pathology data from the Albert Einstein Medical School in New York City in a demonstrating project with Dr. Maeir. He will send us his data. We will enter it in the computer. If he desires a particular type of retrieval, he calls us and we print out on a teletypewriter in his department.

We have also programed a large computer at Rutgers University for retrieval of microbiology data. One result of this is a periodic report to our staff physicians correlating bacteria type, body site, and sensitivity of these bacteria to various antibiotic drugs. Such a report can help a physician select the most effective antibiotic to use in treating his patient even before the laboratory has positively identified the specific bacteria. Also underway under contract with the U.S. Public Health Service is a project to automate and computerize the screening and diagnosis of cervical Papanicolau preparations for the detection of cancer in women.

The community hospital and its medical staff will remain the principal agents for delivering health services for the care of the ill and for the preservation of the health of the well. Multiphasic health screening will become an important adjunct to community health services. Under our direction this hospital is establishing a multiphasic screening clinic in this vacant supermarket near the hospital. This will require the development of a considerable amount of automation and data processing capability coupled with the careful study of the logistics of handling large numbers of people. It is possible that such a clinic could become an important center for servicing not only this hospital but also several neighboring hospitals. We can readily see how remote data input and output directly becomes an important function of this type of operation.

Now for those of you who are interested we will begin to print out various report forms on your teletypewriter in the Senate caucus room. While these reports are being generated, I would be glad to answer any questions you might have.

Mr. CALLAHAN. Thank you, Dr. Pribor. We will pass out the copies of the reports that you sent yesterday.

Mr. Chairman, that concludes Dr. Pribor's remarks.

Senator NELSON. I want to thank Dr. Pribor for a very fine contribution and for taking the time to make this presentation to the committee.

Mr. CALLAHAN. Thank you, Dr. Pribor, and goodby.

Dr. PRIBOR. Goodby, and thank you very much.

Mr. CALLAHAN. As has been demonstrated here this morning, Telelecture enables a group or groups to discuss important subjects with specialists in their particular fields, using telephone loudspeaker equipment. The lecturer may speak to one audience or several, even thousands of miles apart. Communication is two way, so listeners may question the speaker, while he in turn directs his presentation to the interests and responses of his audiences. The discussion need not be confined to one specialist only since panel participation can readily be arranged for several speakers, who may be in different parts of the country—or the world.

The Upstate Medical Center, Syracuse, N.Y., is typical of a number of institutions using the medium of Telelecture in continuing