical Society presented a resolution that the House of Delegates of the American Medical Association request the Advisory Board for Medical Specialties and the several American specialty boards to review and reconsider their policies in relation to residencies and preceptorships in the light of the fact that certain of the American specialty boards have recently announced discontinuance of their former practice of according credit for preceptorships. Your reference committee notes that ten of the fifteen existing American boards in the various specialties now award training credit for some sort for training of certification applicants under qualified preceptors. These boards have had reasonably satisfactory experience with the training provided under such preceptorships. Other boards have not found this type of training to be uniformly satifactory in the training of candidates. Difficulties are especially likely to occur in the case of specialty boards in which large numbers of candidates are seeking certification. Certain of these boards have had unfortunate experiences with preceptorship programs. Incidents have been too numerous in which preceptors have apparently been more interested in securing assistance for themselves in their practices than in the education of the prospective specialist. In at least one of the boards not accepting preceptorship training it has been found that the performance of candidates in the certification examinations compares unfavorably with the performance of those trained in residencies. It would be of no service to candidates for certification to be lenient in the assessment of educational programs in the preparation for certification, if the following of such programs by the candidate results in failure at the board examination.

Your committee recommends that this resolution be not adopted.

Respectfully submitted,

J. F. HASSIG, Chairman.
A. W. ADSON.
LELAND S. MCKITTRICK.
ALFRED S. GIORDANO.
HENRY B. MULHOLLAND.

Report of Committee to Consider Revision of Constitution and By-Laws

A copy of the present Constitution and By-Laws and a copy of the proposed new By-Laws as prepared by the Committee to Consider Revision of the Constitution and By-Laws were distributed to each delegate and Dr. F. F. Borzell, Chairman, of the committee, read the explanatory introduction as follows:

The House of Delegates at its last session, on motion of Dr. Lowell S. Goin of California, authorized the appointment of a committee to consider revision of the Constitution and By-Laws. In obedience to this action this committee, appointed by your Speaker, begs to present a report of its deliberations to date.

It was evident at our initial review of the present By-Laws and because of certain recent actions taken by the House calling for more immediate action, that we should concentrate our first attention on the By-Laws, leaving revision of the Constitution for final consideration next June. This decision was also influenced by the fact that the By-Laws may be revised immediately at the session in which such revisions or amendments are presented, but constitutional revisions or amendments require publication and a year's delay before final action at an annual session.

The committee also considered it beyond its province to propose any changes which depart widely from the basic intent of the present By-Laws. The changes therefore recommended are mainly those of rewording, rephrasing, recodification and rearrangement. These were all found necessary in order to correct and improve a set of By-Laws which has become, by reason of amendments, rather incongruous and illogical in arrangement. The changes made are minor in substance and in no way materially alter the recorded actions of the House.

The committee would prefer to have the proposed revision read word for word except in those sections where the wording of the present By-Laws is unchanged. By this approach we can perhaps present the reasons for each change as it applies

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to the part under consideration. Since the proposed revision poses a rearrangement of the parts as compared to the present By-Laws, it will be necessary for this House to act on the entire proposal at one time, subject to such modifications as it may see fit to make. In other words, the House must first express its approval of the revision in order to be prepared to revoke the present By-Laws and immediately adopt the revision.

It should be understood that the committee will, in accordance with the original motion, continue its deliberations on a revision of the Constitution and report at the next annual session.

Nothing in this proposed revision of the By-Laws involves any change in the Constitution.

Respectfully submitted,

FRANCIS F. BORZELL, Chairman.
LOUIS A. BUIE.
EDWIN S. HAMILTON.
JOSEPH D. MCCARTHY.
STANLEY H. OSBORN.
B. E. PICKETT SR.
FLOYD F. WINSLOW.
T. V. MCDAVITT, Secretary.

Dr. Borzell then suggested that the delegates study the proposed new By-Laws with certain indicated corrections for action on Wednesday.

Report of Reference Committee on Legislation and Public Relations

Dr. Charles H. Phifer, Chairman, presented the following report:

1. Resolution on Appointment of Surgeons General: Regarding the resolution presented with the report of the Committee on National Emergency Medical Service concerning the Surgeons General of the Army, Navy and Public Health Service and the Chief Medical Officer of the Veterans Administration, your Reference Committee suggests the substitution of the following resolutions:

Resolved, That the Secretary of the American Medical Association inform the President of the United States, the Secretary of War, the Secretary of the Navy and the Federal Security Administrator of the willingness of the American Medical Association, through a committee appointed for that purpose, to confer and cooperate with them in the important question of the selection of a Surgeon General for the Army, the Navy and the United States Public Health Service; be it further

Resolved, That the President of the United States, the Secretary of War, the Secretary of the Navy and the Federal Security Administrator be informed of the intensive study of war medicine which the association is conducting, and that the results of this study will be made available to them.

2. Resolution on Fellowship of Members of Permanent Corps of Veterans Administration: Your reference committee has considered this resolution and recognizes that it falls into two natural divisions: (1) the provision for representation of the Medical Department of the Veterans Administration in this House; (2) the admission to Fellowship of the members of the permanent corps of the administration without the payment of dues. Your committee considered these separately. In reference to the first division regarding the representation in the House of Delegates, your reference committee has very carefully weighed this question and its responsibilities. It is deeply conscious of the fact that the recent acts of Congress have established the Veterans Administration as a permanent medical corps of the United States, with General Hawley in charge of the program for medical care of the veterans, a position comparable to the Surgeon General of the Army, Navy and Public Health Service.

Therefore your committee recommends that the Veterans Administration be given representation in the House of Delegates and that the House proceed to take such steps as are necessary to accomplish this.

Regarding the second division as to Fellowship, your reference committee believes that due to the fact that the Veterans Administration has been authorized to care for 15 million veterans, the members of the permanent medical corps should receive the same consideration as that given to medical officers of the Army, Navy and Public Health Service with the understanding that Fellowship will continue only as long as they remain members of the permanent corps of the Veterans Administration. Such Fellows shall not receive THE JOURNAL or other publications of the American Medical Association except by their personal subscription. Your committee recommends the adoption of this section of the report.

3. Resolution on Sponsoring a National Conference of Officers of County Medical Societies: Your reference committee is most conscious of the high ideals that the proponents hope to obtain through the adoption of this resolution. Your committee is likewise most receptive to any constructive medical educational program. Your committee appreciates that this resolution involves numerous factors. It questions whether the program would not be more effective on a state or regional level rather than on a national level.

Because of the many facts that must be taken into consideration in reference to this resolution, your reference committee recommends that it be referred to the Board of Trustees for study and consideration as to its feasibility and value, with the request that the Board report its recommendations on this resolution to the House of Delegates in June 1947.

4. Resolution on Prohibition of Political Activity on Part of United States Public Health Service: Your reference committee shares the indignation expressed by the writer of this resolution but recommends as a more practical substitute the following resolution:

WHEREAS, The Surgeon General of the U. S. Public Health Service in a directive dated Dec. 10, 1945 and addressed to all officers of the Public Health Service, used the following language: "Every officer of the Public Health Service will wish to familiarize himself with the President's message [reference made to the message from the President to the Congress on Nov. 19, 1945] and will be guided by its provisions when making any public statement likely to be interpreted as representing the official views of the Public Health Service"; and

WHEREAS, It is the opinion of the House of Delegates of the American Medical Association that this is neither a proper activity for the Surgeon General of the Public Health Service nor in accord with American practice in prohibiting the free expression of opinion; be it

Resolved, That the House of Delegates of the American Medical Association express its complete disapproval of this conduct of the Surgeon General of the Public Health Service of the United States.

Respectfully submitted,

CHARLES H. PHIFER, Chairman.
THOMAS P. MURDOCK.
JOHN J. MASTERSON.
LOWELL S. GOIN.
EDWARD JELKS.

Dr. Phifer moved adoption of the first section of the report of the reference committee and the motion was duly seconded. After discussion, it was moved by Dr. James R. Reuling Jr., duly seconded and carried, that this section of the report of the reference committee be rereferred to it.

Dr. Phifer moved adoption of the second section of the report of the reference committee, and the motion was duly seconded. After discussion, Dr. G. Henry Mundt, Illinois, moved that this section of the report of the reference committee be rereferred to it, and the motion was regularly seconded and carried after discussion.

The third and fourth sections of the report of the reference committee were adopted, after discussion, on motions of Dr. Phifer, duly seconded and carried.

NEW BUSINESS

Resolutions on Veterans Administration Contracts

Dr. Herbert Bauckus, on behalf of the New York delegation, presented the following resolutions, which were referred to the Reference Committee on Miscellaneous Business:

WHEREAS, The Medical Society of the State of New York has learned that certain proposed contracts of the United States Veterans Administration with hospitals include as a part of the hospital service the practice of anesthesiology, pathology, radiology and physical therapy; and

WHEREAS, The rendition of these services constitutes the practice of medicine; therefore be it

Resolved, That the House of Delegates of the American Medical Association requests the U. S. Veterans Administration not to include the practice of anesthesiology, pathology, radiology and physical therapy as part of such contracts with hospitals; and, further, be it

Resolved, That the Secretary of the American Medical Association be requested to transmit a copy of this resolution to General Paul R. Hawley, Chief Medical Director, U. S. Veterans Administration.

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Resolution on Woman's Auxiliary

Dr. Thomas K. Lewis, Special Committee on Executive Session for Consideration of Rich Report, presented the following resolution, which was referred to the Reference Committee on Legislation and Public Relations:

WHEREAS, The Rich report, in survey, has shown the value of the Woman's Auxiliary; and

WHEREAS, The need for further expansion of the Woman's Auxiliary is proved; and

WHEREAS, We have repeatedly seen how effectively these groups may operate and how helpful they may be in public relations, especially demonstrated at the San Francisco Session in July, 1946; therefore be it

Resolved, That this House of Delegates recommend the extension of the development of the Woman's Auxiliary organizations, and that they be provided with a definite program.

On motion of Dr. William Weston, Section on Pediatrics, seconded by several, the House recessed at 6:10 p. m. until 9 a. m. Wednesday, Dec. 11.

(To be continued)

Washington Letter

(From a Special Correspondent)

Dec. 20, 1946.

Army-Navy Research Board Viewed as Forerunner of Merger

The Joint Research and Development Board in pioneering Army-Navy coordination in research is regarded as blazing a trail toward an ultimate merger of the services, if that is ever enacted by Congress. The board has obtained high caliber personnel by clearing them through such scientists as James Conant and Ernest Langmuir, and a unique rotation plan also assures competence. Full time staff members above the clerical level will remain only a year or so and will then be replaced by other topnotch scientific workers. The organization is also staffed by ranking scientists and technicians from the Army and Navy who will also be rotated. Key civilian personnel posts have been filled by top scientists and engineers, with influential committees headed by Nobel Prize winner E. E. Rabi, Karl Compton, Julius Stratton and others. Standards are so strict that after five months the staff is still far from complete. Dr. Vannevar Bush, the wartime chief of the Office of Research and Development, is chairman. The Joint Research and Development Board was formed by the Secretaries of War and Navy to coordinate the services' large research programs, and it was granted full power to eliminate duplication and allocate responsibility to each service in various fields of scientific investigation.

President Truman Appoints Atom Advisory Committee

President Truman has announced the appointment of a general advisory committee to advise the Atomic Energy Commission on scientific and technical matters. James B. Conant, president of Harvard University, will head the new group, and other members are: Lee A. Du Bridge, president, California Institute of Technology; Enrico Fermi, professor of physics, University of Chicago; J. R. Oppenheimer, wartime director, Los Alamos Laboratories of the Manhattan District; I. I. Rabi, professor of physics, Columbia University; Hartley Rowe, vice president, United Fruit Company; Glenn T. Seaborg, chief radiochemist, Manhattan District at the University of Chicago; Cyril Stanley Smith, director, University of Chicago's Institute of Metals, and Hood Worthington, chemical engineer, Du Pont de Nemours & Co.

Two Hundred Days of Combat Duty Reported As Limit of Human Endurance

Drs. John W. Appel and Gilbert W. Beebe of Philadelphia, Army psychiatrists, writing in the Bulletin of the U. S. Army Medical Department, report that two hundred days of combat duty, not necessarily continuous, is about the limit of human endurance. They claim there is no such thing as "getting used to combat."

Official Notes

A. M. A.-N. B. C. CENTENNIAL BROADCASTS

In celebration of the Centennial year of the American Medical Association, 1947, the twelfth annual series of the A. M. A.-N. B. C. dramatized broadcasts are devoted to features of medical progress in the United States during the hundred years of the existence of the American Medical Association.

For purposes of the broadcast, the United States is divided into twenty-five regions. These regions have been chosen with a view to grouping together states which have similar history and similar general characteristics, such as the four states of the Rocky Mountain region, the two groups of New England states, the Southeastern and the Central Southern groups.

One broadcast is devoted to medical progress in each of these regions, and the twenty-sixth and closing week will deal with the hundred years of the American Medical Association from a nationwide point of view.

The title for the series is "Doctors—Then and Now" and the theme is "A Century of Progress by American Medicine."

The dramatic scripts are written by William J. Murphy, veteran medical script writer responsible for most of the previous A. M. A.-N. B. C. series; production is directed by Norman Felton, director of the two preceding series; Joseph Gallicchio is again directing the N. B. C. orchestra. Arrangements with N. B. C. have been made through the office of Miss Judith Waller, public service director, central division, National Broadcasting Company.

The four dates for January with topics are as follows: January 4, South Carolina, Florida and Georgia, subject Crawford W. Long; the speaker, to be announced, will broadcast from station to be announced. January 11, New York, subject Stephen Smith; the speaker, Dr. William Hale, will broadcast from station WEAF, New York City. January 18, Louisiana; subject François Marie Prevost; the speaker, to be announced, will broadcast from station WSMB, New Orleans. January 25, Indiana; subject John S. Bobbs; the speaker, Dr. Floyd T. Romberger, will speak from station WIRE, Indianapolis.

Subsequent programs will be announced as soon as they are ready.

TELEVISION PROGRAMS

Additional programs scheduled for presentation over television station WBKB, Chicago, are as follows:

January 2. Rheumatic Heart Disease. Dr. Jesse W. Hofer.

January 16. Industrial medicine. Dr. J. H. Chivers, Dr. Harold R. Hennessy.

January 30. Child health clinics. Mrs. Virginia Shuler.

A program on plastic surgery, with Dr. Paul Greeley, was given for December 19, too late to announce.

Helpful cooperation on the part of the television station has resulted in continued improvement of the technic of health education through this medium. Acceptance of the basic principle that such education is an important and necessary service to the public is well established.

Coming Medical Meetings

Annual Congress on Medical Education and Licensure, Chicago, Palmer House, Feb. 10-11. Dr. Victor Johnson, 535 N. Dearborn St., Chicago 10, Secretary.

Central Surgical Association, Chicago, Feb. 20-22. Dr. Walter G. Maddock, 250 East Superior St., Chicago, Secretary.

Mid-South Postgraduate Medical Assembly, Memphis, Tenn., Feb. 11-14. Dr. Arthur F. Cooper, 1479 Carr Ave., Memphis, Secretary.

Pacific Coast Surgical Association, Seattle, Feb. 17-18; Victoria, B. C., Feb. 19-21. Dr. F. L. Reichert, Stanford University Hospital, San Francisco, Secretary.

Southeastern Allergy Association, Atlanta, Ga., Jan. 18-19. Dr. Katharine B. MacInnis, 1515 Bull St., Columbia 49, S. C., Secretary.

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