

a person who  
ses to be infec-

ment about lep-  
cluded the word  
We may have dif-  
s to what is meant;  
assume the definition  
oned method."

al, I would like to have  
tell of any place in the  
ere such a plan has ever  
d. We must have a record  
od of establishment, years  
ence, and final results. This  
ve in Thailand, but I know of  
er place, except possibly some  
ossible villages in Burma. How  
be anachronistic if never ade-  
ly tried? I am sure Dr. Arn-  
concepts of our villages are  
ng in many important points  
he has never visited them.  
live out a life in the type of  
we have is not a hardship.  
the happiest existence these  
have known since their dis-  
ecame evident. It would be  
ful for leprosy patients if it  
be tried in those areas where  
is not being controlled.

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### Dermatitis

ditor:—Acute dermatitis of  
um is a common occurrence  
actice of most dermatolo-  
n caused by chemical irri-  
s frequently rather resis-  
atment, and hence poses  
in therapy. In fact, it is  
reated. No area of the  
ore sensitive to contac-  
ly due to its secluded,  
tion, and partly to its  
surface. Such a surface  
ants so that they are  
h more difficulty than  
areas. Many cases are  
ed.

utine daily bed bath  
len male patients, the  
all areas except the  
using a soap- or de-  
ated wash cloth. The  
ft for the patient to  
ded the usual heav-  
In many hospitals  
there is no rinsing  
incomplete. As a  
of soap (with a  
e a softening ef-  
corneum) is left  
s film is multi-  
ss, with scrotal  
mmon conse-

quence. All of this may be avoided  
by any of several simple procedures,  
of which the following suggests it-  
self naturally.

To prevent this distressing com-  
plication, three things may be done.  
The hospital nursing staff should  
be oriented to this type of derma-  
titis, particularly regarding the ef-  
fects of highly alkaline soaps al-  
lowed to remain on the scrotum. A  
soap or detergent of low pH (5 to  
7) should be used in place of the  
usual soap with a high pH (8 to  
10). Thorough rinsing of the sco-  
tum is of paramount importance,  
and will help to restore the normal  
skin pH of 5.2 to 5.5. The biochem-  
ist of any modern hospital is com-  
petent to run pH determinations on  
various soaps, soap substitutes, and  
detergents, to ascertain which would  
be best for the skin.

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### The Kennedy Autopsy

To the Editor:—Under the WASH-  
INGTON NEWS, THE JOURNAL re-  
ports, "Photographs and x-rays of  
the autopsy on the body of Presi-  
dent Kennedy were turned over to  
the National Archives by his fam-  
ily" (198, Nov 21, 1966, adv p 36).  
This confirms numerous other re-  
ports which have recently appeared  
in the lay press.

The original data, namely photo-  
graphs and x-rays taken at the au-  
topsy, were not in the hands of the  
government, but were in some man-  
ner given to the Kennedy family.  
This point demands clarification.  
Autopsy protocol, slides, tissues,  
documents, photographs, and x-rays,  
are by common understanding, the  
property of the hospital where the  
autopsy was completed. How, then,  
did the photographs and x-rays ever  
leave the files of the Bethesda Nav-  
al Medical Center?

It is assumed that autopsy find-  
ings are always made available to  
the family upon request, and to  
those who have legal access to such  
findings. What seems incredible in  
the autopsy of President Kennedy  
is that a segment of the findings,  
the photographs and the x-rays,  
were given to the family. That a  
"gift" was made seems to be under-  
lined by the fact that upon return  
of these data "the Kennedy family  
executors outlined the restrictions  
for the viewing of the pictures."

The request for the placement of  
the photographs and x-rays in the

National Archives came from the  
Justice Department: "Recent crit-  
icism of the Warren Commission's  
investigation of the assassination  
was indirectly responsible for the  
Department's request that the fam-  
ily turn the pictures over to the  
National Archives."

I feel that the physicians have a  
right to have this entire aspect of  
the tragic death of our President  
made crystal clear. More than any  
single disclosure presented by the  
Warren Commission, for which end-  
less debate was initiated, the au-  
topsy will now take first place.

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### The "Primary Physician"

To the Editor:—My sympathy goes  
out to the Ad Hoc Committee (197:  
985, 1966) trying to solve the lowly  
everyday common problems of fam-  
ily practice (which a real general  
practitioner does routinely) from  
their disadvantage point of the  
medical center.

Dr. R. N. Braun of Austria calls  
it "The Cases Distribution Law of  
Nature." I call it "The Pattern of  
General Practice."<sup>1-3</sup>

My figure of 96% of my practice  
handled without hospital admis-  
sions (and 98% without consulta-  
tion) checked against local and na-  
tional figures for morbidity and  
mortality and was found to be rep-  
resentative. The report of White et  
al<sup>4</sup> is in rather close agreement with  
my figures.

Thus, the *subject matter content*  
is known. The function of the fam-  
ily practitioner is inextricably re-  
lated to this content in spite of the  
italicized statement of the Ad Hoc  
Committee which puts things in re-  
verse when it characterizes family  
practice by its function rather than  
its subject matter content. Take  
care of the content, the function  
comes naturally.

The term "primary physician,"  
suggested by the Citizens Commis-  
sion chaired by John Millis, PhD,  
seems most appropriate and de-  
scriptive.

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3. Paul, S.E.: The Pattern of General Prac-  
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4. White, K.L.; Williams, T.F.; and Green-  
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