the People's Doctor
A MEDICAL NEWSLETTER FOR CONSUMERS
by Robert S. Mendelsohn, MD

VOL. 7, NO. 2

BULK RATE
U.S. POSTAGE
PAID
PERMIT NO. 9323
CHICAGO, IL

P.O. Box 982 Evanston, Illinois 60204

IN THIS ISSUE:

So you want your son/ daughter to be a doctor?

Dr. Robert Mendelsohn

Just when you thought things were getting better--more doctors, more medical students, more medical schools--medical and government leaders are complaining that we have too many doctors. Some even go so far as to say that since doctors carry out so many dangerous tests, prescribe so many harmful medications, and do so much unnecessary surgery, we must restrict their numbers "in the public interest." If this bizarre line of reasoning continues, your children and grandchildren who want to attend medical school are destined to have an even harder time getting in.

The purpose of this Newsletter is to help you help them decide whether the alleged benefits of today's medical schools are outweighed by the documented dangers to the medical student's physical health, family relationships, personality, ethical standards--in short, to his soul. Hopefully, this "second opinion" will lead to your sons and daughters having second thoughts.

Q It has been the obsession of my life to rear a child who would practice medicine with as much heart and soul as my father did. My oldest son graduated from UCLA last year with a grade point average of 3.6. His Medical College Aptitude Tests (MCAT) were good, but he applied for entrance to the medical colleges of the State of California with no success.

Why can't more medical schools be opened to increase the intake of medical students? I know the medical establishment's answer is that their objective is to produce quality physicians, but to that I say, "Phooey!"

God knows how many eligible young people who want to enter medical school have been frustrated by the many deliberate hurdles placed in their way while the rest of us are shuffled like cattle in overcrowded offices. I believe our country could well use double the number of doctors we have now.

I humbly request your help in getting my son into medical school so that he can continue in his grandfather's footsteps.--Unhappy Father

Getting into medical school

A I receive many requests from young people, their parents and grandparents for help in getting into medical school. Perhaps people think that because I write a syndicated newspaper column, taught on medical school faculties, and am the former chairman of my state's medical licensure committee, I have some sort of special influence. Would that it were so! For if I did possess such special powers, I would immediately open

wide the doors and allow all qualified applicants to enter, thus solving the vexing problem of too many frustrated applicants.

For most students who apply to medical school, every winter (which brings few admissions and many rejections) is one of discontent. Medical schools proudly point out that they are accepting more students than ever before. While this is true, a close look at the total picture provides a different perspective.

In January 1977, the Journal of the American Medical Association reported that during the 15-year period which ended in 1975, the number of accredited medical schools in the U.S. increased by 31 percent, and the student enrollment increased by 75 percent, so that 53,000 students now attend medical school. Sounds impressive, doesn't it? Yet the growth of faculty members increased by more than 300 percent to provide 36,000 full-time teachers for the students. The report continues, "But the most extensive increase was in the rise of financial support, from $311 million to $2.5 billion, a 551 percent increase." Thus, many more professors are making much more money to produce relatively few additional students.

Since our country has made such a major investment in teachers and their financial support, it seems we have a right to expect a far larger enrollment of medical students. Why should so many Americans have to exile themselves to foreign medical schools? And why should our medical centers have to depend so heavily on doctors from foreign countries for their staffing? Why this game of medical musical chairs?

The pressure exerted on me over the years by parents, students and friends has stimulated my already overactive imagination to think about creating an organization called RAMS (Rejected Applicants to Medical School), whose members would batter down the doors of medical schools. While this suggestion is made in jest, I report in all seriousness that the same JAMA article quoted earlier points out that the previous growth in medical schools is now leveling off. This trend concerns ALL taxpayers, not just physicians and educators.

Permit me to comment on your remarks about getting into medical school. I am one of the lucky few who got accepted into med school this year, but several things worked in my favor. I am from Alaska, a state that has no medical school, but the University of Washington has a special program for students from Alaska, Montana and Idaho. I have worked in the medical field during summers, and my father is in medicine.

Many factors come into play when an admissions committee is looking over qualified applicants, and grade-point average and MCAT scores are not always the most important. Students who apply to med school shouldn't forget to mention their outside work when applying.

On the basis of my own experience, I would advise students who don't make it one year to try again the next year. Your persistence in applying twice may be noticed, and it might be just the thing that gets you accepted. It is helpful to spend a year in graduate school in a field such as biology or chemistry. If you don't get into med school the first year, it doesn't mean you weren't good enough--it just means you were indistinguishable from all the others who were also good enough. Be persistent, work hard and examine all the angles--the honest ones, that is.--S.S.

Coming from Alaska and having a father in medicine didn't hurt your chances of getting into medical school. The other qualifications you mention--persistence, honesty, hard work, graduate school--often also are held by rejected applicants. Perhaps the best answer would be a National Medical School Lottery for which all qualified students would be eligible.

In all other areas of higher education, the purpose is to expose the student to information and ideas that he can use to develop the capacity to think rationally, to reason, to question, to create. He is encouraged to debate with his professors and, when he applies for approval of his doctoral dissertation, he is expected to defend his thesis.

Not so in medical school. There, students are taught to absorb doctrine without argument or question. They are taught to respond to their teachers in a reflex manner. For example, when he hears the word "streptococcus," the student is taught to respond with "penicillin." When the professor says "right lower quadrant pain," he is taught to respond "appendectomy," and God help him if he suggests that it might be a passing cramp. In short, medical school teaches the student a body of dogmatic material and restricts his right to exercise judgment to very narrow limits. He may be permitted to debate what kind of pertussis vaccine to use, but not to question whether whooping cough vaccine should be used at all. He may be allowed to disagree about the kind of antibiotic to use for ear infections, but not to question the use of antibiotics as standard treatment for infections, whatever their cause.

Virtually all of the major examinations in medical school are multiple-choice tests, so the student never has to write a single word, much less a sentence, a paragraph, or a page. That's why, when your doctor writes a prescription, you probably can't read what it says. Sometimes the pharmacist can't read it, either, and you're given a remedy for hypertension when your problem is gout.

The medical student who questions what is being taught will not be a favorite in the race to finish medical school, win a good internship and residency, and pass his license exams. Sometimes the hazards of rocking the boat can be even greater than that. I will never forget a student of mine who wanted to specialize in obstetrics but couldn't swallow all of the ridiculous obstetrical intervention that he was being taught. He began to ask questions of the obstetricians: Why were the mothers' feet up in stirrups? Why were they giving the women analgesia and anesthesia? Why were they inducing labor at such an early stage? Why were they performing Caesarean sections when there was no clear indication of need?

Did he get answers? No, but he got action. He was referred by the chairman of the department for a psychiatric examination, because any student who asks a hostile question in medical school is presumed to be "disturbed."

The tragedy of this dogmatic approach to medical education is not only that it screens out the most thoughtful, intelligent, and ethical students, or that it perpetuates traditional idiocies, but also that it virtually forestalls the application of creative noninterventionist approaches to medical practice. Dr. Roger J. Williams put it well in his book, Nutrition Against Disease:

> Medical schools in this country are now standardized (if not homogenized). A strong orthodoxy has developed that has without a doubt put a damper on the generation of challenging

ideas. Since we all have one kind of medicine now--established medicine--all medical schools teach essentially the same things. The curricula are so full of supposedly necessary things that there is too little time or inclination to explore new approaches. It then becomes easy to drift into the convention that what is accepted is really and unalterably true. When science becomes orthodoxy, it ceases to be science. It ceases to search for the truth. It also becomes liable to error.

(From "Malepractice: How Doctors Manipulate Women," by Robert S. Mendelsohn, M.D., Contemporary Books.)

Will Harvard Medical School heal itself?

On its 200th anniversary, Harvard Medical School has admitted that something is wrong with it. Announcing it intends to abandon the curriculum which has evolved since the school was founded in 1782, Harvard now intends to produce "compassionate healers" who show care and concern for patients' well-being and who exhibit willingness to assume responsibility for professional behavior. The paradox is that they plan to have "students...teach themselves, especially by using computers" and at the same time make sure that students and teachers work closer together. The Harvard Medical School dean now admits that medical students are "crammed full of facts with little regard for what information a doctor really needs," and that medical students are kept too busy.

As a longtime critic of medical education, my first reaction on reading about this "educational breakthrough" was to stand up and cheer at the news that America's Number One Medical School confesses it has been doing things wrong. But on more sober reflection, I realized they still don't know how to do it right. Therefore, I lay down this challenge to Harvard Medical School: Will you produce students who will be honest with their patients? Will they be taught to give each patient for whom a powerful drug is prescribed the printed prescribing information on his drug? Will students in obstetrics learn to tell patients the risks of Caesarean sections? Will they learn from midwives how to do home births? Will students in pediatrics learn to tell mothers the risks of infant formulas and the dangers of immunizations? Will medical students on the surgical service learn to tell women the early and late complications of hysterectomy? Will they learn on their psychiatry service to share with patients the side effects of tranquilizing drugs, electroshock treatment, and lithium? Will students learning general medicine be taught to tell patients they need not come for a routine annual exam? Will students learn at least as much pharmacology as the drug detail men? Will they have a chance to learn nutrition from a source other than the food industry-funded Harvard Nutrition Department? Will students have an opportunity to learn about chiropractic from chiropractors, acupuncture from acupuncturists, and breastfeeding from mothers who have successfully breastfed? Will all students learn physical medicine and rehabilitation as well as gerontology and geriatrics? Will students who work all night get the next day off so they will be awake the next time they face a patient?

If this kind of doctor emerges from the new Harvard Medical School, then I, together with millions of other Americans, will let out a sustained cheer. If not, then the highly-touted change in curriculum will turn out to be just another triumph of style over substance.

(Reprinted from The People's Doctor Newsletter, Vol. 6, No. 8.)

The making of a doctor

Since I have been invited to be the keynote speaker for the American Medical Students Association (AMSA) in Cleveland, I have been gathering published statements by medical students themselves about medical school. Let me now share with you one such publication entitled, "Primary Care and Medical Education" (Medical Care, Vol. 20, No. 2, February 1982) written by Michael Ross, a senior medical student at the State University of New York at Buffalo, together with Barry Willer, Ph.D., assistant professor of psychiatry at the same institution.

Discussing the selection procedures for medical students, the authors refer to studies which point out that medical students "resist innovation and personal autonomy." Medical students are further described as immature and "less empathic than other students the same age." We are told that a disproportionate number of medical students have personality disorders and that these numbers increase with the time spent in medical school. The authors report that "Admission procedures often select individuals who are maladjusted and the medical education process exacerbates their problems."

A significant number of medical students requires psychiatric counseling at some point during their medical education. A review of the literature indicates that 20 to 50 percent of medical students require counseling, and there also are high rates of suicide, alcoholism, and drug abuse among medical students.

Just in case you thought that faculty members help out students, Ross and Willer state, "Students who experience personal difficulty are typically regarded as failures by the faculty."

The problems that begin in medical school are not resolved there, but continue instead into internship and residency. "A study of interns found them to be generally ineffective in dealing with personal stress." During internship and residency programs, "Physicians-in-training generally become less empathetic and less supportive of patients' emotional needs....House physicians fail to recognize underconsumption and misuse of regular medications, overlook a substantial proportion of psychiatric disturbances, and remain overwhelmingly unaware of recent stressful events in the lives of their patients."

As many patients can testify, "Medical students hold unfavorable attitudes toward the chronically ill, geriatric patients, and the mentally ill....Students prefer to treat the acutely ill....This preference increases with years spent in medical school."

What do students learn in medical school? Ross and Willer give documentary evidence to show that "In most schools, students have limited exposure to family practice and rehabilitation medicine. Behavioral science, psychiatry, and preventive medicine are often given low status by students and faculty."

How does the medical faculty respond to students' needs? Students are provided with "role models," many of whom are also immature and interpersonally inept. For most students, the medical school years are stressful, and the manner in which their psychologic needs are responded to by faculty serves as an example of how they will later treat their own patients." You can imagine what this means when, "In general, psychologic problems among medical students are seen as failures or weaknesses rather than as treatable problems."

During my years of teaching, I have been saddened and depressed by the metamorphosis that occurs as young men and women struggle to attain their medical degrees. As entering premedical students, they are eager

but constantly apprehensive idealists. Then, as the months and years race by, I watch as their nobler instincts erode in the face of the medical profession's common personality trait--fear. Not fear of the bloody, demanding, and hazardous work that doctors must do, but fear that they will never have the chance to do it.

Premedical students know that fifty or sixty candidates will be competing for every opening in medical school, in which only the most aggressive and least-principled students are likely to survive. They soon learn that to make it in the competition they must give blind allegiance to the conventional, self-serving, often indefensible doctrine of the curriculum, to cheat when possible, to undercut their peers when necessary, and to butter up the chief residents and attending staff whenever the opportunity presents itself.

Through their association with the attending surgeons whom they assist, the surgical residents learn other things that are even more damaging. They learn to conceal from patients the risks and potential side effects that most surgery entails. They learn that doctors cover up each other's mistakes. They learn to "sell" unnecessary or borderline procedures as though they were dealing in used cars. Under all of these pressures, the suffering human beings they once cared about become so many profitable slabs of meat.

My colleagues who head the nation's medical schools boast that this process of "survival of the fittest" assures Americans of the finest medical care in the world. My observation is that doctors are taught to provide a lot of medical and surgical invervention, but I don't see evidence of very much "care." The fittest do survive, but what are they fit for? They are the survivors of a heartless system that too often weeds out the best and the bravest--the students with compassion, integrity, intelligence, creativity, and the courage to resist the destruction of their own moral and ethical codes.

Fledgling doctors who have completed surgical residencies have learned all too well that radical intervention is the name of the game. Too often the comfort and future well-being of the patient is not the issue; the surgery has become an end in itself.
(From "Malepractice: How Doctors Manipulate Women")

Can you spare any words of advice for a would-be medical heretic (like you) who is trying to find her way through the mysteries of a medical internship?

How do I reconcile my awareness of your brand of medicine with the "truths" I am expected to swallow and regurgitate every day? How do I stay out of trouble without losing my self respect? How do I learn tons of miscellaneous trivia that I simply don't believe are relevant to human health? How do I help my patients when the things I think will help them are laughed at? How do I learn more about your approach to things without myself being laughed at? Without being fired?

I have tried my best, and I am failing at all of the above (I am being fired). Should I throw in the towel and become a waitress, or is there some way to get through all this without going stark, raving insane?--J.M., M.D.

Getting through an internship

Your letter echoes many others I have received from medical students, interns, residents and practicing physicians who are finding out the truth about modern medicine. A disproportionate number of requests for help and advice come from women in medicine who, like you, are stirred even more deeply than male physicians. The damage done to females in

medicine is reflected in their high suicide rate (compared with male physicians).

As you point out in your letter, medical education harms both males and females (through poor education, long hours, separation from family and friends). But the sexism and discrimination against women in medicine is so deeply ingrained that when a parent boasts to me that his daughter has gained admission to medical school, I don't know whether to offer congratulations or condolences. I doubt whether this will change in the foreseeable future.

While the idea of becoming a waitress is very appealing, I would prefer you to use the power that goes with an M.D. You can progress from a would-be medical heretic to a real one. Start by associating with other medical heretics. Visit me in Chicago. Visit other M.D.s who have written books which are critical of modern medicine. Strike up friendships with midwives, home birth doctors, chiropractors and other alternative healers. Regard your firing as an opportunity to rethink your career plans. (I am convinced that one always learns more from failure than from success.) As you plan your strategy for dealing with the church of modern medicine and its doctor-priesthood, study the examples of other successful heretics. Learn how Martin Luther was victorious over the decadent establishment church of his time. Your present state of isolation and alienation is the best recipe for "going insane." The cure, obviously, lies in establishing close relationships with people who agree with you and with whom you can agree.

The University of Chicago's "Medicine on the Midway" (Fall 1982), the bulletin of my medical school alumni association, featured an article headlined, "Medical students faced with overpowering stress turn to psychiatrist for help." The two authors, both of whom are Harvard Medical School psychiatrists, begin by advancing a proposition, "If John Doe is a medical student, then he is anxious, confused, distraught, unsure of his future, fearful, troubled and stressed." The corollary of this proposition is "John Doe is not alone."

Pointing out that the problems of Harvard medical students are no different from those of anyone else, the authors emphasize that the burden of large student loans at high interest rates makes some students feel caught by further dependence on their families and by a debt that pushes them into medical practices that offer high initial financial return. Medical students feel the pressures of overwork and of "extraordinary indebtedness."

Women students suffer more than men. For men, the conflict between personal needs and career demands gradually diminishes, but the authors tell us, "Not so for the women. As the first year of postgraduate medical education approaches, the women may worry whether marriage and family can be combined with their dedication to medicine. They may question whether they will be acceptable as wives and doctors. The men do not doubt their acceptability to women; they sense, in fact, that being a doctor increases it."

Males do not escape unscathed. Addiction to drugs and alcohol is more common in male medical students. Symptoms most commonly appearing in both male and female medical students include "problems managing depression, rage and anxiety, bodily concerns and sexual dysfunction."

Let's hope that these medical students heal themselves before they try to heal you.

Internship: Preparation or hazing?

I always have warned patients about the danger of entering hospitals during the month of July because that's the time the new, inexperienced interns and residents start learning on you. In the January 23/30, 1981 issue of the Journal of the American Medical Association, Norman Cousins added further insights into the nature of those fledgling doctors:

"How does the internship prepare the physician for the 'realities'? What if the 'preparation' has the effect of dulling the sensitivities of the physician, or fostering feelings of resentment by an intern toward a patient who has a propensity for feeling his sharpest pains at 3 a.m.? What kind of judgment or scientific competence is it reasonable to expect of a physician who hasn't had any sleep for 32 hours?...Is it good policy to subject seriously-ill patients to treatment by physicians who are physically and emotionally exhausted?

"...The custom of overworking interns has long since outlived its usefulness. It doesn't lead to the making of better physicians. It is inconsistent with the public interest. It is not really worthy of the tradition of medicine."

Right on, Normal Cousins! I certainly will quote you when I speak to medical students around the country, when I advise them to leave those dehumanizing, non-educational internship/residency programs as soon as they legally can.

Foreign medical school graduates

The Illinois State Medical Society reports that out of its 11,219 dues-paying members, 37 percent graduated from foreign medical schools. These 4,194 foreign medical graduates represent schools in 79 countries with large numbers coming from India (694), the Philippines (686), South Korea (202), Pakistan (127), Thailand (126), and Iran (108).

I certainly am not opposed to immigrants--my grandparents were immigrants too. But I do think the above is an important statistic to keep in mind whenever you hear of young, qualified American students who are unable to gain entry to American medical schools. You might also keep it in mind when you hear that prestigious government commissions are recommending against the opening of new medical schools.

Recently, in one of your syndicated columns, a woman wrote that a resident physican "made jokes about your being insensitive to women's feelings by encouraging prepared childbirth." She wrote that this resident kept insisting that the attending doctor perform a C-section on her.

You replied, "As far as the bizarre comments of that resident are concerned, every hospitalized patient should bear in mind that the resident at their service may have been working for the past few days and nights without any sleep. Therefore, his remarks cannot be judged by the same standards applied to people who are fully awake."

I would like to see an apology from you to the resident doctors of our city. A year ago, one such resident saved my life when I was taken to the emergency room with a stroke. He visited me almost every day during the three months I was hospitalized, and he never seemed sleepy or overtired. I much preferred his services over the physician I had gone to for seven years who refused to come to the hospital when called and who never has been really concerned about my heart condition or blood pressure.

On another occasion, a resident doctor saved my husband's life when he diagnosed an imbedded wisdom tooth as his problem, this after a stream of specialists, as well as our family doctor, couldn't figure out what the problem was.

Perhaps our experiences are rare, but I'm sticking with my resident doctor because I have faith in him.--R.R.

A

Dangers of tired residents

I regret you were offended by my comments about hospital residents who are forced to work day and night to the point of exhaustion. In addition to endangering the care of their patients, they run the risk of burn-out and other forms of damage to their own health.

Residents and medical students themselves have vividly described their chronic state of exhaustion. Had you read former obstetrical resident Michelle Harrison's book, "A Woman in Residence," and former Harvard Medical School student Charles Le Baron's "Gentle Vengeance," you might support my previous statement that, "Every hospitalized patient should bear in mind that the resident at their service may have been working for the past few days and nights without any sleep."

Not a single hospital resident has asked me for an apology. Certainly, each of them knows his work conditions (or perhaps they're just too tired to read newspaper columns). Mind you, I am not defending those poor, overworked, exploited residents against the tyrannical hospital ogres. Residents have plenty of control over their own fate. In every large research and teaching hospital, they negotiate individually and organizationally, just as members of any other labor union negotiate with their employers. From time to time, they even strike for higher wages.

When I was an intern and resident 30 years ago, I asked the officers of our own organization why we weren't demanding the next day off after we had been on call the previous night. The answer given was that we wouldn't learn enough. But I suspect that the real reason was that the new doctors wanted to appear even tougher than the old doctors. Neither the old nor the new doctors seemed to consider, even for a moment, the danger a sleepy physician is to his patients.

Instead of asking me for an apology, I suggest you contact every hospital you know and prod the residents of each into demanding a reasonable work week in their next contract negotiations.

(From "You and Your Doctor," a pamphlet "prepared as a public service by the Chicago Medical Society.")

"...So you can easily see that your doctor is quite unusual.

"Does this make him any better than you--a mental or physical giant? No--your doctor is a mere mortal--the same as you or your neighbor. He needs three meals a day and a full quotient of sleep. He cannot run any faster or carry heavier loads. He needs the normal allotment of fun, relaxation and exercise, the same as anyone else, but must often skip it. He cannot see any further into the future than anyone else. He is, in short, a human being like anyone else."

The new medical school

We are still working on plans for the new medical school discussed in my first book ("Confessions of a Medical Heretic") through a tax-exempt foundation whose purpose is to provide funds for innovative forms of medical education. Contributions (tax deductible, of course) may be sent to James A. Chatz, President, The New Medical Foundation, 115 South LaSalle Street, 36th Floor, Chicago, Illinois 60603.

Another View

by Marian Tompson
Executive Director,
Alternative Birth Crisis Coalition

When I began to ask my friends how they thought medical education could be improved, I expected some suggestions, but I was unprepared for the anger and resentment that accompanied them.

A few people, among them my mother, were just plain frustrated. When Mother had been referred to an ophthalmologist for a minor eye problem, she found the only way he knew of treating it was with drugs. That didn't set well with a 77-year-old lady who never even takes aspirin! Mother was also concerned with the number of her friends who were on tranquilizers, which she suspected doctors too often prescribed to pacify their patients and to be "doing something" for them rather than because of any legitimate need. "Doctors rely too much on drugs," she remarks.

Then there's Maribeth who, during three pregnancies, never had the same doctor she saw during office visits present when it was time to deliver the baby. "It was hard enough trying to relate to someone I didn't know," Maribeth explains, "but at one time, the substitute doctor who didn't even speak much English kept trying to force gas on me. I had been warned by my obstetrician not to take gas during the delivery, because I couldn't breathe through my nose and I might die. You can imagine the state I was in, trying to fight off the doctor by myself while trying to deliver my baby. During my next labor, my husband was allowed to stay with me, but that didn't protect me from the nurse who walked up behind me and, without any warning, gave me an injection of painkiller--on 'doctor's orders'--that I didn't ask for and didn't need. I object to being treated as a number instead of as a person."

"Doctors have a way of not answering your questions," complains Florence, who is facing surgery soon. "During an office visit, I'll ask my doctor an important question, and he'll start talking about something else. It isn't until I've been ushered out of the office that I realize he's never addressed my concern."

"Doctors should not minimize the pain of a procedure when you ask them if it's going to hurt," says Audrey, who had a drainage tube inserted in her swollen and infected ear in the doctor's office. "I was assured by this ear specialist that it wouldn't hurt any more than a simple injection, and I was totally thrown off guard by the agony which followed. My screams could be heard out in the waiting room. If he had only admitted that it was going to hurt, I could have prepared myself better."

Over and over again, I have been told about lack of communication, a doctor's defensiveness when questioned about procedures, his cavalier attitude toward a patient's innermost fears, and the appearance he gives of never having enough time.

Listening to this criticism, I was reminded of Theodore Isaac Rubin M.D.'s suggestion in "Through My Own Eyes" (Macmillan, 1982). Dr. Rubin postulates that, during interviews for medical school, candidates should be asked how they feel about people and whether they are capable of loving people. Where in the hierarchy of important considerations in choosing future doctors, he wonders, does love of people appear? "When the criteria for admission are primarily based on grades, competition and hierarchical standard of accomplishment we may expect technical expertise and competence, but is this enough?"

The answer, clearly, is a resounding NO!

"MalePractice: How Doctors Manipulate Women," Dr. Mendelsohn's latest book, is now available in paperback from Contemporary Books ($6.95).

"Confessions of a Medical Heretic" is available from WarnerBooks ($3.25).

The People's Doctor Newsletter
P.O. Box 982
Evanston, Illinois 60204

Published monthly. Subscription rate: $24.00 annually.
Robert S. Mendelsohn, MD, Editor
Vera Chatz, Associate Editor