Second was the need to combat the flourishing trade in quackery and nostrums which was endangering the health and lives of Americans.

Third was the need to improve and accredit medical education and to establish high standards which persons must attain before being permitted to practice as physicians.

All three of these objectives are implicit in the purposes of the association, first written into the AMA constitution when it was adopted May 5, 1847: "To promote the science and art of medicine and the betterment of public health."

In 122 years, the association has grown into the world's largest medical association, with 217,000 members—including members who are in the Armed Forces or other Government service and some who are not "active," such as physicians of other nations and dentists and other scientists outside the M.D. discipline who have been accepted into membership because of their contributions to health.

The AMA is a federation of 54 State and territorial medical associations, each of which is autonomous. Remember, it was the State and regional medical societies that existed in 1847 which created the American Medical Association as their national voice; not the other way around.

Each State association—one in each State plus the District of Columbia, Puerto Rico, the Canal Zone, and the Virgin Islands—has its own house of delegates as its policymaking body, made up of representatives elected by the county, city, metropolitan or regional medical societies within its geographical jurisdiction. All together, there are 1,955 of these local medical societies in the United States.

The policymaking body of the AMA is its 242-member house of delegates, of whom 215 are elected by the State and territorial medical associations on the basis of one delegate for each 1,000 members. Five other delegates represent the Army, Navy, Air Force, Veterans' Administration and U.S. Public Health Service. The remaining 22 are from the AMA scientific sections, each representing a medical specialty.

The wishes of the house of delegates—as expressed through the adoption of resolutions or reports—are translated ito action by the officers of the association; by the staff of the AMA; by one or more of the committees, councils, or commissions; or by the State and local medical associations and societies, according to their nature.

Limitations of time make it impratical—if not impossible—to list all of the activities and projects of the AMA on a national scale. But as just one example, the current inventory of books and pamphlets shows 676 designed primarily for physicians; and another 321 primarily intended for public education. Those latter items most commonly are distributed to the public by the State and local associations and by individual physicians. Mr. Chairman, what follows is a partial list of these publications, exhibit A, and a recent brochure entitled "The Search" containing the 1968 Annual Report of the American Medical Association. I believe that both exhibits will be of interest to the committee and I ask that they be included in the report at this point.

Senator NELSON. They will be printed in the record.

Dr. ANNIS. Thank you.

(The documents referred to follow:)