

of some 300,000 physicians. A sizable percentage of those are not men whom those of us who took the additional training would categorize entirely as specialists in internal medicine. By that designation I think they mean to indicate that they restrict their practice to the field, in other words, they do not do surgery, let us say, or deliver babies, and so forth, whereas in our organization, as I will indicate in a moment, our 10,500 specialists who must meet certain requirements of training in order to belong.

I think a realistic figure, in answer to your question, as close as he could get it, would be somewhere in the neighborhood of 25,000, perhaps, 20,000 to 25,000.

Senator NELSON. Who are internists?

Dr. LONG. Who are qualified specialists in the field; yes.

On February 4, 1969 I mailed to you a copy of the bylaws of our organization, several copies of our monthly Newsletter, a pamphlet entitled "Aims and Purposes of ASIM", and a brief biographical sketch of myself, I have brought with me today a few of the pamphlets and other publications of our society as well as a roster of our membership and a list of our committees and councils.¹

All our active members are doctors of medicine who have completed an internship, three years of special training in internal medicine and 2 years of practice in the specialty. Our basic goal is to assure that high quality medical care is rendered to all. We are especially concerned with the working domain of medical practice, and with the professional, socioeconomic and political conditions under which such practice is carried out, whether in the hospital, the physician's office, the patient's home or elsewhere. Our efforts have to do primarily with the practical aspects of how to translate medical science and knowledge into the day-to-day care of sick patients in the most efficient, effective, and economical way possible without sacrificing any of the quality of such care.

Inasmuch as the specialty of internal medicine has to do with the diagnosis and treatment of diseases and disorders by nonsurgical means, you would know that my training, experience, and interest have been in the use of drugs and related materials in the practice of medicine. While I have had some experience in the clinical investigation of drugs both in my private practice and in connection with my teaching of students at the University of Nebraska College of Medicine, my principal knowledge and experience have been gained in the study and use of drugs and related materials in the day-to-day practice of medicine with private patients.

I served for many years on the pharmacy committee of the Nebraska Methodist Hospital in Omaha, Nebr. on the executive committee for 10 years, and was chief of staff for 2 years. In these positions I gained some knowledge as to the practical problems involved in operating a pharmacy in a large, private, general, metropolitan hospital.

My father was a pharmacist, so I know something, too, of the private druggist's problems from his side of the counter.

I have been active in several organized medical societies for many years, including the American Therapeutic Society, an organization which has to do with the scientific study and practical application of

¹ Material retained in committee files.