Full text of principles and proposals follows:

Principles

- 1. That the health of the people is a direct concern of the government.
- 2. That a national public health policy directed toward all groups of the population should be formulated.
- 3. That the problem of economic need and the problem of providing adequate medical care are not identical and may require different approaches for their solution.
- 4. That in the provision of adequate medical care for the population four agencies are concerned: voluntary agencies, local, state and federal governments.

Proposals

- 1. That the first necessary step toward realization of the above principles is to minimize the risk of illness by prevention.
- 2. That an immediate problem is provision of adequate medical care for the medically indigent, the cost to be met from public funds (local and/or state and/or federal).
- 3. That public funds should be made available for the support of medical education and for studies, investigations and procedures for raising the standards of medical practice. If this is not provided for, the provision of adequate medical care may prove impossible.

- 4. That public funds should be available for medical research as essential for high standards of practice in both preventive and curative medicine.
- 5. That public funds should be made available to hospitals that render service to the medically indigent and for laboratory and diagnostic and consultative services.
- 6. That in allocation of public funds existing private institutions should be utlized to the largest possible extent and that they may receive support so long as their service is in consonance with the above principles.
- 7. That public health services, federal, state and local, should be extended by evolutionary process.
- 8. That the investigation and planning of the measures proposed and their ultimate direction should be assigned to experts.
- 9. That the adequate administration and supervision of the health functions of the government, as implied in the above proposals, necessitates in our opinion a functional consolidation of all federal health and medical activities, preferably under a separate department.

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PUBLIC HEALTH

Pneumonia Serum Should Be Available to the Public

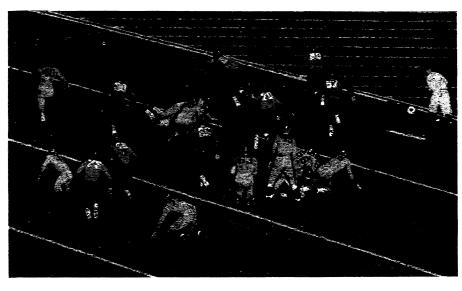
T IS the duty of the community to help the practicing physician fight pneumonia deaths by seeing that facilities for laboratory diagnosis and serum treatment are available to every patient, whether he can pay for them or not. This is the opinion of nine of the nation's foremost authorities on pneumonia who met as a committee with Surgeon General Thomas Parran at the U. S. Public Health Service to consider how best to cut down the pneumonia death toll.

In planning the conference, Dr. Parran pointed out, the Public Health Service was in close touch with the American Medical Association and received assistance from that organization in assembling data on existing facilities for pneumonia diagnosis. The medical association asked nearly five thousand hospitals throughout the country whether they were equipped to do pneumonia typing for diagnosis by the approved modern rapid method. Just under three thousand hospitals replied and of these 68 per cent. stated they had the typing facilities. In every state, it was found, there are some hospitals equipped to do this typing, which in thousands of cases means the saving of lives threatened by pneumonia.

Serum for treating types one, two, five, seven and eight of the thirty-two known types of lobar pneumonia are known to be effective and can now be obtained. The practicing physician, the committee believes, is well aware of the value of serum treatment but he should be able to get it for his patients even when they cannot afford to buy it themselves. The cost for serum for treating one case of pneumonia is usually estimated at \$150.

Serum is not the whole answer to the pneumonia problem, the committee agreed. Good medical care and good nursing care are still important and these also, the committee feels, should be available for every case, regardless of the patient's economic status. The same was said to be true regarding hospital beds for pneumonia patients.

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EVERY DETAIL CLEAR

This picture made by Photographer Charles A. Gatschet of Des Moines, Iowa, from a point 500 feet away as a back (No. 40) heads into the clear on a touchdown spurt. He used the "howitzer" camera he has developed to secure this photograph. Details less than an inch across show up clearly.