October 25, 1943

Dearest Eleanor:

Just to keep you informed:

The Essex Forum is going to announce the title of the lecture as, "Questions Facing Us in a Post-war World."

Don't bother to make any reply unless you would have objection.

Much love,

[Signature]

Mrs. Chester Borles wanted you (and me) for dinner, but I said we are dining here - but agreed that after the lecture we might stop in a little while, and the Borles Regan's - (the minister of the church in which you are preaching). Do you want to come?
October 23, 1943

Dearest Eleanor,

Maybe I overdid the cautious line.

Correction herewith.

So glad you are coming - on any terms.

Love,

[Signature]
October 23, 1943

Dear Mr. Bristol:

In the interests of free and natural discussion, Mrs. Roosevelt would prefer not to have questions edited or censored by the Chairman. If it is agreeable to you, therefore, will you please let the audience ask whatever questions they want and if they are not in order Mrs. Roosevelt will take care of the situation.

As most of us know, Mrs. Roosevelt likes a minimum of "protection". And, happily, needs only a minimum.

Faithfully,

Esther Everett Lape

EKLP

Mr. A. C. Bristol
Connecticut Light and Power Company
Lazex, Connecticut
November 8, 1945

Dear Esther:

I would love to look at the belts and will do so at whatever time you arrange it.

I am so sorry Lizzie is uncomfortable and I am delighted I am going to see you both.

Do you think I have to wear a long dress for the lecture? I hope not, but will do as you say.

Much, much love.

Miss Esther Lape
Salt Meadow
Westbrook, Conn.
BAY MEADOW
WESTBROOK, CONNECTICUT

Wednesday

Dearest Eleanor

A tip, on your Christmas shopping—for men:

If you haven’t worked all through the men’s list by the time you come here on the 14th, you might be interested in going with me on the morning of the 15th to the belt factory here—Westbrook’s outstanding industry (and one of the best time industry).

They are wonderful belts—excellent leather and workmanship. And much less expensive than in the shops.

Curtis Sokol and Dr. Schnabel always re-belt them here and they say the belts are unusually good.

The drug store here sells samples from the factory that are even cheaper than those at the factory.

Much love

Nothing new about Lizzie. One concrete thing has depressed her greatly—the breaking down of the tissue in places in the swollen legs. The only remedy that will be permanently effective is to keep the feet up more. But she doesn’t seem comfortale in the chaise lounge any more so that it is a real problem. We will try to work out something—in fact we must
November 20, 1945

Dearest Esther:

The belts have come and also the gift for Franklin.

I do not think I can come to you until January 4th. I could come out on the 4:00 p.m. train and spend that evening and show the films and spend the night with you.

I hope Lissie is feeling better.
Ever so much love to both of you.

Miss Esther Lape
Wesbrook, Conn.
November 17, 1943

Dearest Eleanor:

I was wrong about the Children's Fund working through the Friends. On checking with Marion I find that she merely said that in one instance the Friends had cooperated, i.e., in getting clothing through to Switzerland. I think this describes the situation.

Marion's knowledge of the outfit is really confined to her own impressions. I think she is sure that the particular group with which she works at 45 University Place works hard and constantly. I know that Marion does. If she were paid as a piece-worker, instead of the volunteer that she is, she could not keep at it more constantly. She gets an impression of integrity in the organization but of course she really has no knowledge of the overhead setup outside that particular little New York group.

P.S. The belt and the suspenders for the President—very giddy—arrived this morning and I am sending (today) them to you—to Washington—with Mr. Berkowitz's card.
Dear you any promise dates in mind on which I come here.

There were no real ruminations here.

And with LOGIC i mo —

LOGIC as she was —

In her with her thoughts I was but the things she cared like her to do — since we talked next — are just what sheceans entitled to hearing —
New York, N.Y.
November 29, 1943

Dear Esther:

Many thanks for the wreath. I always look forward to your sending me one and I love having it in my sitting room in Washington.

I do not in the least mind their making the meeting a benefit. They would have to decide on the price but I think that people should pay what they could afford and no one less than a dollar is a good one, though I like your idea of taking a few seats for the performance by some people who are interested and do not mind paying extra and allotting them to high school groups.

I would like to ask that the money he send for club work in the southwest Pacific to the Red Cross and have it stated that it came as a result of a benefit which I gave.

If it is to be a two-hour performance I think I will bring both the British and southwest Pacific films. They are both 16mm. The British film is about 30 minutes and the southwest Pacific about 25, with an additional five minute colored film of Guadalcanal taken by "Yank". The best way to do it, I think, is for me to talk first on the British trip, showing that film and then talking on the other.

I saw young Chapin. He stayed a long while, so I think he had a good time. I like him very much but I think perhaps he is not yet a very strong character. I would say that life had been too easy for him in certain ways.
and therefore, he has not as yet developed any great ability to stand on his own feet. I forgot to ask him what made him change his attitude on war. I promised to see whether there was any chance to get him into the Lehman organization as he said that was the one thing he wanted to do.

I hope Lizzie is feeling better. Much love to both,

Affectionately,
Dearest Eleanor:

January 4th will be perfect.

Will you let me know whether the following arrangement is in accord with what you would like and also in accord with any restrictions that may be placed upon you? Also, will you answer the questions as to your preferences on various points that are raised:

Unquestionably the best and the pleasantest place for your talk and the movie would be the Saybrook moving picture house, a rather nice little one, with a capacity of about five hundred or a few more.

Mr. Thurston who runs the Saybrook moving picture house would be delighted to have you. He said at once that he would want no profit whatever from the occasion. He suggests, however, that it be made a benefit for the armed forces somewhere or in some way, and that the money be given wherever you would like to have it given, either for some direct or special purpose for the men in the Pacific or for any objective you like, related to men in the service. His idea is that as a patriotic "benefit" it would be possible to raise $1,000 if $2.00 a seat is charged, or $500 if $1.00 is charged. His own judgment is that $2.00 would be in order for such an occasion and that it would be well received in the neighborhood on this basis.

On the other hand, if for any reason you did not want it to be a benefit he would be willing to have it a free performance. Clearly, however, he thinks the other is an opportunity. He will follow your wishes, however.

If it is a benefit, and if the prices are as much as $2.00, I think it would be well to make some special arrangement by which a selected group of children of high school age, or near it, in the nearby schools could go — perhaps a very few from each school in Saybrook, Clinton, Lyme and Essex, selected on a scholarship basis.

If you approve it as a benefit can you tell me (1) to what you would like the money given.

It really seems to me that the benefit would be the better way of arranging it but you will know on what basis the decision should be made.

The person suggested a benefit, tickets to be "anything anyone would forgive but not less than $2."
I told Mr. Thurston that the film is 16 millimeter. He will arrange to get a projector.

What is the running time?

The "performance" as a whole should take about two hours. I said I thought you would talk first for about 50 minutes or an hour, show the pictures, and then answer questions. Would that be too long for you?

Could you tell me a little more about the film -- what it is and does-so that I may pass this information, or whatever part of it is not confidential, on to Mr. Thurston.

Much love,

Esther

If you don't have to hurry the money you sent don't! We were hoping...
December 10, 1943.

MEMORANDUM FOR MR. CRIM:

Mrs. Roosevelt would like to have you send the 35mm film of the Southwest Pacific, to:

Miss Esther Lape,
Salt Meadow,
Westbrook,
Connecticut.

M. C. T.
December 7, 1943

Dearest Eleanor,

If you will consent, the director of the motion picture house in Saybrook and the nucleus of the Red Cross Committee in charge would very much prefer to have you give a real talk, just as you did in Essex, and then show the Southwest Pacific film and the Guadalcanal movie, giving your commentary on them also. I do hope this will be satisfactory to you as it seems to be what is wanted here. Will you let me know?

From present signs, I believe they are going to make a real community affair of this and that it may result in an excellent benefit for the Red Cross work in the Southwest Pacific.

I would suggest that you talk as you did in Essex on some of the questions that will be raised in the postwar world, especially those to the solution of which the individual citizen can contribute something – as in understanding the status of the demobilized men, and also that of men dropped from industry. You know better than I what can be said, but I want to tell you that the Essex talk was really effective and that you will, I think, have a receptive audience on January 4. Only a very small part of the audience would be the same as in Essex.

Much love,

Esther
December 10, 1943.

Dearest Esther:

I will have the 35mm film of the Southwest Pacific sent to you now. I have only one copy of the Guadalcanal film -16mm, and I can not send that until just before Christmas.

I'll do as you suggest about the talk.

Much love to you and Lizzie.

Miss Esther Lape
Salt Meadow
Newtbrook, Connecticut.
December 11, 1945

Nearest Esther:

Many thanks for having the Lenten Rose plants sent to me and for sending me the directions.

I have told the man on my place where to plant them and how to care for them, and he will watch out for their arrival.

I had a letter from the Wayside Gardens, also giving me directions.

I know that the roses will be a joy to us and I appreciate your sending them.

Much love,

Miss Esther Lape
Westbrook, Conn.
Salt Meadow
Westbrook, Connecticut

December 9, 1943

Dearest Eleanor,

This is just to say that the two plants of Christmas roses are being shipped to you from the Wayside Gardens in Mentor, Ohio, on Friday of this week and should be at Hyde Park somewhere about the 13th or 14th of December.

The point that should be stressed to the person who plants them is that they should be planted in a place where they are not likely to be disturbed - for years! Also, in a shady place, perhaps under a tree or bush. The Wayside people are going to write you the directions, but in the meanwhile I am enclosing directions from another man in whom we have great confidence. Please let me know if they don't come through in due course.

With love,

[Signature]
December 17, 1943

Dearest Eleanor:

Will you let me know what train you have to take on January 5. Of course I would like to keep you till the last possible minute. The reason for wanting to know now is a request that we stop by on our way to the station at the Westbrook School to let you speak to the children for two or three minutes. The whole stop should not take more than five minutes.

Unless you see some objection shall I say that we will try to do this?

Dearest love as always,

I would like to say so much and can say so little.
Dearest Eleanor,

The Committee in charge for the meeting of January 4 asks me to make you one request and to ask you one question:

The request is - that you wear a long dress. The Committee says "The Committee would like it if Mrs. Roosevelt would wear a long dress, either afternoon or evening style. They believe the people would like to see her as she appears in some of her posed photographs. Since she wore a street length gown and a hat at the Essex Forum they suggest that the change would be nice for the audience. They also said that some people said they wished Mrs. Roosevelt eyes had not been shaded by a hat because they (the eyes) have such a nice expression. Will this be acceptable to Mrs. Roosevelt? The Committee will also wear long dresses."

Silly - but there it is.

The only comments we heard in Essex and Westbrook after the Forum meeting was that you looked so very much nicer than your photographs.

The question is to know a little more about the Red Cross club work in the Southwest Pacific and how it differs from the USO work. They feel that their next newspaper article (they have already had one) should deal with the work that is to receive the money from the benefit. Would it be possible to dictate a few sentences that describe the Red Cross club work in the Southwest Pacific and indicate how it differs from the USO, if it does?

Much love,
February 9, 1944

Dearest Esther:

The clippings arrived and I gave them to Franklin. Many thanks for sending them.

Affectionately,

Miss Esther Lape
Westbrook, Conn.
Dear Cleaner,

The customer cannot be very late as they said they would be here by 10.

Iuppity Lane

Esther

1 February
April 8, 1944

Dearest Esther:

The trip was very interesting, a bit busy at times, but not exhausting, and from all reports thus far it was worth while. Some of the papers have disagreeable articles and some congressmen have asked the War Department how much gas I used, etc., but I expected that.

I am terribly anxious to see you, and if the 30th of April is a good day for you, I could come out for the day.

I'll keep the details of the trip until I see you.

Much love.

Miss Esther Lape
Westbrook, Conn.
April 26, 1944

Dearest Esther:

Do you know a good doctor in Bridgeport who could see this family and find out what is wrong?

Much love. I am so happy I am to see you Sunday.

Miss Esther Lane
Westbrook, Conn.

See Corporal Edw. A. Lenar
April 28, 1944

Dear Eleanor:

I asked Dr. John P. Peters of the New Haven Hospital what it would be best to do about the Bridgeport family, and I am sure he will either take care of it or suggest whom I should ask to do so.

I will "follow."

Dearest love, and I am so glad that I am to see you Sunday.

Love, Lape
Salt Meadow

May 2, 1944

Dearest Eleanor,

Has anybody but me proposed Vinant as vice presidential candidate with FDR?

I think he would bridge several serious gaps. Aside from solidifying the labor group, he would be the type of candidate that would attract the much advertised young Republican vote. There really is such a vote throughout the country and it will not stand for Dewey.

Much love

E. Lape
May 13, 1944

Dear Eleanor,

About the Romanowski baby, for whose assistance Corporal Lenar appealed to you:

We were able to get in direct communication with the baby's mother and she has agreed to bring the baby to the New Haven General Hospital, where Dr. Peters arranged for its entrance into the pediatric clinic Saturday morning. The baby is to have a very thorough examination from Saturday until Wednesday, when a specialist with particular training in this field is to see it.

I will let you know what they find. Dr. Peters indicated that if nothing could be done they would try to have it institutionalized, assuming the parents are willing. The mother has thus far been unwilling to put the baby in an institution. On the telephone she maintained that the only thing wrong with it was it could not walk. She has another child - perfectly normal - of four. She did not seem despondent - on the telephone - and I hope, for her sake, that there is something they can do.

Love,

[Signature]
May 17, 1944

Dearest Esther:

I can't tell you how much I appreciate all you have done in the Lenar Kosanowski case. I hope the mother will abide by the doctors' decision.

We had such a good time in Westbrook and were so happy to see you.

Miss Esther Lape
July 4, 1944

Dearest Esther:

Many thanks for the suggestion in your letter of July 1. I had heard that Helen Oshagan wanted Grafton, but if that does not work out, I will ask her about using Alice De Bola.

Much love,
Dearest Eleanor:

A suggestion:

An excellent collaborator for Helen Gahagan on the speech would be Alice De Sola. Helen Gahagan knows her and I know they have been an excellent team on some things. Alice De Sola knows how to write the speech—as Helen Gahagan does not. It occurred to me that you could take up this possibility with Helen Gahagan, and then with Alice De Sola, if Helen thinks it would work out. It seems to me that you would be the best person to talk to Alice De Sola. Couldn't you collect the political points and hand them on to her?

It seems to me a lot hangs on this speech and that this might make an excellent management of it.

Alice De Sola is in New York and is, or was, working with the Nelson Rockefeller group. I don't know where she lives in New York but you could get in touch with her through her family in Brooklyn—it is in the telephone book under the name of B. E. De Sola, 145 Rutland Road, Ingersol 2-6053.

Love,

Eleanor
July 29, 1944

Dear Father:

I find I have so many children here, I am like the old woman who lived in the shoe! Bill Donner Roosevelt and my niece, Diana Roosevelt, have joined us and I do not feel I ought to be away.

I will surely come sometime in August for a night, after some of the children leave.

From all accounts, the performance at Chicago was not conducted on a very high level. I had hoped until the last that Mr. Wallace might have strength enough. I am much more satisfied with Senator Truman than I would have been with some of the others who were seriously considered.

Much love always,
Dear darling,

Tommy said he thought you might be intending to come soon. Can he?

Of there ought in too rumor I'd be so happy. So very happy. I go along Philosophically (the more or less)

and then I begin dairly to known the

students, how good it would be to the

you

I wish saw over to Wallace

(IVANORS, I came hard presed be-

but he warned among tures anybody would

very much. And of the other

Wallace seemed to no head and shoulders

about any or all of them, answers from self.
And the whole management of the Convention
as it was, was so temporary. So
many people were sickness by it.

Disappointment in Necess Laboyano
performers. Magnificent vibrant
love, but why did we have to finish
it? It could have been heard in
ordinary pitch. Yet

And still from a distance

Music was "The Republican Party"

and no voice. A simple idealistic
affirmation.

Statement of Democratic ideals must have
been as one—so must our appealing
and so much more practically yearly.
And a been rest. to Clare Hulse.
Well—so much for what I don’t like.

What do I like? The idea of
your coming? Dear, dear love—
August 5, 1944

Dearest Esther:

If you are going to be home the afternoon of August 24th, could I come for the night?

I notice you say you might be away so I am hoping it will be one of the other dates.

Much love always,
July 31, 1944

Dearest Eleanor,

I am disappointed, but I will look forward to August.

In planning, will you omit August 21, 22, 23, and 24, since I might have to be away from here on some or all of these days. Any other day in the month will be, as you know, perfect.

My dearest love,
Eleanor darling,

I would like you to do something for me if you will. Narcissa is proposing me for the Cosmopolitan Club and asks me if you will sign the book (whatever that means) and write a letter to the Club for me.

The point is of course that, now that I do have to go in to New York from time to time, and have no longer a home there, I would like to have some place where I can stay. I think I would like the Cosmopolitan Club much better than the hotel I was in last week for a night.

I don't like snobbish outfits and if the Cosmopolitan Club is one, I would not want membership, but it has always impressed me the other way. Someone suggested me years ago but at that time I saw no real reason for belonging. I was "elected" to the Cosmopolitan Club of Philadelphia in 1934 but declined (to their horror).

It does seem now as if membership in the New York Cosmopolitan Club might be a solution to a present problem.

I hope there was some real diversion for you and Tommy in the Canadian visit. You get a funny effect of the separateness of the distaff side, whenever the setting is British.

The hurricane caused no real damage here—some more trees down in the woods. Around the house a few peach trees uprooted (I picked up two full bushel baskets of peaches the morning after) and one arbor vita uprooted but we re-set it. Compared with the memories of 1938, this is nothing.

Joe is making a beautiful stone table down by the big oaks by the marsh and the river. I do hope it will be done by the time you come again. It has grace and beauty and m Agatho, and seems just right in that large setting. Not nearly done, as yet. As to m Agatho, old Joe said something to me the other day that has made the bystanders here! He said "I know you pretty well by now and I know by now that you like everything massif," with strong Teuton accent on the French word. Even so, but oaks that have weathered storms for hundreds of years need "massif" accomplishments, if any.

Is there any real chance for me on October 22? It
would be simply lovely, but as I think you know I do not want ever to press my claims and needs against engagements that may enable you to reach more people profitably for them. I simply prize and want you.

As always, my dearest love

[Signature]
October 5, 1944.

Dearest Esther:

One box of grape juice arrived at the apartment before I left on Monday and I am sure that the other is there by now.

I am sure I am going to enjoy it. Many thanks and much love always.

Kiss Esther Lape
Salt Meadow
Westbrook, Connecticut.
Salt Meadow
Westbrook  Connecticut

September 30, 1944

Dearest Eleanor,

Just a line to tell you that the dozen quart jars of grapejuice went to you in two boxes, by express, yesterday, addressed to the New York apartment. They ought to be there very shortly.

I hope you like them. All of my "customers" like them immensely.

Love,

[Signature]
October 12, 1944

Dear Esther:

The photograph of you and Lissie arrived safely yesterday and I am very happy to have it. Now I have one in each place.

There was a great to-do yesterday on my 60th birthday. I suppose I am expected to consider myself old!

Much love and many thanks for the photograph.

Affectionately,

Miss Esther Lape
Westbrook, Conn.
Dearest Eleanor,

I sent you today, by parcel post to the White House, a better print of that picture of Lizzie and me that you wanted there.

I am surprised that only one of the cases of grape juice arrived. Both boxes were expressed at the same time. If the second doesn't appear very soon, let me know and I will have it pursued. There were 12 quarts in all.

(Love)
November 16, 1944

Dear Esther:

I deeply appreciate your letter written on Election Day. I know I have a responsibility in these next years, but I feel inadequate and still find it hard to make a decision. I fill my time to overflowing now and always wonder how much I accomplish.

Perhaps before long we can have a good talk and remember I am counting on you to come to Washington for a visit. I was sorry you didn't come on Election Day.

Much love always,

Miss Esther Lape
Westbrook Conn.
Salt Meadow

Election May afternoon

Eleanor darling,

I would like to take a few minutes out of the quiet of a lovely sunny afternoon, a golden broadside of light coming into the western window of my room--to say how much I hope the next four years will be gracious and lively and new years, and not just more of the same.

Of the outcome of this election I cannot feel the slightest doubt--you are in for it. And it is better for all of us that you should be. And I believe that it will be better for you also. I hope you will take time to think out the best ways to make available the increased powers that are peculiarly now yours. It sometimes seems to me that no human being ever had so much chance to use power, both personally and impersonally, for stimulus and for grace and for beauty and for persuasion and enlightenment. How to use it most effectively does involve selection and decisions not required of most of the rest of us.

If the above sounds a bit arrogant, put it down to the ardor of my love and my ambition for you.

I wanted awfully to come today. And it also seemed that I shouldn't. I don't seem to rally sufficient objectivity to make me a real addition, or a real contributor to the gayety of nations, or of election day gatherings. Yet I would like to be with you. I remember how, at the first inauguration Elizabeth said "Please don't care about having her friends go through things with her, and you and I always will".

So I do--there or here.

My love, if you have time to give the message and if Franklin has time to receive it, please give him my love. I am now an enrolled Connecticut Democrat, and "with a little group of serious thinkers" I intend to attack the Republican balance of power in this township. The Connecticut Light and Power man told me my social position had suffered by reason of Democratic enrollment in this particular place. But when I asked I had never had any (social position) he had no answer.

Sister,

See if I obeyed opportunity. For it only came. I knew it was a disappointment, but I feel adequately prepared to take a decision.
December 2, 1944

Dear Tommy,

If any Christmas cards go out from the White House, you won't forget the young Roosevelt admirer here:

X Stannard Norton
Westley Avenue
Westbrook, Connecticut

and also

X Mr. Benjamin Conversano
42-21 Haight Street
Flushing, New York
December 4, 1944

Dearest Esther:

I was glad to do what I could for Mr. and Mrs. Baldwin and I am glad they had a satisfactory time.

Sad to say, I have no engagements in your vicinity for the near future.

Much love,

Miss Esther Lape
Salt Meadow
Westbrook, Conn.
Of blessed memory.

William, dear,

Eleanor, darling,

Joyco and Father explained

the last night, yesterday at

the reception the interview in

Washington - when you made

friends for them -

I think we three have

done you all around - and

that goes to staying together.
this benefit greatly.

Joey, listen up so I can.

So am I — Ho, cheer up.

Dear love,

Is he.

No trips in sight for AEP to Boston, Providence, New Haven, Hartford, Boston or Way Blamo? ??

[signature]
December 24, 1942.

Dearest Esther:

I am sorry I will have to be on my way to Montreal on January 18th for a Russian Relief Rally. I wish I were several people so I could do all the things I am asked to do and which I would like to do.

Much love to you and Lizie.

Miss Esther Lope
Salt Meadow
Westbrook, Connecticut.
December 17, 1942

Dearest Eleanor,

Zlatko Balakovic, violinist, who, with his wife (Joyce Borden), are friends of ours, told me last night of having written to you about your being present at a Yugoslav "unity" meeting in New York on January 18.

Zlatko has been giving all his time and energy to going around to defence plants and elsewhere addressing the Yugoslavs and impressing upon them the need of composing their sectional and racial differences in order to aid in an all-out war effort. I have no first hand information of the results of his activity but I have been told it has been extraordinary. As a Yugoslav himself, with full historical knowledge of the different groups in Yugoslavia, he ought certainly to know how to talk to them. I am sure that Zlatko's efforts are disinterested and I am told that he raised $150,000 in one meeting recently, for Russian relief.

If January 18 is not taken, I hope you will be able to be there.

Yours,
December 28, 1944

Dear Mrs. Lash:

I never saw such a wonderful basket of goodies and we shall enjoy everything in it. You were more than kind to send me such a wonderful Christmas gift and I am deeply appreciative.

It has been wonderful to have Joe here and to know how happy he and Trude are together.

With many thanks and all good wishes for 1945, I am

Sincerely,

Mrs. Mary Lash
1258 Amsterdam St.
NYC
Merry Christmas
Mary Lash
December 28, 1944

Dearest Esther:

The cocktail glasses are lovely and I shall take them to Hyde Park for the cottage. I hope this year you will come to the cottage for a visit so we can tip the glasses together.

We spent a quiet family Christmas at Hyde Park and enjoyed having the grandchildren. We missed all of the absent ones, of course, and no one could be very gay.

I am sorry I can’t be in New York on the sixth of January, but hope you will be coming in sometime soon, when I can be there. You know, of course, that you can always spend the night at the apartment, so you won’t have to go back to Saybrook so early.

Many thanks, dear Esther, and very much love,

Miss Esther Lape
Westbrook
Conn.
Dear [Name],

These are for style parts - non-identifiable. Nevertheless made.
for \( \mathcal{H} \) and quad \( \mathcal{Q} \) are mutual
January 5, 1945

Dear Mrs. Roosevelt:

It has been a long time since I discussed with you any phase of the dental program on which I have been working.

One of the weak points when we started was apparently that I represented no group whatsoever. We have since formed what we call the American Association For Better Dental Health. I think you might find this list of names quite impressive. At least we have a number of people of unimpeachable intelligence who can never be called stupid nor gullible.

Organized dentistry, after two years of vicious attack, has come around to the point where the President of the American Dental Association told me he would very much like to see the system given a fair trial. Many of the leaders of the organization are anxious to see if there is anything in the theory and are unofficially quite cooperative.

I am enclosing a letter which was sent to the President and copies of some of the material which has been used to build up favorable sentiment. Knowing how busy you are, until we had something to show, I did not burden your mail. This is being sent to you in the hope that you still might maintain an interest in a good fight which you were instrumental in starting. It has been a long one but we are now winning.

Most sincerely yours,

[Signature]

Charles L. Hyser

Mrs. Franklin D. Roosevelt
Washington, D. C.
January 4, 1945

Dear Mr. President:

In May, 1942, you expressed interest in a plan which I submitted, designed to meet the critical problems of fundamental dental rehabilitation in the armed forces. Your comment on the plan included the suggestion that it might well be tried in New York, and that you thought you could get the cooperation of organized dentistry.

Since that time, and as a result of negotiations too long to detail here (it is not easy to persuade organized dentistry to approve radical changes of method), a group of undoubted leaders in organized dentistry, in medicine, and in other fields, have formed a committee approving experimentation with my plan. Organised dentistry has given assurance that it will sanction such an experiment. Other groups that have committed themselves to cooperation include, notably, organized labor (the CIO), the Children's Bureau, and certain New York City groups.

The principle of the plan, you will remember, is the group practice of dentistry, on the basis of fractionization of mechanical procedures under unified and expert supervision. The objective is, obviously, to take care of large numbers of people, with better dentistry (based upon complete rehabilitation of the mouth rather than patchwork), at prices average incomes can meet. Behind the plan, of course, is the realization that at present (according to the Carnegie Survey), 80 percent of the population does not go to dentists at all.

Large numbers of patients are essential if experimentation based upon the above principles is to be significant. If the experiment is successful it will undoubtedly constitute the pattern and the base for a new method of dental practice. Neither foundation nor private funds are easily available at this time for an experiment of this scope. There are other reasons that make government funding of the experiment logical and desirable. An experimental clinic could be organized in a non confidential government project, as the Missouri Valley Project, or it could be tried in New York City for the low income groups for both children and adults.

An important consideration is that clinics of the type proposed would readily absorb many of the thousands of dentists who
will be returning from national service. At the close of the war the plan would also meet the needs of millions of service men who would come under veterans care; no other plan has adequately met the dental needs of such a group.

While I realize that you would necessarily delegate to others the execution of any form of governmental cooperation in such a plan, I think you would wish to go into its basic principle at first hand. In that conviction I am asking to see you briefly. While there are many details, the essential factors can be easily and economically put before you.

Yours with respect,

Charles L. Hyser

The President
Franklin D. Roosevelt
Washington, D. C.

* See enclosure
A Statement to the Sponsors of the Declaration of Principles

The time seems to be ripe for putting before you -- for discussion and expression of views -- the ways in which the demonstration clinic in the group practice of dentistry, about which we have been talking for many months, might be expected to provide the basis and the data for the establishment of methods and standards that could be used for similar clinics throughout the country. Our proposal, with which you are familiar, has discussed at some length the relation of this proposal to dental research on the more profound level, and to dental education. This present communication is concerned with the administrative methods and standards to be developed by a "pilot plant", designed to lead to the establishment of clinics throughout the country.

The "pilot plant", or demonstration clinic, would first, demonstrate to what degree and in what manner the fractionation of work and division of labor can most effectively be administered; secondly, the demonstration clinic should develop definite figures as to the cost of work, the time involved, the number of men needed; thirdly, it should demonstrate the practicability of conducting the clinic on the basis of comprehensive preliminary charting of the needs of every mouth, and constant supervision from the expert supervisory group of dentists on the quality of work produced.

The above are the standards and methods that would need clear definition as a basis for establishing clinics throughout the country.

All of us appreciate the necessarily long range character of planning for the provision of dental care on an expert basis to the whole population. It is, of course, a gigantic task. We think at once of an attempt that has been made to distribute another type of medical care more widely at lower costs, through...
hospital insurance plans. This analogy, however, cannot be pursued too far with reference to dentistry. In the hospital insurance plan, the physical equipment, i.e., the hospitals, already existed. All that had to be done was to develop a financial plan for estimating the use of them at lower costs than the individual was in the habit of paying for hospital care. In another way, also, the hospitalization analogy is not applicable to dentistry; the hospitalization schemes are based on the insurance principle, the financial basis of which rest upon the premise that only a part of the population is going to need hospital care and that most of the others need it only at rare intervals. In dentistry, on the other hand, surveys of large groups of children and observation of adults, as in the draft, indicate that the whole population is in need of dental care, some of it very extensive; there is a regularly recurring need for some dental care for all. The basic principles of insurance, laws of average and hazard therefore do not apply.

It would be possible, however, to build up a membership organization on the basis of average costs. For the sake of discussion let us assume that the fee for individual membership would be $10.00. For this $10.00 a member would receive full x-rays, careful prophylaxis, possibly some minor surgery, and a thorough examination and complete diagnosis. On the basis of this diagnosis the patient would have outlined to him the amount of work needed for a competent rehabilitation of his mouth at that period. The mouths thus diagnosed would fall into one of possibly three classifications, A, B, or C:

A group: X number of fillings
X number of extractions

B group: X number of plastic fillings
X number of inlays and possibly small restoration

C group: All cases which do not fit in the two former groups

The A, B, and C groups would be charged different fees which cannot be definitely set without experiment, but which might possibly be $20.00, $30.00 and $40.00, respectively. After the rehabilitation the mouth would be maintained in a healthy condition on an annual basis for a yearly membership fee of $5.00.
To summarize the tentative financial arrangement for the patient: he would pay $10.00 for initial membership, entitling him to the service required for a complete chart of the needs of his mouth; for the rehabilitation indicated he would then pay $20.00, or $30.00, or $40.00, according to the group to which his mouth would belong; thereafter, he would pay $5.00 per year covering the cost of all future dentistry.

Essential in the plan, of course, is the need that the classification of the mouths should be according to scientific judgment and not according to the patient's ideas or desires.

The universal need for dental care for children would necessitate a different method of patient financing. This experiment should merit the cooperation and financial support of governmental agencies, obviously a chief dependence in any plan looking toward preventative dentistry for children population on a nationwide scale.

The reason for suggesting a method of financing at the present time is that I feel we should have a fairly complete program outlined. We have to prove the advantages of organized group practice by the proposed method for all concerned, for the public as well as for dentistry. To operate successfully, even as an experiment, we would need about 35 to 40 operators who could rehabilitate approximately 10,000 patients the first year and a somewhat smaller number thereafter, giving also maintenance care to those previously enrolled. By classifying those mouths as suggested, dentistry could be presented by a formula which the patient could grasp and understand. It would mean that the fee quoted to the patient would be for a completely rehabilitated mouth, not a set charge of so much per filling, extraction, etc. The idea needs careful and accurate handling from the professional, the financial, the social, the economic and the legislative point of view.

I add, also with the view of securing your counsel and suggestions, a brief review of what I have done to date toward the financing of a "pilot plant" for adults and a "pilot plant" for children. These can, and, in my judgment, should be
combined, with different hours and procedures for children and for adults.

The Children's Bureau of the Department of Labor has definitely expressed
willingness to cooperate financially and in many other ways.

I have talked with leaders of organized labor, both in Washington and
New York, and as a result of these interviews I feel safe in saying that if the
experimental clinic is established, with responsible scientific backing, labor will
furnish an organized practice.

A third possibility has opened: in one of the government projects involving
50,000 persons, there is a present possibility of establishing a clinic of
probably forty chairs. This "prospect" offers the patients in sufficient number,
and at least some of the facilities. It is the nearest possibility, at the moment,
for experimentation that will develop standards of cost, of time, of operation, etc.,
and thus furnish a fairly complete picture of the practicability of the group
practice of dentistry based on expert diagnosis and supervision, and fractioniza-
tion of mechanical procedures.

Summarizing this report of progress: we have an excellent sponsoring
committee, of which you are one; our objectives and our plan of operation are clear;
we need the funds, the locality, the equipment, and a mass population sufficient to
furnish the number of patients needed for a successful test of the group practice
principle and the practicability of fractionating work.

May I have your suggestions, of whatever nature?

Faithfully,

Charles L. Hysler

November 20, 1944
5 East 57th Street
New York City 22, N.Y.
PROPOSAL FOR THE ESTABLISHMENT OF AN
EXPERIMENTAL GROUP PRACTICE DENTAL CLINIC
by
Charles L. Ryser, D.D.S.

Purposes That Underlie The Present Proposal

(1) To establish a dental clinic based on an organization of the diagnostic
and technical procedures of dentistry in a manner calculated to shorten operative
time, lessen the cost of dental work, and greatly improve its quality.

(2) To create new standards of dental education by using the proposed clinic
not only as a service institution but also in time as a new type of graduate school
in dentistry.

(3) To build up a dental research organization in those phases of dentistry
for which such an institution may be fitted.

It will be in order to consider in some detail: I, the service aspect; II, the
educational aspect; and III, the research aspect of the proposed plan.

I. The service institution

It is proposed to establish in New York City a dental institute designed to
take care of large numbers of patients in the lower income groups. The New
York City project should be a pilot organization, which, in the course of 5 years' oper-
ation, could develop the policies and procedures for providing high-grade dental
service at a minimum cost which would be applicable in similar institutions in many
other cities and towns.

The proposed institution is on the non-profit principle; funds that accrue—as
they expectably will—will be devoted to research or to other measures designed to
expand the institution and to increase its serviceability.

Premises

(1) Some method must be devised for getting dental care to the 80 percent of
the population that now do not go to dentists at all, either because they cannot
pay for dental service or because they do not realize the importance of a healthy
mouth to general health, employability, and enjoyment of life.

(2) Most of the 80 per cent referred to above are unable to pay for comprehe-
sive high-grade dentistry provided by individual practitioners.

(3) The mechanical part of dentistry—a very large part of it—can be so or-
ganized, in a group practice, that large numbers of patients can be taken care of
more efficiently and at very much lower costs than are possible under the present
system.

(4) No compromise in the quality of the dental service is involved.
On the contrary, the service should be better than average individual dental service anywhere for two reasons: first, the dentists would become progressively more expert under the intensive training and practice in the institute (with a rotation of operators in different mechanical procedures); and, secondly, the plan provides for the highest type of dental and medical supervision.

Moreover, the plan provides for a competent diagnosis and charting of the needs of every mouth before any work whatever is done. This means that the work done on every mouth is not patchwork to take care of dental emergencies but a thoroughgoing rehabilitation which will minimize the dental care needed during the rest of the patient's life.

**Argument**

Since the validity of this plan rests upon a radically changed method of organizing the mechanical procedures of dentistry, it is in order to demonstrate the practicability of group practice organization and the soundness of the theory that it is possible to take care of large numbers of patients in a short time by having a large number of dentists work under the supervision of a dentist of the highest competence and experience. The underlying theory is that the simplest way to make a real science of dentistry is to distinguish between its mechanical and its scientific or medical aspects.

There can be no question that every mouth that needs dental care at all needs the diagnostic and supervisory skill of a first class all-round dentist. Most of the actual work in the mouth, however, does not require the detailed care of this broadly trained, all-round dentist and, indeed, the faculties of such a dentist are wasted in being thus applied. Just as it is now recognized that the busy dentist cannot wisely undertake to do his own laboratory work, so it is in order to recognize that neither should he carry out in detail all the mechanical procedures involved. Many of these can better be taken care of with the assistance of technical operators and should be—for the good of the patient.

There are certain technical procedures that are within the capacity of trained dental technicians such as, the carving and shaping that produces a perfect inlay. In preparing cavities for inlays, the individual practitioner consumes a good deal of time, a not inconsiderable part of which goes into changing instruments and making various preparations for taking impressions and bite. Organization of these stages by allotting purely mechanical processes to competent technicians (dentists, of course, but not necessarily competent in the full scientific and medical implications of dentistry) would definitely shorten the time involved in the whole procedure.

It is true that there are certain cases to which the system would not be adaptable, for instance, preparation of deep and complicated cavities, root canal work, and periodontic treatment. These require individual and unified treatment which would have to be separately provided for and carried out in separate departments of the dental institute.

Essential in this set-up is a consulting staff or diagnostic board composed of fundamentally trained dentists competent in every diagnostic procedure and capable of planning the work on the mouth as a whole for every patient. Under the guidance of a member or members of this board every patient's mouth would be accurately charted and instructions prepared for every dentist. This board also, or part of it, would pass upon the finished work with reference to every patient.
Cases having obvious systemic relationships would be referred to a competent physician retained as a consultant member of the staff.

When the consultative work has been done, the diagnosis comprehensively made and work planned for the given patient on the basis of the whole mouth, operation passes to a group of dentists trained for each type of treatment needed.

In the operative work for inlays, a 10 chair arrangement might consist of 5 to be used by men doing nothing but preparing cavities, 2 to be used by men doing nothing but taking impressions, 3 to be used by men doing nothing but fitting the inlays. If the group preparing the cavities turned out 4 each per hour, the rest of the group could take the impressions and fit them; this group of 10 could easily finish 20 inlays per hour, or 160 per day. Inlays by the indirect method should be used whenever possible because more patients can be treated and the technicians do most of the work in the laboratories.

In the prosthetic work, a similar group of 8 might consist of 2 taking impressions (with the new colloid impression material it is easily possible to take 5 impressions for bridges or partial dentures per hour, if everything is ready and the inlays are fitted and completed); 2 taking bites and choosing the colors; and 4 fitting the bridges and dentures. This prosthetic group would be capable of finishing 10 partial dentures or bridges per hour or 80 in an 8-hour day.

In the synthetic filling work, a group of 10 might include 4 to prepare cavities, 4 to fill them and 2 to polish. It is assumed that each operator could easily prepare 6 per hour, which the others could finish. This set-up would apply to amalgam fillings as well.

Add 2 surgeons, 2 radiologists, 8 hygienists, and 2 supervising dentists. This group of 42 operators working at full capacity, could turn out daily about 200 synthetic fillings, 160 inlays, and 80 dentures and bridges. These figures subject to revision in accordance with active experience as the plan develops.

A completely equipped, well-manned laboratory of so-called dental technicians would do the casting and finishing of the cases exactly as the commercial laboratories do at present for practically all dentists. This laboratory would be an integral part of the clinic.

The foregoing illustrations must be considered as tentative and flexible figures. In actual operation it may be found that time would be wasted by too much fractionation, if so, that can readily be changed. The men working in those positions would complete training in one department and then move on to the next e.g. from operative to prosthetic. While working in the inlay department an operator would be changed frequently from cavity preparation to impression taking or inlay fitting and finishing. This would apply in each department to relieve monotony. The patient would of course be anesthetized before the work is started or if that is not feasible gas anesthesia shall be given at the chair to save time in operating.

Estimates of cost

While exact figures cannot be wisely given in advance of actual experimentation, it is possible to make a financial forecast that is based upon reasonable assumptions.
The first of these assumptions is that the dental needs of the adult poor, in whose interest this dental institute would first be established, may be regarded as worse than the dental needs of the average citizen in the total population. According to the Journal of the American Medical Association of October 4, 1941, the man rejected for dental defect at that time (who may be reasonably regarded as representative of adult civilians of the lower economic group to the interest of which this proposal is first addressed) has an average of 22 permanent teeth attacked by caries, 13 that had already been extracted, 2 that needed to be extracted, 2 that had been filled, and 5 that were carious and justified treatment by filling. It follows as a reasonable assumption that such a mouth would need 5 inlays, 2 fillings, a prophylaxis, X-rays and 2 dentures.

The group of 42 men described above would accomplish the following:

<table>
<thead>
<tr>
<th>Service</th>
<th>Number</th>
<th>Per Patient</th>
<th>Per Year</th>
<th>Patients Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inlays</td>
<td>48,000</td>
<td>5</td>
<td>9,600</td>
<td>31,000</td>
</tr>
<tr>
<td>Bridges</td>
<td>38,400</td>
<td>2</td>
<td>17,200</td>
<td>31,200</td>
</tr>
<tr>
<td>Fillings</td>
<td>60,000</td>
<td>5</td>
<td>12,000</td>
<td>30,000</td>
</tr>
</tbody>
</table>

But for the maximum economy the clinic should handle at least 100 patients per day or 30,000 per year. To make this possible, the arrangement would need to be balanced as follows:

<table>
<thead>
<tr>
<th>Number of Operators</th>
<th>Per Day</th>
<th>Per Year</th>
<th>Patients Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inlay (32)</td>
<td>510</td>
<td>15,500</td>
<td>31,000</td>
</tr>
<tr>
<td>Bridge (15)</td>
<td>208</td>
<td>6,200</td>
<td>31,200</td>
</tr>
<tr>
<td>Filling (25)</td>
<td>500</td>
<td>15,000</td>
<td>30,000</td>
</tr>
</tbody>
</table>

Thus to finish 30,000 adult mouths in a condition similar to that of the rejected draftee's cited above would require 70 operators working 300 days per year, probably about 20 hygienists, 6 surgeons, a staff of chair assistants, clerks, and laboratory technicians. Also, to provide for emergency, about 5 extra dentists should be employed to fill in in order to keep the arrangement moving smoothly.

The cost of dental work on children must be estimated according to entirely different principles. The work for children would be simpler, it would be different, it would be less expensive. An entirely different table of procedures and costs must be drawn to cover the children's work--plans for which I shall be glad to submit.

The system proposed is notably applicable to the difficult field of orthodontia. It would follow that malocclusion, now so frequently not dealt with at all or attempted at too late a stage, would be within the reach of practically everyone. A case that under the present system ordinarily costs from $500 to $2000, could be corrected, in the institute, for from $50 to $100.

Returning to consideration of the adult mouth in the lower economic group, the approximate cost of rehabilitating 30,000 adult mouths of the type described above may be estimated as follows:

<table>
<thead>
<tr>
<th>Staff</th>
<th>Average Yearly Salary per Man</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>75 dentists</td>
<td>$3000</td>
<td>$225,000</td>
</tr>
<tr>
<td>20 hygienists</td>
<td>1500</td>
<td>30,000</td>
</tr>
<tr>
<td>3 surgeons</td>
<td>4000</td>
<td>12,000</td>
</tr>
<tr>
<td>2 radiologists</td>
<td>3000</td>
<td>6,000</td>
</tr>
</tbody>
</table>
5 department heads .......................... 10,000 .......................... 50,000
15 laboratory technicians (including executive) 3,000 .......................... 45,000
20 chair assistants .......................... 1,500 .......................... 30,000
15 clerical .......................... 1,500 .......................... 22,500

Executive staff: Comptroller, director, consultants, 
etc. .......................... 50,000

Total payroll .................................. 50,000

$470,500

In the average adult mouth in the group to which this proposal is addressed, at least three-quarters of the bridges would be bars, lingual or palatal. In stainless steel these would cost 50 cents each; in gold, about $1.90. The gold in the inlays would average about $1.50.

Cost of materials can only be suggested:

Supplies: Estimated about $800 per operator per year ............. $ 60,000
Cost of precious metals, stainless steel, teeth, acrylic, etc. ....... $ 200,000
Payroll ........................................... 470,500

Total ............................................. $780,500

Cost per patient:

Less than $30 per mouth should cover the rehabilitation costs, on the basis of 30,000 mouths.

In this consideration of costs, it is important to remember that the figures are referred to mouths comparable to those of the 20.9 percent draftees rejected for dental defect. The remaining 79.1 percent, or four-fifths of the draftees (or of the adult population generally), would have mouths that could be rehabilitated more easily and more cheaply.

The original investment in premises and equipment cannot be reasonably figured. The dental equipment, chairs, engines, lights, and instruments should be about $150,000, but the building or space for the clinic will depend entirely on the money available and the desires of the board of directors. An adequately equipped building needs to be neither elaborate nor expensive; to make it either of these things would be both bad business and bad psychology.

II. Relation of the Proposal to dental education

Thoughtful dentists know that dental education in order to meet the demands of the future, is in need of radical reorganization—as much in need of it as medical education was in 1909. The improvement of dental education depends upon the development of dental science established in its true relation to medical science as a whole.

The proposed institution cannot fail to establish the highest standards for dental diagnosis and for every type and grade of dental operative work. The establishment of these standards cannot fail to influence the organization of teaching in the present dental schools. It is not hard to foresee the time when every first-grade...
dental student will expect to serve an internship in clinics of this type. The type of work done in the clinic will establish standards which the public will understand and appreciate. The whole course of dental education, moreover, will be influenced by the clinic's research activity outlined below. The men that go out from this dental institute, will create a community of dental scholars who will profoundly influence dental education in the future. By evolutionary process, Dentistry, under the influence of such clinics and research centers, must become a field as dignified and as fascinating as any other branch of medicine.

Students of this plan may here raise the question as to whether the emphasis on expert mechanics in the staff of the dental institute will not tend to emphasize the mechanical rather than the scientific nature of dentistry as a whole. It is quite true that the dental operators on the staff of the institute, working under the supervision of broadly trained dentists are being paid for expert mechanics rather than for dental wisdom generally. At the same time they are doing this mechanical dental work in the institute at a reasonable salary; however, they have available the resources for postgraduate work and for research. For these activities they are not paid; their salary is for their expert mechanical contribution, but they are daily surrounded by all the opportunities for profound training in the broader aspects of dental science. They are not doomed to be mechanics forever and may properly look forward to advancement.

It may also be practicable—and this experiment will test the hypothesis—to develop two groups of dentists, i.e., (1) the broadly trained man of dental science and (2) the expert mechanical technician, working always under control. We can hardly evade the fact that some of the best mechanics in the world are incapable of assimilating the broader scientific training in medical science needed to make them fully equipped master dentists.

III. Relation of the proposal to dental research.

Dental research has never been properly supported nor coordinated. This is a necessary consequence of the present status of dental education and the development of dental science.

A carefully planned research organization should be a part of the dental institute or clinic, from the beginning. The clinic, which should be closely associated with a large hospital or university, offers basic facilities for a much needed research center in dentistry. The research facilities involved in the clinic include—

1. Unusually large numbers of patients;
2. All kinds of mouths and all grades of dental needs;
3. A diagnostic group of medical and dental men, leaders in their respective fields; and

What the dental clinic does not include are the basic science laboratories that are to be found only in a great university. Clearly dental research work needs to be carried on with all the resources of chemical and physical laboratories and all available counsel from university departments of anatomy, physiology, medicine, pediatrics, genetics, and anthropology. The institute's planning board for research should include outstanding figures in all of these divisions and departments.
It seems essential, therefore, that, on the research side, the dental clinic should be, from the beginning, associated with the hospitals, laboratories and departments of a great university and that the research program should be worked out cooperatively between those in charge of the clinic and a university. In the course of time, the service unit and others that may be established should become the clinical center for research in all first-grade universities that have a conception of the importance of dental science.

It is really the research organization associated with this clinical unit that will create that preventive dentistry which has so long been an obviously needed contribution to the standards of public health.

Outstanding in the research aspect of the dental institute is the fact that the cost of research is carried along as an integral part of the finances of the institute and is not dependent on research grants from outside sources. This means that the research is permanent, continuous, and progressively expanding; an essential and fundamental part of the service and educational functions. The cost of the research is a fixed part of the service fee.

The present proposal, therefore, seems to offer not only a scientific and economic approach to the thus far insoluble problem of getting high-grade dentistry to the public at reasonable cost but also to the problem of preventive dentistry and its undeniable relation to general health, to productivity, employability, and capacity for enjoying life.

Revised with suggestions offered by Alfred Walkor of Miami Beach, Florida, Former President of the New York State Dental Society.

5 East 57th Street
New York, N.Y.
March 29, 1944
DECLARATION OF PRINCIPLES

THAT SHOULD GUIDE EFFORTS TO IMPROVE DENTAL HEALTH-CARE

This declaration sets forth certain principles that are endorsed by the subscribers, who believe that it is urgently desirable in the public interest to ascertain by research how—with prevention as the guiding objective—dental practice, dental education, dental research, and dental socio-economics can be further improved and applied in greater degrees of effectiveness, and so correlated that high-grade dental health-care can be made progressively available to the whole population.

The subscribers also favor experimental tests of all objectives in dental care that appear to be socially, economically, and professionally desirable. The subscribers understand (a) that practical procedures to promote the subjoined principles will be fully discussed, and all reasonable and valid alternative ways and means will be duly considered; (b) that every step to be taken in the proposed experimental study will be submitted to the subscribers for discussion and decision; and (c) that appropriate public statements of the findings will be made, from time to time, for the information of all concerned.

We hold these truths to be self-evident:

1. The primary objective of the practice of dentistry is the prevention and control of dental disease and the maintenance of the teeth and related tissues in a state of health from early childhood throughout life for the entire population.

2. The objective of dentistry as stated can be attained only through service of high quality, and this should be provided as economically as possible.

3. Adequate dental care requires complete treatment of the teeth and of the oral tissues that are physiologically related to them.

4. Research into the causes of dental disease should be broadened, and methods of prevention that have been shown to have value should be effectively brought to the attention of the population.

5. Dental education should continue to develop for the dentist a broader background in the biological sciences and in related clinical medicine. Enlargement of the scope of general dental practice, to include effective periodontic and orthodontic as well as restorative service, should be an active and continuing concern of the profession.
6. Dentistry should be maintained as a calling which will always attract men and women of the highest professional quality.

7. The maintenance of proper standards of dental service must be in the hands of qualified dentists.

We agree that steps should be taken to effectuate the above principles.

We believe as one of the means to that end that experiments in group practice are urgently needed. By group practice we mean practice in clinics with division into groups or departments, each in charge of a specially qualified dentist as supervisor, with treatment of each patient directed by the diagnostic department.

In these clinics, provision should be made for the progression, rotation and material advancement of the personnel, thus insuring steady advance in the competence of the dentists and in their economic status. We believe at least one such clinic should be established and supported as an experimental station.

The provision of dental care for the entire population is a problem not wholly within the scope of organized dentistry since it involves lay cooperation as to financing and administration.

We agree that any suitable over-all plan should aim to provide dental care for children and for adults - for children, as dental protective service with benefits extending throughout life; for adults, as a health measure and morale builder.

We also recognize that plans must be developed to absorb in useful dignified positions the 20,000 or more dentists who will be released from the services at the war's end, to avoid the inevitable confusion that readjustment to peace will bring. Clinics such as are here proposed would provide opportunities for either temporary or permanent employment for those returning dentists who might wish to avail themselves of it. Such clinics would also provide one type of internship which might be of value to recent dental graduates.

As evidence of our support of the foregoing principles and statements we agree to proceed without delay to form a committee to undertake the establishment of the proposed experimental clinics and to promote the ensuing developments.

Signed


Please return to Dr. John Oppie McCall, 422 East 72nd Street, New York 21, N.Y.
American Association for Better Dental Health

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Note: The sponsors of this organization have signed as individuals, not as representatives of institutions or agencies.

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The Ziegler Foundation
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New York 17, N.Y.
**AMERICAN ASSOCIATION FOR BETTER DENTAL HEALTH**

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March 1, 1945.

Dear Esther:

I would love having you and Peg and Narcissa and it would be great fun to do the galleries. I'll make Tony go too! April is the nicest month but early May is usually lovely. At the moment it looks as though I would be away from April 20th to May 2nd.

There is a chance that we could do both - your coming here and my coming to Westbrook.

With much love and I do count on a glimpse of you on the 6th, I am

Affectionately,

Miss Esther Lape
Salt Meadow
Westbrook, Connecticut.
Dearest Eleanor,

I have a proposal, or a whimsical idea, that is
now in so vague a stage that you can safely treat it as an hypo-
thetical question. In this ax stage no harm will come from your
asking it down early. So will you promise not to be polite?

Would you conceivably have time, and would you
conceivably enjoy having Peg and Narcissa and me stay with you
in Washington for about two days and two nights some time this
spring,?? And can you imagine setting off a bit of your time for
going to "Washington Art galleries with us? All of the galleries--
Phillips, Freer, the New national etc.

It just happens that we have all three wanted to do
this for some time. Of course we don't have to stay with you in
order to do it; or to drag you into galleries you know well. Never-
theless we would all like it if you felt up to going again. And
I think you like us all three moderately.

I do not know when Peg is going but I am sure
it will be this spring. She and Narcissa increased their ac-
quaintance in connection with their California homes. And we all
have a particular interest in pictures.

Maybe this seems a quaintly relaxed proposal for,
your busy existence.

If it has to be a choice between your having us
there and your coming here just with me, I vigorously choose the
latter. But if there's a chance of both, then I think we all might
get a pinch of gaiety out of it. I would like you to know Peg
better. She is of those that have grown with every experience,
expanding in warmth and understanding.

Well, there are lots of contingencies aside from the
question whether this would ever fit your plans. I just thought I
would like to know whether it could be thought of.

Living in ripples at present. But ice still under-
neath, tripping the unwary. I've liked being here, and I shall be
here next winter too; but I now understand better than I did before
this old-fashioned New England winter slid in upon us why it is that
folks winter in hotels. As far as feeding birds is concerned I am
in the wholesale business. Fifteen loaves of bread and fifty lbs of
Audubon wild bird seed over the week end. With my usual far horizons
I extended the feeding stations down into the woods. It takes quite
a while to make the rounds on a snowy morning. But rain during the
past few days has increased the bare spots on the meadows and will
greatly lessen my responsibility to chickadees, finch, sparrows and
downy woodpeckers.
It seems long since I have seen you and even if I had not had the hypothetical question this letter brings I should have written you--just to say nothing at all--and to send you my love.--as always

[Signature]
March 12, 1945.

Dear Esther:

Dr. Truslow, with the Pepper Committee investigating general health conditions throughout the nation, went over the material submitted by Dr. Charles L. Hyser and decided that the general principles are worthy but I feel more study should be given before anything serious is done about it.

Affectionately,

Miss Esther Lape
Salt Meadow
Westbrook, Connecticut.
MEMORANDUM FOR MRS. ROOSEVELT:

I am returning to you the letters and correspondence from Doctor Hyser. I have had two of our Dental officers review this plan and I have also asked Doctor Truslow, who has been spending a great deal of time with the Pepper Committee during the past year, to also review it in light of what they have done in investigating general health conditions throughout the nation.

There is agreement among the three that Doctor Hyser and his associates are honestly concerned with the problem of improving the distribution and availability of good dental care to all the people. They believe that many prominent men in the field of dentistry hold the same opinion. There is a doubt in their minds as to Doctor Hyser being able to put such a plan across since he is personally ambitious and not too diplomatic. He also feels that he has been persecuted in the past by the dental profession. I had the same impression of him in my talks a number of months ago. Our general impression of his letters to you and to the President is that he has not given full statements of fact - that is, has only quoted in part as to the attitude of many people in professional life regarding this plan.

For your own information, I am quoting from Doctor Truslow's report and I believe this gives you a pretty clear idea of how he feels about it.

"(a) Mass production in industry presents some fascinating temptations to application in the fields of medical and dental care.

(b) Certain principles of economy in the use of personnel and facilities are clearly adaptable to these fields; but certain others are definitely not applicable without prostituting the service itself.

(c) In the care of teeth (intimately attached as they are to the human organism) there is both a subjective demand of the patient that the dental operator be professionally competent and personally involved in the job he is doing; and there is also an objective demand of the conscientious dentist
Memo to Mrs. Roosevelt.

that the history, the progress, and the whole concept of the patient's dental complaint be a determinant part of each step in his treatment.

(d) Too little consideration has been given to the time gap between each fractional step in a treatment. I believe a majority of patients must submit to a very routine, un-individualized division of dental labor unless they be forced to wait for varying lengths of time for each operator in turn.

(e) State laws governing the use of dental technicians such as Doctor Hyser envisions would prevent their utilization for many of the purposes he specifically describes.

(f) And the dentists themselves (the two "supervising dentists" he proposes for a full staff of 42 operators) must either become non-practicing at all, or fulfill their jobs competently for only a few of the patients going through such a clinic.

(g) Any voluntary plan designed to bring more dental care to more people depends upon dental education of the patients on behalf of themselves and their families. This is necessarily a peculiarly personalized form of education if it would be effective. The Hyser Plan is essentially a very impersonal affair.

In view of this I do not believe that this plan merits serious consideration at this time. In your reply to Doctor Hyser, I would suggest that you say that the general principles are worthy but you believe more study should be given before anything serious is done about it.

If you care to, I will be glad to talk with you about this matter.

ROSS T. MCINTIRE
March 23, 1945.

Dearest Esther:

We will be leaving for San Francisco on April 20th but will be back by May 2nd, I think. Couldn't you all come for the week end of May 3rd? It should be very pleasant here at that time and I should love to have you. Please plan on coming.

Much love,

Miss Esther Lape  
Westbrook  
Connecticut.
The White House
Washington
Mar 19 10 11 AM 1945

WA25 DL PD
WESTBROOK CONN MARCH 19 1945 904A

Mrs Franklin D Roosevelt
THE WHITE HOUSE

PEG DOES NOT ARRIVE UNTIL APRIL 16TH AND WILL BE
HERE FOR THREE WEEKS AFTER THAT. I AM AFRAID HOWEVER
THAT THESE DATES DO NOT FIT YOUR AVAILABLE TIME AND
IF SO WE WILL JUST HAVE TO WAIT UNTIL FALL OR SOMETIME
THAT REALLY SUITS YOU WHEN SHE IS HERE. BUT WHAT ABOUT
WESTBROOK SAYS SHE DEAREST LOVE

ESTHER.

933A

16.

Walter 5/23/45
Dearest Eleanor,

Three things which are on my mind—and with which I now proceed to burden yours!

(1) After your sideline some time between the twelfth and sixteenth for us I hated to write you that Peg isn't able to be here until the fifteenth or sixteenth. It isn't a situation she can change because she has to make some arrangements about her parents, one of whom (father) is failing rapidly now. Be sure I understand if there is no other time.

(2) It occurred to me last night that you might be very much interested in a plan for health centers throughout Greece, a plan which I sent this week by request to Skouras, head of the Twentieth-Century Fox, and leader in the Greek relief work in this country. I had a talk with him last night and promised to put our counsel in written form. I have done so in the enclosure. I also enclose a copy of the letter we sent to leading men in medical science whom we know well.

(What many of us would like to see emerge is a Greek Greece, but if they temporarily have to look either to the British Empire or to the Soviet Union, I hope it will be the latter! What I really hope is that it will not be either.)

(3) This is a small aspect of a large matter. Ought not the question of whether or not there is duty on relief parcels sent to French civilians be cleared up?

I received last week a moving letter from a French journalist, a friend of mine in Paris, who, with her husband was made an object of pursuit by the Nazi's. Their apartment was pillaged and everything they had taken, and she took refuge for five months in a convent. She is Jewish (though her husband is not). I sent a note to her by Lucien Vogel of the Conde-Nast Publications (temporarily, he was editor of the Parisien Vu), last August when Vogel returned to Paris, and asked her what I could do for her. Her letter, written in January but reaching me only last week, contained pitiful requests for warm things and for food. I got them off this week in the legal size packages from myself and from my friends. Somebody raised the question of whether there would be any duty on any of these articles, since obviously my Paris friend is not in a position to pay duty. It was actually impossible for Helen Hahn of our office in New York to get any satisfactory information in response to repeated inquiries. See enclosed memorandum to me.

It certainly seems as if there ought to be some duty-free mechanism for sending the things these people need so desperately.

Dearest love, as always,
EL

Talked to the French Consul again on duty and he is still very hazy. Said he hoped there would be no duty, but seemed pessimistic. I asked about sending a new pair of stockings and he hedged and said he would be afraid of duty and it is better "not to have them look new" - cute?

Says it is better to send only small quantities of each thing. You can't send much in the overseas container, I told him, but while the civilians need things badly I guess the government wants to make something out of it too.

HH
March 21, 1945.

Mr. Spyros P. Skouras
Twentieth Century Fox Film Corporation
444 West 56th Street
New York, N.Y.

Dear Mr. Skouras:

I am outlining here briefly, suggestions for practical next steps toward the establishment of Health Centers throughout Greece, as a part of the present emergency program and as the basis of a permanent public health policy for Greece in the post-war years.

I. What must be done in Greece

(The following suggestions are animated by the conviction that the project must be outstandingly a Greek project and that the people to man these centers will be Greeks, expertly trained in their own country for the task outlined.)

(1) The approval of the Greek Government is a sine qua non. The Greek Ministry of Health (under whatever name it operates) must assume a definite measure of responsibility and offer continuous cooperation in the carrying out of the Health Centers project.

(2) The medical faculty of the University of Athens (or the School of Hygiene, whichever it is) must be willing to assume leadership and offer continuous cooperation in training the personnel that will man these Health Centers as they are progressively established. As the training ground for the Health Centers' personnel, the medical faculty of the University of Athens (or the School of Hygiene) becomes the scientific authority for the maintenance of
standards of work. The medical faculty would cooperate with
other agents or agencies, either in Athens or in other parts of
Greece, capable of assisting in this training, but responsibility
for standards of work should be vested in the medical faculty
(or School of Hygiene) of the University of Athens, acting with
medical advisors in the United States associated with the Health
Centers program.

(2) In order to train, satisfactorily, the medical personnel, the
University of Athens, we understand, would need to have its own
resources supplemented by laboratories in the basic and the
medical sciences. Dr. Winternitz could advise on the minimal
essentials for the establishment of these university laboratories
and certainly the International Division of the Rockefeller Foundation
would have suggestions on the minimum laboratory requirements for
realizing the necessary training program. The laboratory equipment
need not be extravagant but a training program could not be realized
without laboratories. I suggest that the funds for these
laboratories be made an especial objective.

As between the two possibilities of sending Greeks to the United States for
training in American universities or public health institutions; and of carrying
on the training in Greece, I submit that it would be better to import the teachers
to Greece than to import the students to the United States. If they train in
Greece, all the time they are training they will be observing the nature of the
problem with opportunities to observe its working in certain of the health
centers to which they could go for direct observation and assistance in their training
period. On the other hand, if the students train here, it is doubtful whether the
training would be sufficiently related to Greece - it might be a training dependent
upon highly developed facilities.

III. What needs to be done in the United States

The medical assistance from the United States (and, of course, possibly
from other countries; there is no assumption that the United States is
the only possible source of scientific aid in this project) would perhaps be of two kinds:

1. A few key men sent over to the University of Athens to organize
the actual teaching and training program in each of several
important fields.

2. The creation, in this country, of scientific councils in the
various fields (tuberculosis, nutrition, malaria, skin diseases,
possibly syphilis, etc.) to advise constantly with the Director
and through him to keep in touch with the developing program
in Greece and, in particular, with the training program in the
University of Athens.

In this country, the needed scientific advice could be best secured, in my
judgment, not from a general advisory committee with the vague functions that such
committees usually have but rather from a series of small councils (one in tuberculosis, another in nutrition, another possibly in sanitary engineering, another in dysentery, one for trachoma if that is a problem, etc.) each one of which represents a medical problem in Greece, not only in the present crisis but also in time of peace.

While the program must, in the beginning, necessarily be directed toward the present emergency, each of these councils would advise and plan also on the basis of the distant future when more thoroughgoing measures can be put into effect. In tuberculosis, for instance—on the basis of the facts you gave me in New York last week—you cannot at present contemplate a program to hospitalize even the very advanced cases of tuberculosis. After the present emergency is over, however, Greece would look toward the establishment of sanitoria that would hospitalize not only advanced cases of tuberculosis but would also remove incipient cases that could be cured in relatively short periods of hospitalization, as is done in some of the more advanced public health departments in this country (as in such states as New York, Connecticut, Massachusetts).

I would stress the point that the advisory councils—in tuberculosis, nutrition, maternal and child health, malaria, dysentery, etc.—whose immediate assistance is now needed, should not be large councils. You would need only one, two or three outstanding men in every field, but they must be scientifically outstanding—people who know these scientific medical problems thoroughly on the investigative side and who also have experience in control and prevention programs. In the medical, as in the business world there are plenty of “window dressers” and the fact is that even in the nation’s war organization now, there are some men who do not scientifically rate the position they have procured for themselves.

The method by which you would hope to avail yourself of the services of these men is important. Most of these men are already over-busy. In my judgment, however, the greater the man, the more likely he is to feel an imperative need to respond to a call for aid in a crisis such as the one in Greece now. Whoever, on your behalf, goes to these men for advice, should be armed with two things:

(a) a clear statement for the present situation with reference to the specific disease to be discussed, i.e., the approximate number of the people with a given disease to be served in a given center, the proposed personnel for a center (i.e., a doctor, nurse, technician if any, etc.);

(b) an explanation that for the present this is an emergency program limited in funds and therefore limited in scope, but that whatever is planned is to be done on a permanent basis with the idea that it will continue beyond the present emergency. With this understanding, a busy person like
Emonds Long, who heads the Phipps Institute for Tuberculosis in Philadelphia, and the pathology department of the University of Pennsylvania, besides advising the federal government and taking field trips for it, would certainly be able to outline what he considers to be the main essentials of a practical attempt to control tuberculosis in Greece.

The following are leading possibilities for counsel in the major fields.
(There is no assumption that these are the only people, but it is a certainty that they are scientifically outstanding, and they are nearby. These people could give you excellent advice (1) in planning the control and prevention program in their own given fields; and (2) in recommending the man best qualified to organize, in the University of Athens, the teaching and training program for the Greek personnel designed to man the health centers.

(If you wish, you may use my name in writing or approaching any that I have marked with an asterisk.)

In TUBERCULOSIS

* Dr. Emmond R. Long, director of the Henry Phipps Institute for Tuberculosis, 7th and Lombard Streets Philadelphia, Pennsylvania

(Dr. Long should unquestionably be included in this group, whether or not you approach others also.)

Dr. James Burns Amberson, Jr.,
Bellevue Hospital, 415 East 28th Street
New York City.

(Head of the Chest Service for Columbia at Bellevue; head of the x-ray division, National Tuberculosis Association. I believe he is in the Army now, but still in this country and in touch with Bellevue.)

* Dr. Helen Gavin
147 East 50th Street
New York City.

(First under Dr. Amberson and rating at Bellevue during Dr. Amberson's absence in the Army.)

Dr. Eugene L. Opie and Dr. Jacob Furth
Cornell University Medical College
New York City.

(Together, a long record of distinguished work in tuberculosis in this country and the tropics. Dr. Opie was formerly head of the Phipps Institute in Tuberculosis. He has now retired and does research at the Rockefeller Institute. Dr. Furth, as the younger man, would probably be the one, of these two, to talk to.)
In NUTRITION

Dr. John Youmans
Vanderbilt University School of Medicine
Nashville, Tennessee

(Has done investigative work and, recently, surveys in rural population of Tennessee with regard to deficiency diseases.)

Dr. Otto Bessey, Ph.D. (or his associate, Dr. H. M. Kelckar, M.D.)
Chief of the Division of Nutrition and Physiology
Public Health Research Institute of New York City

Dr. Tom Spies
Nutrition Clinic of Hillman Hospital, Birmingham, Alabama
or
University of Cincinnati School of Medicine, Cincinnati, Ohio

In MALARIA

Dr. L. T. Coggshall
School of Public Health, University of Michigan
Ann Arbor, Michigan

(formerly of the Staff of the International Health Division of the Rockefeller Foundation, which appointed him to this place)

Dr. W. V. King
Bureau of Entomology
Orlando, Florida

(transferred in 1941, from the bureau of entomology of the U. S. Department of Agriculture, to a Major in the Sanitary Corps, Res. U. S. Army)

Dr. Henry E. Melany
Department of Preventive Medicine
New York City

(trained in various aspects of tropical medicine, including not only malaria, but amoebiasis; knows the personnel in this country in tropical medicine well)

The proper division of the U.S. Army - the division that conducts research and also control in malaria and has done so for many years - would be an excellent source of advice. The Surgeon General of the Army could direct you to the proper person.
In SYphilis

* Dr. John Mahoney, Surgeon, U.S.P.H. Service
in the federal Venereal Disease Research Laboratory, Marine Hospital
Staten Island (at Stapleton)
New York.

he is not only a trained investigator, but also expert
in establishing national programs of prevention, testing,
state standards, and training personnel for laboratory
and field work.

# Dr. John H. Stokes
Department of Dermatology and Syphilology
University of Pennsylvania School of Medicine
Philadelphia, Pennsylvania

Dr. J. E. Moore
Johns Hopkins School of Hygiene and Public Health
Washington, D.C.

In TRACHOMA

Dr. Phillips Tiffany
College of Physicians and Surgeons of Columbia University
Department of Ophthalmology
636 West 163rd Street
New York City.

head of Columbia's ophthalmology department; investigator
in trachoma and organizer of the federal government's
trachoma work a few years back on western reservations for
the Indians.

In DISEASES OF CHILDREN, PEDIATRICS, CHILD HYGIENE, etc.

Dr. Grover F. Powers
789 Howard Avenue
New Haven, Connecticut.

chairman of the department of pediatrics at Yale
School of Medicine. Dr. Winternitz will be able
to put you in touch with him.)
In CONTROL OF PREVENTABLE INFECTIOUS DISEASES BY IMMUNIZATION

Dr. Jules Freund
Chief, Division of Applied Immunology
Public Health Research Institute of the City of New York

(Dr. Freund was born in Budapest and received M.D. and C.P.H. degrees from the University there. He was Associate in Bacteriology at the Henry Phipps Institute, University of Pennsylvania, from 1926 to 1932 and subsequently Associate Professor of Pathology at the Medical College, Cornell University. His work has dealt with public health laboratory methods, immunization, and control of infectious diseases, especially tuberculosis and smallpox.)

In DISEASES OF THE SKIN

Dr. Marion B. Sulzberger
962 Park Avenue
New York, N.Y.

(Dr. Sulzberger is associate professor of clinical dermatology in Columbia's graduate school; director of dermatology at the French Hospital; and founder of one of the scientific journals in this field.)

In SANITARY ENGINEERING, and a variety of PUBLIC HEALTH MATTERS

Dr. Thomas Parran, Surgeon General
United States Public Health Service
Washington, D. C.

(Dr. Parran could direct you to people in the Service who would be an excellent source of advice on several of the fields enumerated above - control of tuberculosis, of syphilis, etc. - besides directing you to the best person in sanitary engineering, water and sewage control, etc.)

Dr. Allan W. Freeman, dean
Johns Hopkins School of Hygiene and Public Health
Baltimore, Maryland

(Dr. Freeman would be an excellent source of advice and assistance not only because of his own direct experience in public health, and because through Johns Hopkins he would be able to reach other sources...
Sanitary engineering, public health generally (continued):

of information, but especially because of the demonstration field area - known as the Eastern District Health Area of Baltimore - in which Johns Hopkins programs and plans are tested in practical experiments on several thousand families.)

Dr. George K. Strode
Associate Director of the
International Health Division of the Rockefeller Foundation
49 West 49th Street
New York City.

(Dr. Strode would be the person in the International Health Division who could probably advise you best, on the basis of their work. Most of the work of the International Health Division in Greece was in mosquito control, in connection with malaria, conducted on a very moderately financed scale from about 1932 to 1938. Some funds were also once given and a fellowship or two, to the School of Hygiene. However, Dr. Strode's advice would be rather on the people in this country that might be helpful in various public health aspects of your problem; and I suspect that he might also be able to advise on people to be sent to Greece from this country for the organization of the teaching and training program there.)

Dr. Haven Emerson
College of Physicians and Surgeons
630 West 168th Street
New York, N.Y.

(He was, I believe, associated with the surveys of Greek health needs made under the auspices of the League of Nations in 1929. In any case, he is interested in units for local health services. Recently, in the Journal of the American Medical Association, he is co-author of an article suggesting 1197 local units for the United States. He says:

"It is in the best interests of national health and the best interests of the medical profession that local units of government be authorized and organized to provide good health services under medical leadership."
In DENTISTRY

Dr. Charles Hyser
5 East 57th Street
New York City.

Dr. J. L. T. Appleton (Dean of the School of Dentistry)
University of Pennsylvania
Philadelphia, Pennsylvania

(Dr. Hyser can put you in touch with him.)

Dr. Webb in Philadelphia

(Dr. Hyser can provide his address. Dr. Webb directs a large dental clinic for children in Philadelphia.)

There will probably also be other fields for which outstanding men will need to be suggested. If there are any fields that you especially contemplate including that are not covered by the above, let me know and I will see if we have any suggestions. There is certainly one more field that needs to be included - that of infant care, childbirth and hygiene and maternal care - but I would like to be a little cautious in this difficult field before I submit any suggestions, as I will shortly. The burning question here will probably be whether, with limited funds and facilities and little provision for hospitalisation maternity cases, it would be better to train a corps of competent midwives, or public health nurses who would undertake the same services, or whether scientific decision would be against this.

Choice of Administrator for the Whole Project

Unless there is strong opposition in Greece, I would certainly suggest that the Administrator be an American medical man who would agree to undertake the project for seven years. It would take seven years to evaluate the project, test the training of the men and the operation of the centers.

Recognising that the Administrator must have administrative as well as scientific distinction, and recognizing also that he will have to deal with such questions as the practical construction of the Centers, in cooperation with engineers; I still believe that his competence in medical science should be the determining qualification for it is upon its scientific integrity that the project will ultimately stand or fall.

At the Luncheon on Saturday it was suggested that the Administrator might well be a man who had more than half of his life ahead of him rather than a man who has won his laurels in scientific medicine. The point could be argued either way. There is certainly much to be said for having a man young enough to make it possible for him to look toward this project as his life work.

I would ask the following to suggest names of men, both younger and older men, who, they feel, would have the scientific competence and the administrative
ability to put into operation an emergency public health program that would also furnish the basis of a national health policy in time of peace. Explain that the immediate task is to train the personnel with certain medical teachers imported from the United States, operating through the medical school (or School of Hygiene, whichever it is) of the University of Athens. Ask them, in replying, to give you two lists, one of younger men that have shown scientific ability and an understanding of the social aspects of medicine and public health, and the other list of older men. (If you desire, you may use my name in approaching those I have marked with an asterisk*).

* Dr. Thomas Parran
  U. S. Public Health Service
  Washington, D. C.

Dr. Allen Freeman of the Johns Hopkins School of Hygiene
  Baltimore, Maryland.

Dr. George K. Strode, Associate Director
  International Health Division of the Rockefeller Foundation
  New York City.

* Dr. John P. Peters
  Department of Medicine
  Yale School of Medicine
  New Haven, Connecticut.

* Dr. Thomas Addis
  Department of Medicine
  Stanford University School of Medicine
  Stanford, California.

* Dr. Stafford L. Warren
  Strong Memorial Hospital
  Rochester, New York
  (or, Department of Radiology, University of Rochester School of Medicine)

Dr. Winternitz, you will remember, also mentioned several people the other day, and you would want to include them in your list.

I will also consult with a few men whose judgment I think would be good and who, I believe, might speak frankly and helpfully: Dr. Hugh Cabot of Boston; Dr. Cannon of Harvard; Dr. Francis of the School of Public Health in the University of Michigan; Dr. Wearn just appointed dean of Western Reserve University’s School of Medicine at Cleveland; and Dr. Corner, now at Johns Hopkins and for many years at the University of Rochester. These men have seen many of the younger men coming up, and they have worked with many of the older men in different parts of the country. They would have a wide field of selection.

Dr. Truman Schnabel of our own Committee, who is at the School of
medicine in the University of Pennsylvania, will talk to Dr. Perry Pepper, who heads the division of medicine, and also to Dr. A. Newton Richards, who directs the Division of Medical Sciences of the National Research Council. This is the Division which advises and controls all the contracts made by the Government, through its Office of Scientific Research and Development, for research in all branches of the medical sciences.

When I have collected the suggestions that result from these several inquiries I will write you again.

There are, of course, a number of other men who, on the basis of their position in the medical world, could be consulted, but those I have mentioned are persons of whom I have knowledge and whose judgment I would peculiarly trust.

If the following final suggestion seems blunt, attribute the bluntness, please, to a desire to be practically helpful!

Before any approach is made, either to the sources of scientific counsel or to a potential Administrator, I believe your group should be in a position to assure the funding of 25 of these Health Centers, or even 10, the salary of the Administrator, and the expenses involved in engaging the American men who would be sent over to supervise the teaching and training of Greek personnel in the University of Athens, and the overhead expenses involved in these necessary factors in the program.

There should be complete dissociation of the responsibility for funding these Health Centers from the very taxing scientific and administrative work that will be needed to make them a success. The financial responsibility should be assumed by your group and before going to a single medical man in this country, you should be able to guarantee a definite part of the budget. The medical men can make suggestions and the Administrator can administer, only on the basis of a definite budget, however limited it may have to be. Your scientific men will have many difficult scientific and administrative problems to solve. The financial responsibility should be dissociated from these and assumed by your group.

Sincerely

Esther Everett Lape
Member in charge
March 26, 1943.

Dearest Esther:

I purposely said Thursday as I hope you can come then and stay until Monday.

On the 3rd, I may have a special birthday dinner for Anna and you may prefer to dine with someone else, but we can plan that later.

I am counting very much on having you come. It is ages since you have been down here and we can really have a good time.

With much love always,

Miss Esther Lope
Salt Meadow
Westbrook, Conn.
If things are a bit harsh with you, don't let us come all at once into adding a strain greater to your load.

Since you, it seems so ages since I've seen you. And I want to. But it doesn't have to be in the present place.

[Signature]

[Address]
Mrs. William S. Kirkwood
9121 Alto Cedro Drive
Beverly Hills
California

[Note]
Readers in Rome - Bernards, Scarboro, and Stonem, N.Y.
DEAREST ELEANOR:

Further "testimony" on the difficulties, complications, duty, etc. (especially the question of duty) on sending relief packages to France. If you will take time to read the enclosed letter from my sister Marion, endeavoring to find out about duty in Philadelphia, and the memorandum from Mrs. Edgar of my office in New York, whom I asked to look into the question there, you will see what confusion exists everywhere on this question of duty.

My friends in Paris, (journalists, man and wife) wrote urgently in early January asking for warm things and food. I did not even receive the letter until nearly the middle of March. I sent packages and my friends sent packages for me. But these people would not be able to pay duty, if any duty is charged. They are living in a Government hotel, (their own apartment was pillaged and everything in it destroyed). They attracted especial interest from the Nazi's because Madame LaMaziere herself had written a book on the New Spain (anti-fascist, of course).

Of course I am not asking your attention to this on personal grounds, but I do think that in addition to relief organized in France a great deal could be done by permitting people here to send things directly to friends in France under a clear mandate.

Our packages, of course, are kept to the legal restrictions as to size, weight, contents, etc. but it would be only an embarrassment for them to arrive if duty were claimed.

I don't see how the sending of relief is compatible with ordinary customs regulations! For instance, it seems idiotic to say that we can send old things but not new ones. I have, for instance, some new 100 per cent wool underwear of Elizabeth's that would exactly fit Madame LaMaziere, whereas my old garments will not. If you tie up the sending of relief with restrictions designed to protect American industries you are certainly going to put a heavy limitation on relief.

Don't bother to return the enclosed.

Always and love.
Monday.

Dear Esther:

I have just looked over the phone with a customs clerk.

No duties on clothing, either new or second hand.

But there is a duty on coffee, tea, cocoa, chocolate, sugar (including candy), pepper, and prepared spices.

Could get no hold as to whether the duty is heavy or light.

Then going over to the emergency aid to the department where they are preparing packages for Paris to get.

Wish engagements I can.

The P.O. here didn't know them.
above facts. They knew only that money
cannot be sent to seal out there is nothing left.

Bretton is $15 (American) emergency, and after

later - Have just come from meeting with

the woman who is organizing packages for

France. They must send these correspond 1
goods, regulations - that is, 4 lbs. of 50¢ per

pound.

She told me that De Gaulle says he

will not allow any bringing or packages

either organization or privately send) to

French people.

so they are going on the assumption

that no duty will be paid in France.

I agree called the U.S. Customs - get

another clerk who repeated what the first clerk

said.

The articles mentioned are scarce in U.S.

+ likely to be scarcer so maybe they are

trying to discourage shipment of them.
Re: Duty on articles shipped to France, method of sending money, etc.

The testimony is so conflicting, that I think I had better transmit the most important statements. The flat statement of the French Committee of Liberation that there had been so many changes that only the Ambassador in Washington could answer such questions probably sums them all up. If I were sending the things, I would take a chance on there not being duty, and would not send money, which may not get there anyway.

1. Mrs. White at the Save the Children Fed.
All new garments are charged duty. Usually the price of the article in dollars. She would risk declaring on the woolen union at a price of $3.00 each. They would actually cost much more now, but the exchange is so favorable that she thinks that would cover it. For silk stockings, allow 50c a pair duty. There are silk stockings in France and so the duty is not so strict.

2. Post Office now sends money orders to France. Buy in francs to take advantage of the exchange.

Since Dec., all the banks in N.Y. have been sending money to France through the Chase National Bank, Paris Branch. Not a single remittance has ever been heard from, so the banks now prefer to send money only by cable. This would cost $6.50 for a cable of $10. They will accept an order for a payment by mail (not liking it or taking responsibility)

You could write:

To A.B. Foreign Exchange Dept.

Please arrange by ordinary mail for a payment of $10 to...

The payee is a citizen of France and this payment is for her subsisence. Charge to my account $11.00 for the above transfer, and your fee.

E.E.L.

3. N.Y.C. Post Office.
No money orders for payment in France. Arrange by cable with your bank.

On duty:

1. No duty on foods. On new articles, there is a charge of not more than $1.00 on every new article. New articles are sent in contrary to regulations which allow only used clothing. So they may be confiscated. Don't know.

Believe that no duty is charged for anything, even new clothing. There have been many changes in the regulations. Write to the French Ambassador in Washington. He may know. Do not send any money except by cable through your bank.

5. Macy's
No duty on foods. Do not know about wearing apparel.

6. American Lloyd.
No duty on foods.

As about the bacon included in No. 8 package. This is no longer available. There is no butter in tins. Nothing is sent but what is listed, and not always that.

7. The aspirin looks like a good suggestion. Anne says that toilet paper tightly rolled can be used to fill in chinks. It does not weigh as much as green peas, and is very welcome they say.

8. Gillies are mailing direct to Westbrook, a pound of their coffee, pulverized, in a tin.

Also mailing from here 2 1 lbs. of Schrafft's candy which can be packed in tins.

Mrs. White knows of at least 5 boats going to France within the next week.
Dearest Eleanor:

In further reference to the Greek Health Center project:

I am sending you a copy of a letter received from Skouras. The "advice" he refers to in his second paragraph refers to the final paragraphs in my letter to him, outlining the plan; in these final paragraphs I suggested that they make no moves to interest scientific men until they had an assured definite degree of financial support; and also that they should not ask their scientific and administrative-counselors and administrators to raise money. That is up to the Skouras group.

Skouras men seem to agree

And that seems my first thought

have

[Signature]
March 21, 1945

Dear Miss Lape:

Your analysis of the approach to our Health Center project is a truly remarkable achievement. You have made a most important contribution by clarifying our thinking in connection with the initial steps to be taken.

We fully appreciate the advice you have given in your closing paragraphs. We, too, have felt that we could not seek the counsel we need until official approval had been secured, a method of financing devised and assurance that we could proceed. We feel that we now have sufficient assurance to present the outline of our plan to the experts who must fill in the outline. However, there are additional clearances to be effected in Greece and this is the major objective of the trip which Mr. Bronner and I will make in the next few weeks. Unless events that I cannot foresee at this time create further delay, I feel that we can take action immediately after our return.

There is inevitably a certain barrier between the lay person and the professional person. You have the rare ability to understand our position and to translate it into terms of professional approach. I know how busy you are but I hope that the most generous contribution you have already made indicates that we may call upon you further for guidance.

It would be quite inadequate to thank you for your interest. I hope rather that we shall be so effective in developing a thoroughly sound plan that you will find personal satisfaction in your share in its realization.

Sincerely yours

Spyros P. Skouras
President

Miss Esther Everett Lape
Member in Charge
The American Foundation Studies in Government
Westbrook, Connecticut
of a letter sent to a few leading medical scientists, asking their advice as to an Administrator for setting up a series of Health Centers in Greece

March 23, 1946

CONFIDENTIAL

Dear Dean:

We have been asked to advise on a project to which I think you will be glad to give a little thought. It is not a project of The American Foundation.

A combination of Greek relief agencies in this country is contemplating, jointly, a project for the progressive establishment of approximately 200 medical Health Centers in Greece, to deal, first of all, with the present emergency (in malaria, tuberculosis, trachoma, nutritional deficiencies, child health, maternal care, and other special conditions created by the war in the general population), but also to serve as a basis for a long term, permanent national health policy for Greece, when the emergency has passed.

The idea is that this project would be realized with the cooperation of the Greek government (public health division) and the School of Hygiene or medical faculty of the University of Athens. The dominant policy would be to train the Greek personnel designed to man the Health Centers, in the University of Athens in Greece, but with scientific and administrative aid from the United States. The scientific aid from this country would probably take the form of a small corps of American scientific men in key medical fields, to go to Greece and supplement the facilities of the University of Athens. These American men would set the practical standards for the programs of control and prevention in the various fields, and, above all, the educational standards for the training of the Greek personnel to man the two hundred Health Centers.
The projectors of this plan are now looking for an American administrator, trained in medicine and/or public health. He should be a medical man of outstanding scientific competence and also of distinctive administrative ability. And, of course, it would be better if he had some sense of the social aspects of medicine and an appreciation of the present crisis in Greece with which this project aims to deal.

It has been suggested that the Administrator would, desirably, be a man with half of his life still before him. There is certainly, however, no hard and fast requirement as to age. The important consideration is the individual.

Could you - confidentially - and with quite frank observations as to personality, scientific capacity and administrative potentialities - suggest possibilities, perhaps among both the older men and the younger?

And what would be your advice as to the salary such a position would command. The present idea is that the man would undertake the work for a period of at least five years; or, better, seven.

The person who took the initiative in consulting us is the Greek-American Spyros Skouras, head of the Twentieth Century Fox Film Corporation. The imminence of the question is that he is very shortly to leave for Greece with a view to establishing the necessary cooperation with the Greek Government, the University of Athens, and other potentially cooperating Greek agencies.

The position would certainly offer, to the right person, a continuously expanding opportunity for scientific development as well as for national and social service of large scope. The work would require not only a person of vision and of first grade scientific outlook, but also a man who can work with others and who himself works indefatigably. It is not a remote control task.

Would you search your experience and suggest both younger and older men
who have given indication that they could take on a project like this? Don't think we fail to appreciate the difficulties of this search. On the basis of the study we have been conducting during these last few years — of the biological background of current medical research — we can think of some names we might suggest, on the basis of published records of work, and correspondence, and personal contact from time to time. But this kind of suggesting is a far cry from the intimate knowledge that you would have from working directly with students and associates at your University. I shall welcome whatever suggestions you can give us.

Sincerely,

Esther Everett Lapse
Member in charge

HSLip

Dean.......  
...University School of Medicine...  
.....