Medical World News
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# Letters to the Editor

### Family Practice

In your August 11 issue, you published a statement attributed to the American Academy of Pediatrics that the establishment of a specialty of family practice is "unnecessary and unreasonable." This statement may seriously hamper the efforts of those institutions that are attempting to develop training programs in family practice. That the Academy would accept anyone's attempting to establish a new specialty based on a human approach to medical care" is incredible because of the absurdity of such a proposition. I infer that "the human approach" means that the physician should be sympathetic toward the patient and sensitive to all his needs. All physicians who deal with patients should possess these attributes to the same degree. I cannot believe that the American Academy of Pediatrics would be so naive as to accept this as the basis for the trend toward development of training programs in family practice. Furthermore, for the Academy to condemn this specialty before it is born seems analogous to a judge's pronouncing sentence before the defendant is heard. The elements of this new specialty are not yet defined, but one thing is clear, that the new physician will be a specialist by virtue of the function he serves in society, and not the restriction in latitude of his training. It is probable that many internists and general practitioners, but fewer pediatricians now serve this function. Many responsible educators see this as the greatest need in medicine today.

I trust that the Academy will see fit to modify its viewpoint, if indeed it is authentic, and resume its rightful place in the forefront of medical education.

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School of Medicine
Greensboro, N. Car.

### The Regulators

After reading your article "Are the New Drug Rules an 'Apotheosis of Absurdity'?" (MWN, Aug. 25), I want to tell you about my experience with the kind of regulations being promoted in Washington. Since November 1965, I have appeared at committee hearings with Dr. John W. Gardner and have had other meetings with Drs. James Goddard, Robert Robinson, Herbert Ley, et al., with no continuity. At one of the first meetings, Dr. Frances Kelsey was asked if she considered herself in a position to tell each doctor what medicines he can mix in his office for individual patients. She answered that she was in such a position.

I told her that I would be glad to call her at her expense each time I saw a patient in my office and ask what treatment to give. In my seven meetings with the FDA staff since November 1965, I have repeatedly encountered the same type of absurd information that Dr. Kelsey originally gave me.

*Dr. Kelsey checks records at* FDA *office.*

I sent a letter to allergists across the country on this matter of mixing emulsified extracts, which is certainly the best thing that we currently have to offer allergic patients. I told them that I would testify any time in behalf of the safety of emulsions and the improvement of this mode of therapy over any that we have had previously in the administration of extracts. We now have had many years of experience in using emulsified extracts and thousands of cases reported, with absolutely no disturbances during the past three or four years. We have learned the proper dosage and concentration of emulsion as well as the proper volume.

Dr. Kelsey subsequently agreed to reinstate individual permissions for men who wrote her, but she would still specify what materials could be used. It seems that the objective of the FDA is to assume total authority, and they will just push over more of these rules until they completely control medical practices.

MASON I. LOWANCE, M.D.
Lowance Clinic
Atlanta

### Detroit Riots

With reference to "Hospital Meets the test in Detroit Riots" (MWN, Aug. 25), we would like to obtain permission to reproduce this article for the purpose of starting a similar program in the hospitals of West Virginia.

Your cooperation in this matter will be greatly appreciated.

R. L. BONAR, CAPTAIN
Officer in Charge
Criminal Identification Bureau
West Virginia State Police
Charleston

[MWN *is glad to grant permission to reprint this article.*—ED.]

### Wrong Level

I would like to bring to your attention what I suppose was merely a typographical error in "Mass Tests for Diabetes Gain Momentum in Chicago" (*Hospital News,* MWN, Aug. 25).

According to the item, "If the [blood sugar] level is above 140 mg%, the patient is considered normal." It should be below 140 mg%.

NUSYN HUBERMAN, M.D.
New York City

[*Errors such as these make our blood sugar level rise*—ED.]

### Autopsy of a President

Dr. Fishbein in his editorial of August 11 refers to my article in the July 10 issue of *JAMA*. In it he states: "Dr. Nichols charged that the pathologists who made the postmortem examination of the body of President John F. Kennedy should have especially recorded and publicized the condition of the adrenal glands." The content of my article does imply that a complete autopsy should have been done.

Next, he quotes Dr. Milton H. Helpern as saying that "any disclosure in the autopsy findings over and above the fatal bullet wounds must be considered a private matter for the family to do with in such way as they personally desire." This citation implies ignorance on my part. I wholeheartedly agree with Dr. Helpern's statement. It must be remembered that doing a complete autopsy and compiling a complete protocol of all findings does not constitute a disclosure, which arises when the protocol or a part of it is revealed to a second person.

His last sentence reads: "With respect to the right to publicize, the observations of the pathologist may be considered—both ethically and legally—to be as con-

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fidential as any other information obtained by the physician before or after his patient's death." His statement is entirely correct.

The instant when the President was pronounced dead his body passed into the custody of Dr. Earl Rose, Coroner of Dallas County, rather than to the next of kin. Dr. Rose is charged, under Texas law, with investigating murders. The results of his autopsy would have been used in court. In such cases, the interests of society take precedence over the wishes of the family, attending physicians, or any involved pathologists with relation to their autopsy findings.

After the body had been forcefully removed from Dr. Rose's jurisdiction, the autopsy apparently was performed in a nonlegal sense with permission of the next of kin without the purpose of obtaining legal evidence. Commission document No. 371 is a receipt from Mr. Robert I. Bouck to Admiral Burkley for, among other things, "authorization for postmortem examination signed by the Attorney General, Robert F. Kennedy, dated November 22, 1963." In federal jurisdictions and most states the custodial rights of the deceased pass to the next of kin, the surviving spouse, and not to a sibling.

Despite the fact that the late President's brother, Robert F. Kennedy, at that time was Attorney General, his signature on any such document was personal and carried no authority of his office, which was, at that time, without jurisdiction in such a situation.

Light on the question of omission of data about the adrenals might be obtained if the "autopsy permission" could be inspected and found to be unlimited or one forbidding examination of specified parts. Dr. Robert Bahmer, Archivist of the U.S., advised me that this "autopsy permission" cannot now be found in the archives.

After completion of the autopsy, a full complete protocol, with autopsy permit, would have been attached to the late President's clinical case record, and delivered to the person authorizing the autopsy, if so requested. If anything is omitted in the protocol the reason must be stated. Since the autopsy was a nonlegal one, the pathologists are, of course, bound to secrecy as are the clinical attendants. You erroneously quote me as saying the pathologists should have publicized their findings. Anything released to the public, including that published by the Warren Commission, must have the sanction of the person authorizing the autopsy.

Only when the pathologist is simultaneously a civil officer, such as that of coroner, does he have the authority to release data about his findings in an autopsy, without sanction and over protests of the next of kin. Of course such a case must be one of unnatural death. The autopsy report, with supplement, as published by the Commission is devoid of signals indicating data having been deleted and therefore it must be presumed to be complete.

JOHN NICHOLS, M.D.
Prairie Village, Kan.

**Praise for Puzzles**

Let me underscore the compliments you have received on *Doctors' Dilemma,* the anacrostic puzzles by Svend Petersen. They are fascinating and claim primary attention whenever the magazine arrives on our doorstep.

I hope that you will continue this interesting department.

RALPH C. ELLIS, M.D.
Seattle

[Doctors' Dilemma *will appear in next week's issue of* MWN-ED]