

1950
1941-1972

Wilson's Arch

1— Mt. Vernon, Mo.

Oct 23rd 1946

Mrs. Eleanor Roosevelt
Hyde Park
N. Y.

Dear Mrs. Roosevelt:

I wrote this little poem most ten yrs. ago and wanted to send it to F. D. R. but thought how much he had to do and think about and did not send it. But wish I had, for I admired him so much and it might have pleased him.

He was such a fine looking man, such a natural smile and a charming voice - I never failed to hear him if possible - paper

I saw a picture in the, at the time, that caused me to write it.

He was smiling and waving to the crowd as he paused along the way.

The poem expresses my exact thoughts of him

I came across this poem when looking through some of my papers and wondered if you would care for it.

I have always admired you too, and the wonderful work you have

one.
Always enjoy your writings so much. I have always thought you far superior to any lady of the White House.

Am a widow of 81 yrs. I taught for 27 yrs. but lost all my savings in 1935. Have not been able to teach since 1929.

My only income is old age pension. Have wished so much, for a small table model radio. But with Drs. bills, high cost of living etc. - I can't have it.

Am thankful I can still see to write and I do enjoy it. Can't read to much on account of my eyes.

I've read so much about the good you have done and helped in so many ways I felt I could tell you about my misfortune. Just seems I know you.

If you think the poem and this letter worthy of a reply I'd feel highly honored to receive it.

Most truly

Mrs. Bettie Wilson
Mt Vernon, Mo.
212 West Crawford St. over
L WILSON

I copied the poem and my
is not as good as it was then but
it looks fresher.

It was sad F. D. R. could not live
to witness the victory. But I feel he
must have felt it was most won
when he had to leave.

I try to remember him as he
looked when he first took the office
of Pres. He looked so well -

On Jan
In the
The first
The in
The par

over
Mrs. Robert M. ...
212 2nd Street
New York

The Parade-

On Jan. 27th in 1937
In Washington D. C.,
The first time in our history
The inauguration to be.
The parade was not delayed
In any way at all,
Although the sleet and rain
Still continued to fall.

Along the streets were thousands
Trying to get a view,
Of the man that holds the destiny
Of a nation strong and true.
When he beheld the scene
That confidence it bespoke,
He can ride in an open car
It will gratify their fondest hopes.

As he paused along the way,
His smile and words of cheer
Gave all a welcome greeting
To his countrymen so dear.
They forgot the sleet and the rain
For the sunshine of his smile
Was radiating through their hearts
And they thought the time worth while.
When his car reached the Capitol
He was ushered to the stand
To deliver his address
Giving new hope to man.

and most
show these
could not live
of I feel he
most man

Standing out in the open
He cared not for the sleet
His strength of body and mind
Knew naught of defeat.

His foresight into the future
Can never be surpassed
It is ^{true} he has been criticised
For new plans he has stressed
But wait, watch and listen
You'd have no need for fear
He is equal to every task
Of the nation he holds dear.

He has proven the greatest leader
Our country has ever known
He has shown loyalty and courage
Through decisions truly his own.
Then join with me in wishing
That he may live to see
His master work accomplished
In the next four years to be.

1
Send Dr. Boaz ^{copy} part of J. L. Wilson
trans medical part

I have sent ^{a copy of} your letter to
Dr. Boaz since I think the
business will be more
satisfactory to him than any
lay person's point of view.
Enc copy of my other letter
to Dr. Panau to show my point

ORIGINAL RETRIED FOR PRESERVATION

See p 4

SOCIAL ASPECTS OF MEDICINE

As it seems unlikely that the January issue of the JOURNAL OF PEDIATRICS will be in the mail before the Academy meeting in Detroit in January, through the interest and courtesy of the publishers, The C. V. Mosby Company, this reprint of the column, Social Aspects of Medicine, conducted by Dr. Park, which will appear in the January issue, is being mailed in advance of the meeting to members of the Academy.

It is the hope and thought of the Editorial Board that these communications, together with those of Drs. Smith and Hill, which appear in the column in the December issue, will clarify the discussion at the Detroit meeting.

THE EDITORS

Suggestions for the discussion on social planning at the approaching Academy meeting in January:

1. Let us not waste time saying that physicians are superior ethically to other occupational groups. Physicians by and large probably do not differ much from the general run of human beings. It is much safer for us to assume that anyway.

2. Let us not waste time, either, in saying how enlightened pediatricians are. The pediatricians have been most forward in the practice of preventive medicine, but that development was a corollary to our work and need not go to our heads.

3. Also let us not waste time in pointing to achievements in medicine of the last twenty years as if they implied that the public need have no voice in determining medical care. The achievements in medicine merely parallel those in chemistry, physics, and mathematics; they are just part of a general advance in science. The essential point is that the advances in medicine have far outstripped their social applications and have created new needs and possibilities.

4. In our discussions let us keep ever in mind that both sides are actuated by a common desire to make medical care adequate. One side is approaching the problem from the point of view of the recipient and tends to see things in a Utopian luster and perhaps does not think enough in terms of practicalities. The other, approaching the problem from the point of view of the purveyor of medical care, tends to think too much in terms of administrative technique and perchance does not see in large enough perspective the objects to be gained. There should be no ground for emotion. The differences are just differences of judgment.

5. In all our discussions let us think primarily what is best for the children and, no matter what comes up, never lose sight of that goal. Physicians are the providers and ministers of medical care. Proposals for improved care are not designed for their comfort or emolument but for the comfort and welfare of the people. The great mistake which some medical groups are making is to think primarily of themselves, as if the medical profession formed a great trade union and the important thing was not to give up any advantage or to make any change until forced by pressure. Let us not allow our own images to obscure our view.

6. Whatever we do at the approaching meeting, let us offer something constructive and not commit the error of tearing to pieces plans for improved medical care without proposing any alternative beyond the preservation of the status quo. If any one single fact is clear, it is that the status quo is not enough to satisfy the public demand. Further, not only must we develop constructive proposals, but they must be sounder and better than others so that they will be accepted on their inherent merits. Proposing something wiser and better than the present bills offer is the only way by which these bills or their children or cousins can be defeated. The President in his recent message to Congress mentioned among the "certain rights which ought to be assured to every American citizen" "the right to adequate medical care and the opportunities to achieve and enjoy good health." Any recommendation endorsed by the Academy of Pediatrics must be big enough to have that end in view.

7. In our thinking and recommendations let us not hesitate to strike out for ourselves. There is a great opportunity at the present time for medical leadership and leadership can only be accomplished by independent thought and action. The present opening for wise action is the greatest that pediatricians have ever had.

E. A. PARK.

COMMUNICATIONS

December 7, 1945.

In the early fall Dr. Harold Root of Waterbury, Connecticut, wrote me a letter for my column. Being a good friend of Dr. Root I took the liberty of criticizing it. Root wrote a vigorous defense of his position. I liked his letter of defense so much better than the original that I am publishing it. The original letter was a formal statement; the latter has all the advantages of informality, spontaneity, and directness and gives the clearer view of the thinking of the author.

E. A. PARK.

103 North Main St.,
Waterbury 14, Conn.

Dr. Edwards A. Park,
The Johns Hopkins Hospital,
Baltimore 5, Maryland
Dear Dr. Park:

I was very much interested and a little disappointed in your letter of November seventh. My experience has been that the majority of full-time physicians in teaching medical centers are in sympathy with government control of medicine; and I did not expect that our ideas on this subject would be identical.

We are all in agreement on one thing, good medical care at reasonable cost for all individuals, the question of method is where we differ.

The rank and file of doctors who do the hard work, night calls, treatment in the homes under anything but ideal conditions, the grueling twenty-four hour a day seven days a week on call sort of a job, are unfortunately not all idealists and do not always do exactly the right thing at the right time. They do, however, do a fairly efficient job in the majority of instances. It is the ones who do not do such a good job and cannot make a decent living, who lower the standards of care in any plan, and who gravitate into the Armed Services and particularly the Veterans Administration. I know several in Waterbury and Connecticut who did so after the last war and others who are headed that way now. This is not so apt to be true in the State and Public Health Services. Most of the applications are from this type person, but they are well screened before getting the job. I have served on the Connecticut examining board, and know.

Do you know who goes to the refresher courses, clinical congresses, and educational medical gatherings? Usually the same old crowd, those physicians who need the instruction least, but are determined to keep up as best they can with the newer developments. I am afraid that under government direction with fixed salaries, and fixed routine with the competitive factor removed, the desire to do the best work and to keep up with the latest advances might be further retarded.

This is demonstrated by any number of instances which I can quote you from personal knowledge of working conditions in the Army. The reluctance of the medical officers to do anything out of the ordinary routine or after hours for even the alleviation of the sick. Of course I am speaking of the rank and file, not the higher type medical officer. The rank and file are the ones who will bear the burden of any government program, however. This type person is also the one who doesn't care to take the trouble to keep abreast of the times.

Another type of government inefficiency: Two hospitals in England twenty-five miles apart. One of a certain type calling for a comparatively small staff, the other a different type calling for a larger staff. The smaller hospital consistently gets at least twice as many war casualties as the larger. The staff here works almost continuously trying to

keep up with the rush, whereas the staff in the larger hospital sits around a great deal of the time. Can anything be done to correct this? No, according to the Army officials. Rules are rules and the staffs must do the best they can under the circumstances. This is the type of inefficiency I am afraid of under government control.

Many of us attend well child conferences run by the city or State. In a discussion with some of the best pediatricians in the State a short time ago, we were all regretting that we could not do as good work at these conferences as in our offices due to the fact that we have to see so many patients in such a short time. This condition, I think you will find, applies in most, if not all, such clinics. You may say this is better than nothing. True, but not better if made nationwide under government control than facilities such as well child conferences, maternal clinics, dispensaries, T. B. clinics, etc., etc., that are now available to everyone in the States with good health programs. Those States without good programs should of course have facilities provided, as they will be under the Hill-Burton bill which is receiving the backing of organized medicine. My point is that where need has been demonstrated, the States should expand the existing services to meet those needs with government assistance where necessary.

For instance the Pepper bill calls for care of all mothers, regardless of race, creed, or financial status, all children under twenty-one, all crippled children, etc., etc., and yet appropriates only \$100,000,000.00 for this program. Why not see what needs are demonstrated in the survey of the postwar planning committee of the Academy of Pediatrics and then propose legislation to meet those needs?

I will attempt to answer your criticisms point by point.

1. My reason for listing some of the accomplishments of medicine up to the present time was to show that a great deal has been and is being accomplished without government control of medicine. There was no implication of perfection. Just a record to be proud of. Perhaps it should be omitted.

2. There is a panel system in England, Australia, New Zealand, Canada, and most of the other government managed plans. The plan in England is admittedly unsatisfactory by all parties, government, doctors, and people. The British Medical Society has several times endorsed the plan in the past twenty years, but always suggests improvements, and points out the weaknesses in the plan. There has been little improvement since 1911. Thus far, hospitalization has not been included, nor specialist services, nor care of dependents. The doctors are allowed an unlimited number of patients on their panels which leads to rush medicine, and poor care.

In New Zealand the plan is more inclusive. It started on a fee per panel patient per year basis. The fee was small and the patients demanding in their care. The doctors were very dissatisfied. A change was made to fee per visit, then to a plan where the patient paid part of the fee. The paper work and dissatisfaction of both doctor and patient has mounted steadily particularly recently, and the government has not enough appropriation to meet the cost. The plan is, therefore, near collapse. The care of natives is not included in the plan. There is no provision for the indigent in either of these plans.

In Sweden there is a very satisfactory government plan, government owned hospitals, etc. Nearly all costs paid by the government, not an insurance system.

In Norway and Denmark with a homogeneous type population a satisfactory compulsory insurance system had been worked out. Almost complete medical, dental, and hospital care. It is interesting to note that the individual pays 0.6 of the fee for medical care, government 0.1, employer 0.3.

3. My letter was written to express some reasons why I feel that the lay person would not get as good medical care at reasonable cost under the Murray-Wagner-Dingell bill as by the combination of voluntary prepaid medical plans, plus hospital insurance plans plus expansion of State Health Department Services as need is demonstrated with government assistance where needed, plus plans for care of the indigent by the community or State again with government assistance where needed.

There are already 18,800,000 members of the prepayment hospital plans and it is only beginning in some states. Connecticut has well over one-fourth of its population enrolled in this plan and it is growing rapidly each month. Prepaid medical plans are just starting in most states and will undoubtedly help solve the problem of good reasonable medical care.

I realize that doctors are servants of the public, perhaps even better than you, and that the majority of the people will get what they want or think they want. Having corresponded at some length with the editor of the C.I.O. periodical in this area, I also know something of its goal as to medical care and sympathize with it.

Medical care in some States, notably in Connecticut, is rather efficient and becoming more so all the time as the State and other health programs develop according to need. There are large areas where there are no doctors. Are you or am I going to these areas if government takes control? Who, even though subsidized, is going to these thinly populated areas where practice is so spotty?

There is a very efficient mechanism in many communities whereby the indigent get good medical care of which I could tell you the details. Of course in others there is none. What about Maryland's new plan as published in the October JOURNAL OF PEDIATRICS? What about many other plans in the developmental stage? Would it be any better under governmental control with the usual red tape involved? Good dental care for all children would be ideal and I am all for it. Many States are developing or have developed excellent dental programs. Here again by all means government aid to the States who need assistance to attain this goal. The same applies to medical centers where needed. I sincerely hope the medical schools can and will take over the task of keeping up the education of the doctors in a community, but how are you going to get the doctors, rank and file, to go and be educated?

My letter may be destructive as far as the Murray-Wagner-Dingell bill is concerned, but did you notice the program which I suggested on the last page of my letter and have repeated in this letter? I grant that doctors have been slow to awake and even slower to propose cures for the medical ills of the world. I know that hundreds of them now are devoting a great deal of time to the study of this question and are trying to work out a solution which will react more to the benefit of the public than government control. Some of us still think this can be done. I believe that the government should set standards for care and see that they are carried out by the States with financial assistance by the government where needed.

We may both be wrong, but at least we are thinking toward the same ends.

Sincerely yours,
J. HAROLD ROOT, M.D.

November 15, 1945

November 27, 1945

Honorable Claude Pepper, Chairman
Subcommittee on Wartime Health and Education
Committee on Education and Labor
United States Senate
Washington, D. C.

Sir:
I have your letter of October 24, 1945, inviting me to comment on your bill S-1318 concerning maternal and child welfare in this country. I am taking your invitation literally. I write as a professional teacher of pediatrics and as one who receives a very minor part of his income from private practice.

The purpose of the bill and the ends desired to be reached, seem to me so admirable as to need no defense or comment. Any differences of opinion must be about a means to these ends.

I do not believe that the present members of the medical profession would be able to do as good a job as they are now doing if bill S-1318 were put into effect with no more controls on the rate of its actual implementation than are now provided. The bill as written, like other bills I have seen and particularly the all-inclusive Murray-Wagner-Dingell bill, is based on an idea which seems almost naive to an actual practitioner of medicine as myself, that is, that most of the troubles of mind and body that we see so pathetically prevalent in our children are due to such lack of financial resources by parents that they are unable to pay for proper medical and hospital care. Regardless of how much money is appropriated by Congress or State legislators or by philanthropic organizations, it can be said without qualification that the sort of medical care given to our people in the next twenty years is being determined now by what is being done in our medical schools and in graduate teaching hospitals.

A general tax supported medical payment scheme would certainly enable some children to get medical care that otherwise they would not receive. It seems to me, however, that there is far too great emphasis on this aspect of the problem and that a vastly greater

part of the difficulties that result in the physical and mental defects of children are due to more profound and important factors which are open to direct solution and that steps toward their solution should be taken before a medical prepayment project on a national basis is undertaken.

One of these fundamental difficulties is the obvious one that the science of medicine has not progressed to the point where much effectively can be done about a great many of the ills and complaints to which man is subject, such as many of the most striking ones obvious to the man in the street, as arthritis and paralysis. This, of course, is in itself no argument against your proposals as one should make full use of what medical knowledge exists at present, but it is important for proper orientation in comparing what could be accomplished by a great extension of the present habits of medical practice, as would be accomplished by effects of bill S-1318, versus research to directly attack the basic defects in medical knowledge. Another problem that must be clearly analyzed is that states of nutrition and physical environment dependent upon intelligence and economic status have great bearing on health, so much so that the figures that you quote in your speech introducing the Pepper bill when you compare the infant mortality of Connecticut and New Mexico reflect the influence of a great many more factors than the amount of medical services available in the two states.

Any critical and sophisticated observer of the actual practice of medicine would agree with me that by far the greatest obstruction in the path to universal good health of children, in addition to the fundamental lack of medical knowledge which can be met only by medical research, is a great shortage of doctors, a great defect in the distribution of doctors, and, most important, a great defect in the quality and training of the doctors that we do have. These difficulties are immeasurably more important than lack of funds to pay for medical care. In my opinion a large proportion of the practicing physicians in this country are unable to wisely or skillfully diagnose and care for ailing infants, so that in many instances their attention can and does result in more harm than good. The crying need in this country is for more doctors and for better doctors, skilled in the care of infants and children. Undoubtedly the same thing can be said in other fields of medicine. In this bill there is a brief, almost casual mention of research and education. No clear-cut program is proposed, or precise allocation of funds made for these purposes. No assurance seems given that even the vague suggestions made regarding aid to education and research would be adequately carried out by state organizations who may be more interested in giving direct aid to individual voters. The total of the budgets of all the medical schools in this country is now less than forty million dollars, an amount trivial compared to that proposed to be appropriated for the purposes of bill S-1318. During one twelve month period the cost of the EMIC program alone, a program offered by the government without proof of need, as a gracious and justified gratuity to the members of our Armed Forces, was about one and one-half times as great as the total budgets of all the medical schools in the country. Graduate education, by which I mean training of physicians as interns and residents after receiving their M.D. degree, is pathetically inadequate. Only a small proportion of the hospitals in this country are suitable for such training. The demand for good training opportunities was immensely greater than the supply even before the great aggravation of this difficulty by the return of medical veterans from the war. It seems to me therefore, almost absurd to indulge in this great preoccupation with techniques of distribution of medical care rather than to concentrate on the improvement of the quality and quantity of physicians. The future of medical research as well as medical education is entirely bound up in the facilities and ideals of our medical schools, yet most schools are operated on financial shoestrings with inadequate staffs and with research supported by temporary gratuities from drug companies or by foundations who want to initiate studies from which acknowledging papers can be made in one or two years.

The success or failure of the program outlined in the bill in meeting the desirable ends will obviously depend to a great extent on details of administration. All these are left for decision, apparently at the state level. It seems to me that unless many of these details can be boldly and courageously faced by Congress before being passed on to the state, it is obvious that enormous difficulties will rapidly arise about such a widely sweeping project, difficulties which will soon end in confusion and acrimonious arguments and strife between public health administrators and the medical profession. This might easily be tolerated if we were sure that the final results achieved would be good. It would seem that an almost inevitable leveling of fees to physicians would take place, in itself unim-

portant unless it resulted, as I strongly believe it would, in a failure of stimulation of the better trained practitioners and encouragement for the rapid production of the more poorly trained practitioner. In the last fifteen years there has been a rapid increase in the number of men practicing the specialty of pediatrics. These physicians spend a minimum of two years in a pediatric training center and then devote themselves wholly to practice limited to infants and children. In the last decade and a half they have decidedly raised the type of medical care that the children in this country receive. Although at present they do not care for more than 10 per cent of our child population, the number of such men training themselves for certification by their Board was increasing year by year at a rapidly accelerating rate up to the time of the curtailment of all such training by the war. You should understand that these men practiced their "specialty" not in a consultative capacity for wealthy and especially puzzling patients, but much more as general practitioners particularly trained to give continuous and complete care to their young patients. The use of these men, therefore, in a position only as consultants with a fee devised for that purpose is in no way in line with the natural and gratifying development of pediatrics. Such schemes as a national insurance plan, adopted at this time with such a small proportion of men with special training available would greatly handicap the development of more pediatricians unless a special fee for them could be devised, and such an arrangement would be indeed extremely difficult to administer as it has proved in other less extensive programs. Almost the same obstruction would arise to the development of more trained obstetricians, not to be used only in matters of emergency or consultation, but for the routine care of the average woman. Unless far more particularized organization of the administration of the bill were planned than appears at present, and unless some of the most controversial problems of medical economies are first solved in a manner that I am not wise enough myself to plan, I firmly believe that the fine purposes of the bill will be defeated by a nationwide increase in the quantity with great decrease in the quality of medical care given. I do not believe the public, and much less the medical profession, is yet able, or will be in the next few years, to use wisely the enormous funds that would be so soon available without such waste as to soon disgust our voters. Although certain states with population in the lowest economic group might attract more needed physicians, it seems to me there is little provision in the bill for means to attract the best trained instead of the worst trained practitioners.

A detail of the bill relatively unimportant might still be mentioned. S-1318 makes a distinction between sick children and crippled children. This distinction is common in state as well as national medical service programs and seems to be carried along in the legislative mind with little reason. The classification seems to me highly artificial since no one knows exactly what a "crippled" child is. Attempts to make such distinction causes over-emphasis on the sort of crippling that can be seen by casual lay observation and brings about great and unnecessary confusion in administration. I think any program for improving the general medical welfare of children should avoid distinctions between the anatomical localization of their infirmities. Programs which separate a child's psyche from his body, his heart from his lungs, and a paralyzed leg from nutritional defects, are, in my opinion, fundamentally illogical and lead to dangerous habits of medical thinking although they do appeal to groups of workers with special and limited interests.

The broad criticisms of the bill that I have been so bold to make should not imply that I think the Federal government should not engage in activities to improve medical care. Even with the present limits of the science of medicine, there is a wide gap between what is known and what is generally applied. Instead, however, of a project attempting blindly with one sweep to wipe out medical indigence in the way so naively attractive to the medical laity, I believe legislation carefully worked out to attack first a variety of underlying problems should be devised. Legislation should be planned to stimulate improvement in medical knowledge, in medical education, and in distribution of physicians and health workers as a primary object, and not leave these all-important matters as secondary projects to be casually acted upon by state legislators more interested in the distribution of high sums for direct medical aid to individual voters. It seems to me, therefore, that the approach toward solving the fine ends described as the purpose of this bill must be made first by specific attacks on the problem of education and training.

Congress should provide facilities for direct financial aid to first class medical schools now existing and for others to be formed and make such aid provisional to the maintenance of standards set by the entire group of medical schools themselves.

Congress should give direct aid to medical research and not only by setting up new agencies for specific projects but by broad grants to existing institutions. Medical educa-

tion and research cannot be separated. The total amount spent for medical education and research should be multiplied many times.

There is great need for a large Federal fund to improve the distribution of medical care by contributing to individual and different programs the country over. Grants should be made for furthering the development of different schemes for improving medical practice where local organizations or communities desire it and can offer an intelligent plan. Federal aid for support of local prepayment or health insurance plans should be widely given, obviously along with some control of the scheme.

Not only should more hospitals be constructed, but far more important, support of teaching within those hospitals should be specifically made. Money for the support of resident physicians in many hospitals would often do far more good in improving medical care than direct financial aid to the patients.

Subsidies to physicians by country communities has often been successful in extending medical care to places where it is deficient, and such schemes should be given government support to attract physicians to communities where they seem to be most needed.

There are wonderful possibilities for improving the care of patients in the decentralization and extension of graduate medical education to small outlying hospitals to which the fostering and stimulating influences of a medical school could be extended. Many more good young physicians would spend five years in hospital training if they could be financially supported and if more teaching hospitals existed.

A great deal of experimentation in methods for reduction of the cost of medical care needs to be carried out. Subsidies for aid in the establishment of group clinics could quite properly be made as long as some control was made over the financial arrangements so that the grants could not be exploited for the benefit of the physicians. Group clinics can be organized to give the finest medical care at greatly reduced costs. Where available, medical schools could logically be the focal point for organized group practice programs.

The functions of the present Children's Bureau which has accomplished so much should be greatly broadened and coordinated with other government departments concerned with public health. The identity of the Children's Bureau should not be lost but its place is obviously not in the Department of Labor. Its proper and logical function in carrying on problems of research, particularly those of necessarily national scope, have been almost completely ignored by Congress. It already has accomplished much in general education and could and should do far more. It is the obvious Federal agency to carry on the projects I have suggested as they relate to maternal and child care. The use of the Children's Bureau as an agency to direct the distribution of local medical care to individual patients seems very likely to diminish its effectiveness in more important fields.

Sincerely yours,

JAMES L. WILSON, M.D.

Brookline, Mass.

December 6, 1945

Dear Dr. Park:

As requested, I am sending you my conception of what the Pepper bill (S. 1318) would mean to the pediatrician now actively engaged in private practice should the bill be enacted into law.

To maintain the proper perspective we pediatricians must recognize: (1) that the objective of the Pepper bill is to provide medical care for over 40,000,000 "children" and, (2) that there are at this time 2,354 certified pediatricians in this country—a ratio of one certified pediatrician to 17,000 "children."

The actual medical care for the vast majority of children under the Pepper bill will be given by the family physician. This is the situation as it exists now and as it will continue for many years to come until a sufficient number of pediatricians are trained to assume the task.

The pediatrician has an important role in the successful operation of the Pepper bill, but this role is not to enter into competition with the family physician by offering to give medical care on the per capita basis.

The trained pediatrician can best serve the public and himself under the Pepper bill by rendering service at the consultant or specialist level. Since there will be too few certified pediatricians to fill the needs of the program even at this level, it is probable that, as in the EMIC program, a consultant will be defined as one who is a consultant in his specialty on the active staff of an approved hospital.

It is probable that many men in private pediatrics will continue to give service in well-baby clinics, well-child clinics, and out-patient departments as well as through visiting on hospital wards. These services under the Pepper bill will be paid for on a *per session* basis. We have no way of knowing what this remuneration will amount to, but we do know that the bill insists on a high quality of medical care through adequate remuneration. The individual state's health agency will determine these fees after consultation with the state's professional advisory committee.

If the pediatrician wishes to participate in the program as a consultant, he will receive a consultant's fee only if the attending physician requests the consultation and executes the appropriate forms. We do not know what the fees will be under the Pepper bill, but in the EMIC program in Massachusetts a consultant received for an office visit, \$5.00; for a hospital visit when the consultant was on the staff, \$5.00; for a home visit or visit to any other hospital, \$10.00; for care of a referred infant during the first two weeks of life, a maximum payment per week for three or more hospital visits, \$6.00. This method of payment constitutes the *fee-for-service* system.

The pediatrician in the program would probably care for many referred patients under the *per case* system. This system would pay the consultant or specialist a stipulated sum for the total service he would render a patient during a particular illness or because of a particular condition, usually within a stipulated period of time. We have no means of knowing what the schedule of fees for various types of cases will be. We do have the assurance that the remuneration will be adequate as determined by a professional advisory committee.

A group of pediatricians might contract with the state health agency to provide medical care as consultants, or one or more pediatricians may contract to give postgraduate teaching, and the *salary system* might, under certain conditions, be a desirable method of paying for such medical services.

The present draft of the Pepper bill provides medical service to all without a means test. If the present bill should become law we are naturally concerned as to what will become of the pediatricians' private practice. I do not know the answer to this important question, but I do not think that many of our patients who can afford otherwise will accept any but the highest type of service for their children, and I doubt if they would accept hospitalization for their children at the ward level with all that that implies.

I do not see how the bill could be passed without some reasonable means test being applied by the individual states. If this should prove to be the case I do not believe the operation of the bill would injure the private practice of pediatrics.

In summary, I believe the pediatric specialist under the Pepper bill should serve at the consultant or specialist level only. I do not believe the bill would diminish the demand for private pediatric care by those who can afford to pay—particularly if a means test is included. The private pediatrician would continue to work in clinics and out-patient departments and on the hospital wards as he does now—the only difference being that he would have the novel experience of being paid for his services instead of giving them free.

Yours very sincerely,
STEWART H. CLIFFORD, M.D.

[Wilson, L.]



June 16, 1946

My dear Miss Wilson:

I am sorry I can not buy the pendant which you sent to me and which I am returning by registered mail.

With many regrets that I can not do as you ask, I am,

Very sincerely yours,

I am also returning your stamps as I have a franking privilege.

Box 358

Capitola, California

May 13, 1946

Mrs. Eleanor Roosevelt
Hyde Park, N.Y.

My dear Mrs. Roosevelt:

I am taking a very great liberty, I know, but I am taking it! Like millions of others I am just now in great need of a little extra money. I have been a busy business woman all my life, constantly interested in civic affairs, but the time came when I had to step aside. I had gone as far as I could. The details might tire you. In short I am now on the State pension because I undertook more responsibility than I could carry. My mother, a marvelous woman passed on at nearly ninety four from the effects of a broken hip-which, however healed and she walked with assistance, her mind unclouded. My foster son is a captain in the liaison service of the army in Bavaria - and so on and so on. There just wasn't enough to go on. Now, I am in need of a little money. No, I am not asking for that. I have a choice little hand wrought pendant made for me by a craftsman in England. The gold is a "coronet" of gold from a gold brick I saw run at the Treadwell mine in Alaska; the mast of the little ship is platinum furnished by the English craftsman, the two little jewels are Montana sapphires, the little dove and the "hull" of the ship are Boroque pearls from the Mississippi river. I am trying to sell everything I have that is saleable. I have so admired you and your activities, I have heard you speak, I want you to have this little pendant. Could you buy it from me? I am sending it for your inspection by express. You see what a liberty it is

