

Dr. MEYER. I would like to just play a short piece of the recording that we took from the conference last week in that you can recognize the names of the places as I call them in and you can see how widely dispersed these conference stations are and how simple it is for them to get in to talk to the lecturer.

If you look at your program the lecture was on common dermatological conditions and they are questioning the lecturer about their problems that they have with skin diseases.

(Whereupon the demonstration described by Dr. Meyer was performed for the subcommittee.)

Dr. MEYER. I think you can see how you can develop a really close relationship. They have listened to Dr. Johnson talk for some 40 minutes on this and they were now questioning him. As a result of that lecture he had at one session, he presented this lecture twice. If you look at your program, this is on these hours on Tuesday and then he had 17 questions asked him about his presentation in the morning. And he had 27 questions asked him at the afternoon period. We feel that this is achieving a great deal of interchange of information.

I would like to insert some thoughts about our concern of other forms of communications in medical practice and education. You have seen and heard of some of the practical uses of television in service in education. This is as a vehicle for continuing education for physicians throughout the State and we do have some reservations. This medium has been met with a mixed reception. There are enthusiastic reports and you will be hearing from Dr. Wittson about this. Some of these reports are tempered by backroom conversations where difficulties, expense, and time-consuming demands of the medium are discussed. We have doubts as to whether we can transform our busiest, yet most effective didactic and bedside teachers, into television performers. We do not think that much teaching can be accomplished without the teacher and the student being able to interchange ideas. The more sophisticated the student, the more he requires discussion with the teacher.

We have greater interest in the potential of slow-scan television as the vehicle of our major continuing education effort. There are many reasons for this, but essentially slow-scan television will enable us to transmit live conferences at the medical center to as many hospitals as have the receiving equipment with no more than 2 hours of preparation time and at a cost significantly lower than regular television. The drawbacks of slow-scan do not appear to us to be critical in the teaching function.

There is an area of international medical research seminars which would seem to us to be a logical use of satellites for the exchange of information between widely scattered groups of researchers working intensively on common problems. Again, this holds promise for great reduction in travel to international meetings where exchange of ideas takes place in the rather artificial surroundings of a large convention center. Slow-scan television is adaptable to the simplest satellites which have radio receiving and transmitting ability.

The university has a proposal in to the National Aeronautics and Space Agency to utilize one of their weather satellites to link our med-