Mr. NELSEN. Get a good veterinarian.

Dr. MARTIN. That is right. [Laughter.]

No, I think we have got to spend more effort on the system and shore up the doctor, because I am sure that the history in dentistry shows that very clearly. If you have the experts follow us, it would show you the role of the well-trained person as an assistant to the physician. In pediatrics we are already accumulating all over the country good evidence.

This is also being accumulated in obstetrics, good evidence that if the person is working under the brains, that keeps them out of trouble. Then they can do fine but when they start operating independently, I don't want that kind of care.

Mr. SKUBITZ. You may get it under any condition.

Mr. NELSEN. Is there any possibility that too much Federal money is going into research and not enough into the general parctitioner approach? Is it possible that in view of the financial needs of many of the students in the medical schools that there should be more aid funneled into the program in which there is the greatest lack of personnel? It is apparent the greatest lack is general practitioners. Should we do more in that area and less in some other area?

Dr. MARTIN. One of the interesting things, although people point to us in medicine and say we follow the dollar in our practice, is that this is not true. The most popular specialties in medicine are not the specialties that pay the largest amount of money. Doctors follow the intellectual challenge. Internal medicine and general practice are the intellectual challenges I think in medicine. At least these are still the very popular fields—particularly internal medicine. While radiology is not a popular field, yet there is more money in radiology than there is in internal medicine. So I don't think you can get it by hanging a dollar in front of them necessarily. I think you have to again deal with the system.

I think that your committee could do medical care a fabulous amount of good by being willing to spend some money on care, experiments in the system of care, spend money to find out how can we get somebody a system of care that will take care of the person in the hills of Tennessee, or in Idaho, or in the swamps of Florida, and spend money in that kind of research. That is the kind of research that would pay off. It is the kind of research that paid off in industry and we are an industry any way you slice it. We are a cottage industry at the moment. I think we will be another kind of industry sooner or later that is a far more organized industry.

Mr. NELSEN. No more questions.

Mr. ROGERS. Actually, of course, we did write in the provisions, I am sure you know, for research in this particular field——

Dr. MARTIN. That is right.

Mr. ROGERS. On delivery of new methods.

Dr. MARTIN. Right.

Mr. ROGERS. I have had it brought to my attention in the hospitals often, in the emergency rooms, talking about care now, they run a roster of doctors to take their turns, et cetera, and often the very busy doctor pays a doctor who is not quite so busy to take his place.

Dr. MARTIN. That is right.

Mr. ROGERS. So the kind of person comes in there, as you say, who