cian tells us what any given one's blood sugar level is 20 minutes after she takes the specimen. We have four identical and completely equipped examining rooms, with the best diagnostic aids available, down to the point of having pushbutton adjustable examining tables. A room has been set aside and especially equipped to test vision, hearing, and to do electrocardiograms. Another room is equipped with a hospital bed, oxygen, ultrasonic and diathermy equipment. Warren and I have some convictions that are evidenced by printed signs and lack of printed signs, that is, we have conspicuously posted "No Smoking" and there is a conspicuous absence of "Colored only" and "White only" signs. In all modesty, I doubt that many patients in large cities have more modern or comfortable or more effective medical care facilities than ours. You, Mr. Chairman, or anyone is welcome to inspect our clinic at any hour where Warren and I give daily a 24-hour service to our patients.

We have no medical specialists staffing our clinic. But we have, and we use, every necessary specialty in medicine available to us. In surrounding cities we can call upon urologists, orthopedists, psychiatrists, dermatologists when needed. We have surgeons, internists, obstetricians, gynecologists and a pediatrician at our community hospital just 17 miles away. And we use them. We have built up over the years, a good relationship with these people. Of course, our primary reason for doing this is about 15 percent of our patient's problems require services we are not trained to supply. A second, important reason for our regular contact with them is that they teach us. They show us how we can better diagnose conditions we might otherwise miss or misidentify. They educate us to handle what we can handle and equally important, they help us to recognize situations we cannot adequately meet. A third reason is we teach them about our medical way of life. These three reasons mold both groups of physicians into a useful team whereby Warren and I can deliver comprehensive and continuing medical care.

Essentially, then, what we have in Clover is a group practice without walls. We look isolated. We are not. As a matter of fact, we are very much in touch. Back in the days when artificial kidneys were experimental curiosities the life of one of our patients was threatened by a mounting potassium level in his bloodstream. Smith Kline & French made a service item, an exchange resin, that would attack and reverse this lethal trend in our patient. Four hours and twenty minutes after a phone call to Smith Kline & French in Philadelphia this drug was delivered to the front door of the Halifax Community Hospital, South Boston, Va. The patient recovered thanks to the drug. The cost to the patient, nothing.

This was a service item Smith Kline & French made available to the medical profession gratis. They didn't even ask for a report on the results of their drug.

Unfortunately some of the witnesses who have testified before your committee have left the impression drug companies have doctors as prisoners. In my experience, it is the companies who are captives of the doctors. The drug companies do what doctors want them to do; and that is, doctors want good drugs, successful firms have produced them, and those pharmaceutical houses have been justly recognized for their performance by the repeated prescribing of their reliable drugs. To be sure, there have been drugs manufactured and marketed by reputable drug houses that were not what they had been represented