interns, we had 9,483 residents, and we had 34,000 practitioners who were educated outside of the United States who are foreign trained doctors.

Now, I am not able to judge the competency or the quality of all of the medical schools in the world, but I think it would be fair to say that many of them do not meet the high standards established in this country, and yet I have seen myself on the night shift at a good many of the hospitals in my state, men who find it difficult to speak the English language who are there as interns, but who are there taking care of the desperately ill during the night hours.

Priority is to be accorded those projects which will result in increased enrollments with "no reduction in quality of training." I would hope that the qualifying words "adequately" trained personnel and "no reduction in quality" will not be used to prevent truly innovative and effective plans to abbreviate med school curriculum.

Now, I do not object to this. I merely say that when we talk about quality, let us be rational and let us be realistic, and let us, if we can, Mr. Chairman, get a statement from the AMA and from the AAMC of what is quality education, because if we have that, we then can objectively judge the foreign students and the foreign interns and the foreign graduates, and if all that is necessary is to pass a test along the same lines that a foreign doctor must pass in order to be admitted to practice in this country, then why cannot we train our boys in this country who can have this same amount of education that will permit them to pass a similar test. Why cannot they then practice the same way as the foreign doctor? In my judgment, we as legislators cannot completely defer to organized medicine in determining what is "quality." Now, I am a lawyer and I know many of you are. I cannot practice certain fields of law. Why? Because I am not qualified. I am a general practitioner. What happens if a client comes to my office and wants my assistance? If it is in the field that is over my head, I refer them to a specialist, and it seems to me that a good practitioner, a good general practitioner, need only know the limits of his own competency and his ability to take care of his clients within the limits of his own ability, and if he is a good one, his client is going to benefit, not be harmed, so it seems to me it would be with a medical doctor. The young general practitioner who is not as learned, who does not have the years of training, would recognize immediately that an orthopedic problem required the services of an orthopedic surgeon. He would not attempt to set the broken leg but he would recognize it was a broken leg, but if it were something else, cold, fever, something that would upset a mother in the midde of the night or a father, who was deeply concerned about some growth, he might be able to allay those fears, give the people something that would hold them over until they could get to the specialist, and it seems to me this is what we need in this country.

Mr. SKUBITZ. Would my colleague yield? Is it not a fact, Congressman Cahill, that your general practitioner in the field usually refers problem cases?

Mr. CAHILL. Then, Mr. Skubitz, my point is why, then, insist upon training all of these men in research methodology and in highly specialized fields that they will never use?

Mr. SKUBITZ. You do not have to convince me. I have raised this very question time and again, Mr. Cahill, with some of my doctor friends.