working under his direction as an invaluable and time saving agent in filling a dietary prescription, just as he looks now to the pharmacist to fill a prescription for drugs in a manner which largely has replaced the dispensing of drugs by the physician.

(2) *Give leadership in the educational campaign by supporting, developing and guiding the local nutrition committee and campaign whenever and wherever possible, and by personally teaching whenever possible.* Most people naturally turn to physicians for guidance in matters pertaining to health, and this rôle of guidance and leadership must not be forsaken in the field of nutrition, because the physician is too busy caring for those who are sick. There are experts trained in many phases of nutrition, in economics of food and in the preparation and manufacture of them. From these experts the physician may get much helpful advice, but it is he who must assume the positive leadership in a matter dealing with health.

(3) *Encourage the use of foods rich in essential foodstuffs and especially enriched foods, and similarly discourage the promiscuous use of self and loosely administered preparations of vitamins and diets.* Much could be written of the great economic wastefulness of preparations of vitamins. In 1937 the American public spent approximately $100,000,000 for such preparations, and since that time many more hundreds of millions of dollars have been spent for these substances in various forms for therapeutic reasons, much of them self-prescribed and administered. Our thought of vitamins should be in terms of them as foods, and not drugs, and every effort should be made to satisfy the requirements of vitamins and minerals by adequate diet and not by medicinal preparations of them, the use of which largely should be restricted to the supplementing of restricted diets and to the treatment of disease.

(4) *Be prepared to supplement therapeutic diets, so that adequate standards of nutrition will be maintained.* The use of specialized diets for therapeutic purposes over long-continued periods of time is increasing rapidly. Many limited diets for treatment of diseases of the gastro-intestinal tract, such as peptic ulcer and chronic ulcerative colitis, of diseases of the heart and kidneys, of allergic conditions, and for purposes of weight reduction carry insufficient amounts of the "essential substances." Physicians have observed cases of pellagra, beri-beri and even scurvy brought on by the long continued use of limited diets, and unquestionably many patients have developed less severe degrees of malnutrition while following them. Frequently during pregnancy and lactation it is advisable to supplement the diet to maintain optimal nutrition for the mother and child. Many therapeutic diets need to be supplemented by vitamins and minerals in the form of natural foods sources, concentrates or synthetic preparations of them, preferably the first. For the successful instruction of the patient in the prescribed diet the services of a trained dietitian many be very helpful, if not invaluable.

(5) *Finally, in nutrition, think of the positive side of medicine, i.e., the attainment and preservation of good health, and not the negative side —the treatment of disease.* Someone has said, "Why ask the physician about health; he knows only about disease?"

If we successfully carry out this nutrition campaign and give it the adequate leadership of medicine we will have accomplished one of the greatest public health movements of all times, we will have continued our positive leadership in health, and we will have taken another definite step forward. And then, as Sebrell[2] has so well said, we may "Eagerly look forward to the days when our children and our children's children will be armed with the armor of robust health."

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GOVERNMENTAL AGENCIES AND MEDICAL PRACTICE*

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THE report of the Legal Department is printed in the Pre-Convention Bulletin and I will not burden you with a repetition of any of the matters contained in it. I do, however, desire to call to your attention and briefly discuss a vital development in the field of government which has crept upon us in the past few years and which, if not properly understood, may engulf the profession. I refer to the mushroom-like growth of administrative agencies of the Federal government. In its approach to socialized medicine the profession has for years thought in terms of legislatures, votes, bills, initiatives, elections and all of the things that pertain to the legislative branch of the government.

The profession has been facing the legislative front and thinking in terms of legislative action. It has been prepared to defend itself against legislative attack and it has successfully done so. But, while the profession is facing the legislative front and thinking in terms of legislation, an entirely different attack is being carefully planned and executed by a different branch of government, namely: the executive or administrative branch. Unless the profession

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abruptly wheels a part of its forces around and faces the administrative threat also, it may suddenly find itself defeated from the rear while it has had its guns trained on the front.

You are all aware of the fact that boards, bureaus, agencies and offices have sprung up in Washington in great number in recent years, but are you aware of just how many there are and how extensive are the powers that they wield. I have here a recent list of Federal government agencies other than the ten executive departments which are headed by Cabinet officers and various independent commissions and boards. I will read the list to you:

A List of Governmental Agencies

Advisory Commission to Council of National Defense
Agricultural Conservation and Adjustment Administration
Agricultural Marketing Administration
Agricultural Marketing Service
Agricultural Research Administration
Army Specialist Corps
Board of Civilian Protection
Board of Economic Operations
Board of Economic Warfare
Bureau of Industry Advisory Committees
Bureau of Research and Statistics
Commodity Exchange Administration
Coördinator of Government Films
Coördinator of Information
Council of National Defense
Defense Communications Board
Defense Contract Service
Defense Homes Corporation
Defense Labor Advisory Committees
Defense Plant Corporation
Defense Resources Committee
Defense Savings Staff
Defense Supplies Corporation
Division of Contract Distribution
Division of Defense Aid Reports
Division of Defense Housing Coördination
Division of Press Intelligence
Economic Defense Board
Electric Home and Farm Authority
Export-Import Bank of Washington
Family Security Committee
Farm Credit Administration
Farm Security Administration
Federal Bureau of Investigation
Federal Home Loan Bank Administration
Federal Public Housing Authority
Food and Drug Administration
Government Printing Office
Joint Mexican-United States Defense Commission
Metals Reserve Company
National Defense Mediation Board
National Defense Research Committee
National Housing Agency
National Patent Planning Commission
National War Labor Board
National Youth Administration
Office for Coördination of National Defense Purchases
Office for Emergency Management
Office for Agricultural Defense Relations
Office of Censorship
Office of Civilian Defense
Office of Coördinator of Inter-American Affairs
Office of Defense Health and Welfare Services
Office of Defense Transportation
Office of Export Control
Office of Facts and Figures
Office of Government Reports
Office of Lend-Lease Administration
Office of Merchant Ship Control
Office of Petroleum Coördinator for National Defense
Office of Price Administration
Office of Price Administration and Civilian Supply
Office of Production Management
Office of Scientific Research and Development
Permanent Joint Board on Defense
Plant Site Board
Priorities Board
Rubber Reserve Company
Solid Fuels Coördinator for National Defense.
Supply Priorities and Allocations Board
United States Information Service
War Production Board
War Relocation Authority
War Shipping Board
Work Projects Administration

All of these agencies are responsible only to the President. They possess tremendous powers and some of them *can* and *will*, and *have* entered the field of medicine in a tremendous degree. How much further they will go depends to a great extent upon the medical profession.

Let us consider briefly those agencies which have so far affected medical practice.

1. FEDERAL SECURITY ADMINISTRATION

We now approach civilian agencies. Federal Security Administration, created by Presidential proclamation some time ago, is the executive agency having control over the United States Public Health Service, the Social Security Board, the National Youth Administration and many other bureaus and offices. Federal control over medicine is *definitely* within its plans and powers. It is achieving that goal quietly and through administrative action and without any reference to the legislative branch of government. Let us consider specific examples:

(a) Social Security Board:

This agency now controls unemployment benefits and old age benefits throughout the country. It has some jurisdiction over health services, as yet very limited, but the Board itself is constantly endeavoring to enlarge its power over medical care and in its recent annual reports has definitely demanded that a national program of compulsory medical care be included in its functions. It is still in the planning stage but don't fail to realize that all bureaucratic agencies constantly strive to extend their power and that the natural direction for the Social Security Board to extend is in the field of governmental medicine.

(b) United States Public Health Service:

The war has caused the concentration of large civilian groups in new housing areas. Medical care in these areas has not been overlooked by the government. On July 1, 1941, Congress appropriated for "emergency health and sanitation

activities" in private industrial plants engaged in defense work and in areas adjoining such plants or government plants the sum of $1,235,000.00. A few months later another $2,000,000.00 was added to this appropriation. Both of these appropriations specified that the Public Health Service was to work in conjunction with and under state and local authorities. However, on February 21, 1942, another appropriation of $1,295,000.00 was made with the express provision that state and local authorities were to have no control whatever. The foregoing appropriations, while not large, are in addition to the regular Public Health Service funds for its normal activities. There is reason to believe that further appropriations will be made if the Public Health Service so desires. With the strings removed, Public Health Service can spend the money as it pleases. It doesn't take much imagination to visualize clinics staffed by government employed physicians in many "defense" areas.

We are not discussing here the necessity of proper medical care and service in housing and defense areas, but our view is that the profession itself can best furnish such care and service, without the establishment of employed staffs of government physicians.

(c) National Youth Administration:

This is a relatively minor matter but, just for your information, the National Youth Administration has statutory power to provide "emergency hospital and medical care" for persons employed by it on public projects.

2. NATIONAL HOUSING AUTHORITY

This agency was recently created by executive order and has control over all of the various Federal housing projects, including F.H.A., H.O.L.C., U. S. Housing Authority, Federal Works Agency, Defense Housing Corporation, W.P.A. and Division of Defense Housing Coordination. So far, only one of its divisions has entered the field of medicine, namely: the Federal Housing Agency.

(a) Federal Housing Agency:

In 1941 (42 U.S. Code, Secs. 1531-1534) Congress gave the Federal Housing Agency power over community facilities in defense public works. Community facilities were defined to include schools, sanitation, recreation and "hospitals and other places for the care of the sick." The law contained a provision that any hospital built through the Federal Housing Agency must not be under the control of the United States or any agency thereof as to operation. However, in actual practice, the agency has used its power to try to force local communities to extend county hospital care to full pay patients in return for construction grants. In other words, the Bureau is using the basic law as a means of forcing socialized medicine wherever it can. A total of $300,000,000.00 has been appropriated to date for defense public works community facilities. The next appropriation may eliminate the restriction against government ownership, just as the last Public Health Service appropriation eliminated the state and local authorities. If this is done, we will have a large government bureau nicely entrenched in all housing areas.

3. FARM SECURITY ADMINISTRATION

This agency, which is in the Department of Agriculture, is authorized by Congress to make government loans for "rural rehabilitation." In the fiscal year 1941-1942, $64,000,000.00 was appropriated to this agency for such purpose. Under its authority the F.S.A. can and does make loans that are earmarked for the express purpose of paying the cost of medical care. As it controls the purse strings it likewise controls the method under which medical care is rendered its borrowers.

4. OFFICE OF DEFENSE HEALTH AND WELFARE SERVICE

This is a so-called planning agency. It may be said to be the brain. With unlimited funds and a large personnel, it is busy figuring ways and means to accomplish whatever it wants to accomplish. Whatever plan it may evolve, you may be certain that it will place Washington in the driver's seat.

The foregoing are not all of the government agencies concerned with medicine, by any means. I have just picked a few examples. It must be understood that it is inherent in the nature of administrative bureaus to reach out for more and more control over more and more things. Furthermore, as bureaus, become entrenched legislators become afraid to move against them. Political employees in bureaus are the backbone of political parties and, hence, wield a tremendous power over the elected legislator.

Should not the profession give ever increasing study, thought and action to the end that, in the present war emergency and to meet peace time administrative encroachment, it can continue to furnish medical care upon a proper basis?

111 Sutter.

GRAFTING OF SKIN: ADVANTAGES OF THE PADGETT DERMATOME*

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THIS paper is presented as an appreciation of the value of the Padgett Dermatome in the cutting of skin grafts; for this machine, designed by Earl C. Padgett, M. D., of Kansas City, Missouri, and introduced in 1938, constitutes the greatest contribution in many decades to the technique of skin grafting.

* Read before the Section on Industrial Medicine and Surgery, at the Seventieth Annual Session of the California Medical Association, Del Monte, May 5-8, 1941.