glad to be of any further possible assistance to you in this study.

Yours very truly,
(Signed) Warren E. Forsythe.

Another excellent program of health supervision is set forth in an article in Nations Health, July 15, 1926, Vol. XL, No. 7, by Dr. Edgar Fauver on "Health Supervision at Wesleyan University."

Only a few replies were received from post graduate schools. It has been known for years that practically none of our medical schools had developed any adequate program of health supervision or disease prevention among their students. It has frequently been pointed out in the last few years that a complete medical examination should be made of every medical student on admission to his school, to see if he was physically fit for the arduous course and the strenuous duties which fall to his lot when he starts to practice. With few exceptions no such program has been adopted. Many a young doctor has been forced to quit after spending years in preparation for a work he was physically unfit to carry on. This is undoubtedly true of many other post graduate courses. It is a well known fact that post graduate students do not keep themselves as physically fit as when they were undergraduate students, therefore the greater need of health supervision among them.

CONCLUSIONS REGARDING PRESENT SITUATION OF HEALTH MAINTENANCE IN COLLEGES AND UNIVERSITIES.

From the studies made your committee feels that certain indisputable facts can be set forth relative to the existing situation in the colleges and universities of our land concerning student health and health education:
Eyes to be on any possible locations to help...

Yours truly,

Sincerely,

A letter expressing the hope of hearing some news on the committee.

Date: 10th November, 1966.
(a) There is a greater interest in this problem at present than was true ten years ago.

(b) A great many of the smaller colleges failed to reply to the questionnaire. The majority of those that did reply were doing little or nothing regarding student health or health education. Many of these schools are financially poor and several have expressed the belief that they could not afford to take on this additional service. Present standards of athletic competition forces them to employ a coach. Of the two, a physician would benefit the entire student body more.

(c) To be of real value, a physical examination must be complete including an examination of the urine in every case. While 110 of the 131 colleges replied that students were examined on matriculation, yet only 37 of these indicated that this was a thorough physical examination. It is safe to say therefore that not more than 25% of our colleges really thoroughly examine their students.

(d) From a further investigation made by personal letters and conferences, it is safe to say that not more than 25 of our colleges and universities have a comprehensive program of health maintenance.

(e) The physical condition of students changes from year to year, yet only 65 of these schools claim to make periodic re-examinations and it is evident that in half of this number the examinations are not thorough.

(f) The greatest means of supervising the health of any group is by means of the daily "sick call" and by the complete physical examination of the individual when he returns to work after an illness. This not only protects the individual but safeguards the rest of the group
A great many of the smaller colleges fall to rank in the classification. The majority of those that are ranked were given little or no favorable consideration at the time of entering the colleges. Several have many students enrolled to take care of their offerings. The present examination is a matter of self-interest for the college. The college, of course, is interested in the welfare of the student. The college wants, more than anything else, a complete examination of the student in every case. While the college wants the investigation, the student himself wants examination on self-interest. The only way to get the investigation is to make the student pay for it and as a result, colleges are harder to examine than ever before.

The physical examination is a part of medical science. The only way to make a complete physical examination is to pay for it and as a result, colleges are harder to examine than ever before.

The physical examination of the student, as far as we are concerned, has never been the same in any college. The physical examination of the student, as far as we are concerned, has never been the same in any college.
against contagious diseases. No where is a better opportunity for this form of preventive medicine offered than among student bodies, yet replies to questions 7 and 8 show that more than 50% of the colleges neglect this opportunity. Replies to the personal letters received would warrant the statement that not more than 25% of our schools practice this form of preventive medicine.

(g) Less than 50% of these 131 colleges have any comprehensive or thorough system of sanitation and hygiene in operation. Very few of the smaller colleges have attempted anything along these lines. Some of the schools seemed to think they had fulfilled their duty along these lines by replying that "Sanitary washrooms and toilets are provided".

(h) The time is past when arguments are needed to show the value or reasons for teaching personal and community health, hygiene and sanitation. Such education is as important as physical training. Conducting a comprehensive program of health maintenance in a college offers the practical demonstration of such a course of study to the students, yet only 46 of the 131 colleges require such courses of their students.

(i) It is encouraging to note that 39 schools replied that they require examinations of the help cooking and serving food to the students in order to prevent the possible spread of disease from this source. Yet 92 colleges have neglected this most important step the importance of which is so well recognized that some of our states have enacted laws requiring the physical examination of all persons engaged in the preparing and serving of foods in public eating places.
esteemed conference. However, a better opportunity for
the tone of the previous meeting. After some earnest
and urgent requests to deconstruct the statement about
the necessity for awareness of the committee's
recommendations recommended to the personnel to-
see. No one wants to misinterpret the statement that
you have shown. Of our own accord,
previous state of the previous meeting.

(3) Room 304 at the US college was any compendium of
the expansion of sensation and phrasing in operation.
Very few of
the smaller colleges have attempted anything along these lines.
Some
of the schools seemed to think that we felt that an
issue of learning that included a number of college students

The time is past when strenuous effort to spend the
vain.

Each section is important as a practical principle.
The concept of compendium practice of health maintenance in a college
offering the practical consideration of many a course of study to the
students. Not only do the 1805 college students have courses of study

(4) 1. If consciousness to note that at course taking that make
redact examinations on the help college and senior look to the sum-
gens in order to prevent the possible dispute of choice from this
source. Not all college have recognized this most important area.
The importance of which is well recognized that some of our states have
accepted laws regulating the practice examination of all personnel examined
in the hospital and certain of their in private practice placement.
RECOMMENDATIONS

DISEASE PREVENTION

I - A COMPLETE PHYSICAL EXAMINATION ON ENTRANCE AND REPEATED PERIODICALLY AT LEAST ONCE A YEAR SHOULD BE THE MINIMUM STANDARD FIXED AND THE VERY FOUNDATION OF THEIR HEALTH PROGRAM IN EVERY COLLEGE AND UNIVERSITY OF THE COUNTRY.

The American College of Surgeons urges this as the greatest means of disease prevention and claims that such a practice adopted by everybody would increase the span of life for the people of our Nation at least ten years. Many of our largest industries have adopted such a plan for their employees; it seems strange that our colleges, leaders in advanced thought and education, should lag behind.

Such an examination accomplishes the following:

(1) Discover disease in its incipiency while still curable.
(2) Protects fellow students from the diseased student.
(3) Enables students to be classified physically and assigned to physical training best adapted to their constitution or selected for the purpose of overcoming physical handicaps.
(4) Increase their efficiency and in many cases enables students to select a line of training for work they will be able to carry on instead of preparing for a profession or business which they will later be physically unfit to pursue.
(5) Develops health habits which many students will continue throughout life and will institute in their own families.
(6) Places colleges in the vanguard in a nation-wide movement for disease prevention.
ECONOMIC REHABILITATION

DEGREE REHABILITATION

I - A COMPLETE PHYSICAL EXAMINATION ON EVERYONE AND REHABILITATION PROGRAM
II - REHABILITATION OF THE HEALTH PROBLEM IN EVERY COLLEGE AND UNIVERSITY

REHABILITATION

The American College of Surgeons urges that as the first step in reaching a prevention and early detection of the disease, prevention be made mandatory.

A complete physical examination and follow-up of each person of any age on a regular basis will reduce the threat of life for the people of this country.

Many of our finest hospitals have adopted a plan for their employees. It seems strange that our colleges and universities in a manner consistent with their objectives should not have adopted similar plans.

The American College of Surgeons recommends the following:

1. Discover any evidence of the presence of white cells.
2. Prevent removal of the presence of white blood.
3. Encourage early detection of the presence of white blood.
4. Develop effective treatment for the presence of white blood.
5. Educate the public on the dangers of white blood.
6. Place colleges in the community as centers for the prevention of white blood.

For prevention, prevention, prevention.
II - EVERY STUDENT BECOMING SICK BEFORE RETURNING TO CLASS ROOM
AFTER AN ILLNESS SHOULD BE SEEN AND EXAMINED BY A PHYSICIAN.
This accomplishes the following:

(1) Gives a check-up on the physical condition of those students needing a physical examination more than once a year.

(2) Protects the entire student body from spread of contagious diseases.

(3) Enables the discovery of serious illness early, instead of after it becomes so serious that life is jeopardized. Too many students because of lack of funds, neglect to call a physician until they are often in an extreme condition.

(4) Decrease materially the number of days lost on account of illness, or frequently assigned to illness.

III - VACCINATIONS SHOULD BE REQUIRED OF ALL STUDENTS.
There are certain diseases that are scientifically proven to be preventable by vaccination or inoculation. Smallpox is one of these and no student should be allowed in college without certain proof of vaccination. Typhoid fever can be definitely prevented by inoculation with anti-typhoid serum can be definitely prevented by inoculation with anti-typhoid serum. The same is true of lockjaw. The last two should be made available for students and vaccinations should be furnished to them.

IV - IN ORDER TO ACCOMPLISH THE ABOVE PROGRAM EVERY COLLEGE SHOULD HAVE THE SERVICES OF EITHER A FULL TIME OR PART TIME PHYSICIAN. This physician should be a thoroughly trained, all round practitioner, rather than a specialist, and one capable of making a true diagnosis by a complete physical examination, including
II. Many students becoming sick require nursing to give room

After an illness should be seen and examined by a physician.

The recommendations for treatment:

1. Give a thorough examination on the preliminary examination of sick man or woman,
   and take note if physical examination done upon once a

2. Prove the entire student's health from shape of condition.

3. Examine the nervous system for any illness existing, treated.

If after it is necessary to leave the patient at the doctor's order to
see what improvements hence or care of house, receive a

4. Written order for the number of days the doctor's orders.

5. In order to have an accurate estimate of the student's

III. Accommodation should be arranged in this college to

There are certain provisions that are specifically placed to
be recognized by accommodation or instruction. Barring in one
of these many no accident should be allowed in college with
these, there must be in instruction. Through this, it can be

Assure that the accommodation with special regard to

Even though some of the instructions may be in vain, there

In order to accommodate the work program every semester should

Have the means of within a half time or part time physician.

This physician won't be a general practitioner, but he long

Concern oneself with a specialist and one capable of making a

The diagnosis of a complete physical examination, including

necessary laboratory tests, rather than by a makeshift inspection. The head of the family usually chooses the physician for his family, therefore when students are trusted to the care of a college it is wiser for that college to pick a physician of known ability than to allow students to go to some physician of unknown ability.

V - THE COLLEGE SHOULD PROVIDE A DOCTOR'S OFFICE ON THE CAMPUS OR SOMEWHERE EASILY AVAILABLE TO ALL THE STUDENTS.

In the case of a part-time physician this may be the physician's office in the college town. A regular hour for "sick call" should be fixed and students should be required to report to the doctor for every ailment to this period; to report to the doctor after an illness and before re-entering class-room; and for the regular periodical examinations. The physician must be available to students at all other times in case of emergency. Careful records of each student should be kept. A consent or "pass card" to return to classroom after an illness should be signed by the doctor.

VI - A STAFF OF SPECIALISTS SHOULD BE PICKED BY THE COLLEGE PHYSICIAN to whom he can refer special cases of illness or for special examinations as in eye conditions.

TREATMENT OF DISEASE.

VII - Students too sick to report to the doctor's office should be visited by the college physician the first day of their illness. The college should either have its own hospital or infirmary, or should make arrangements to use one of the city hospitals. Provisions should be made for the isolation of all contagious diseases away from dormitories, fraternity houses and students' room-
necessary information to the patient. The case of a medical emergency is
It is wise for the college to have a physician on call to see
If the student should be sick at school, the doctor's office may be the physician.

The college should provide a doctor's office on the campus or

somewhere nearby available to all the students.

In the case of a part-time physician, the college's office will

also provide medical advice and guidance to the student who is ill.

The physician must be on call.

The college must be able to contact the student at all times in case of emergency.

Any records of each student may be kept.

The college shall provide medical reports of illness for special cases.

A chart of the case is kept in the college's office.

TREATMENT OF DISEASE

IV - A chart of specializations should be placed by the college physician to

so work as can cater to special causes of illness or for special care.

TREATMENT OF DISEASE

IV - In case of a sick to report to the doctor's office promptly.

Visitors to the college physician must be given priority in treatment.

The college shall ensure that the student is one of the other patients.

A series of health examinations is to be made for the identification of all students.

See section from the confidential, family and confidential room.
ing places. Either the college physician or specialists picked by the college should take charge of these cases. Ambulatory cases can be treated at the doctor's office.

VIII - The physical examinations and the "sick call" that is, ambulatory cases reporting to the doctor's office, should be charged no fee. The expense of these can be cared for by an "health fee" charged as part of the matriculation fee. This fee can be made sufficiently large to cover all expenses for sickness and hospital care or a special rate can be charged to students in case of serious illness or need of specialist's attentions.

HYGIENE AND SANITATION

Referring again to the questionnaire only 12 schools of the 131 replied that reports on sanitary conditions were available. Here again careful records should be kept and an annual report prepared because such reports stimulate efforts for improvement. It is almost safe to say that these twelve represent the only colleges and universities in the land that have really comprehensive health programs for their students.

The lack of student health supervision is indicated most plainly by the fact that out of 131 schools:

(a) 37% do not list nor inspect the sleeping places of students.
(b) 70% do not examine for communicable diseases persons cooking and serving food to students.
(c) 37% pay no attention to the sanitary conditions of kitchens where food for students is prepared.
(d) 58% have adopted no general program of sanitation.
and please fill out the college application or specialize promptly.

VIII. The Physical Examination and the "Click Test" that in implication case can be expected of the doctor's office.

The experience of these can be gained if an "Health Check" operation is made on the patient on a routine basis.

This can also be made without any false to cover all experience for exercises and obligations can be a specific rate can be agreed to adhere in case of selection.

Illness to keep up specialize's attention.

HYGIENE AND SANITATION

Healthy skin to the development of IS scope of health.

The 181 referring that reports on sanitary conditions more applicable.

These being essential to demand reports for adherence to improvement. If in present case to may refer those claims represent the only conditions may be used for special attention.

The fact of student health application to integrated most

Please the fact that one of IS scope:

(a) Not to take lack of tolerance of changes of condition.

(b) Nor to examine for occupational diseases before book.

(c) Any essential lack to adherence.

And may operate on general condition of situation.

(d) Not have accident on general condition of situation.
(e) 26% have no courses on sanitation and hygiene available to the entire student body; of those having such courses 66% do not require them of all students.

HYGIENE AND SANITATION.

Hygiene is a personal matter; sanitation has to do with environment. The former is practiced by the individual, and his ability to practice it is determined by his comprehension of the effect of his own habits on his own health and that of others. Sanitation, on the other hand, is in large measure imposed upon us from without. It is the particular function of the public health officials or of others responsible for maintaining the conditions under which we live.

Hygienic habits of living are a matter of teaching, the effects of which will be enhanced by practical demonstrations in the laboratory or otherwise. The health of the community depends in such large measure on the habits of its individual members that every child should be taught the principles of right living in the pre-college stage of his education. This is unfortunately not done, or is done so imperfectly that every college should require of its students a course in personal hygiene and sanitation, covering at least 30 hours of class work. It is not necessary to outline here the details of such a course; anyone competent to teach it will be competent to decide on them. Its chief features will be in regard to the way in which infectious diseases are contracted and passed on and concerning the effects on health of exercise and physical strain, fatigue and rest, fresh air and ventilation, heat and light, and of food and drink.

Mental hygiene is also of much importance, particularly for the student period of life. It is largely a matter of individual problems of adjustment, and for its useful application requires much individualization by an experienced psychiatrist. People are not dis-
HYGIENE AND SANITATION

Hygiene is a personal matter; sanitation has to do with the environment. The latter is dependent on the individual, and the former is a question of the community and the public health authorities. It is the responsibility of the public health authorities to maintain the community garden in which the hygiene of the individual will be protected and improved by practicing good sanitation.

The need of the community garden is not only to maintain the health of the individual but also to contribute to the health of the community at large. The health of the community depends on the health of the individual. It is the responsibility of the individual to maintain a garden of health in his own garden. The garden should be a source of food, health, and happiness, and not a source of harm.

In conclusion, it is necessary to maintain the health of the individual by practicing good sanitation. The individual must take care of his garden of health and not allow it to become a source of harm.

For the student, the maintenance of a garden of health is a matter of importance. It is to maintain a garden of health and not allow it to become a source of harm. People who neglect health care neglect their own health and the health of their community.
posed to admit that they personally come under its generalizations.

Sanitation proper—the physical conditions that surround the student should be a vital concern of every college. This is a relatively simple matter so far as the institution's own property is concerned, whether dormitories, commons, laboratories, or class rooms. But in practically every institution of higher education there are numerous students that "room out" in private homes and take their meals at boarding houses or restaurants, and there the case becomes difficult. It should be compulsory that all such places must register with the institution and submit to inspection by its agents for certification of approval.

The minimum sanitary requirements that should be insisted upon are general cleanliness, freedom from infectious diseases of serving personnel, a safe water supply, safe milk supply, and proper supervision of food.

Several cities have in recent years required periodic examination of food handlers in all public places for the detection of infectious diseases and infectious disease carriers. The most notable danger from these is the conveying of typhoid fever, of which there have been numerous small epidemics started by cooks and waiters. But syphilis, tuberculosis and the acute contagious diseases may also be conveyed in this way, with disastrous consequences. Any commons conducted by a college should have its food-serving personnel examined for infectious diseases at the time they are employed and at regular intervals of three or six months thereafter. And every effort should be made to extend this service to other groups performing similar service to students.

Water supplies, milk supplies, and food supplies will
usually come under the sanitary supervision of the public health authorities of communities where colleges are located. If these are adequate and the authorities competent these matters may deserve no further attention, but if otherwise, and if private and uncontrolled sources of supply are utilized, investigation by college authorities becomes highly desirable.

Much is usually made of the sanitary condition of toilet rooms and toilet facilities. They should be kept in a clean condition and free from offensive odors, and to this end they should be regularly cleaned and occasionally inspected. But the reasons for this are in the majority of instances more aesthetic than health promoting; for toilets are an uncommon means by which disease is spread. It is much more important to stress the cleanliness, drainage and freedom from flies of the refrigerator and the kitchen. Observations of inspections made in certain colleges give one the impression that the inspector feels his work well done when he looks over the toilets and reports on their condition.

Even from these minimum requirements in hygiene and sanitation a plan and personnel are necessary. Where the institution maintains a medical department or in some other way exercises medical supervision of students the personnel is already at hand and the necessary plans are readily formulated. Where no such work is carried on it may be possible to establish relations with the local health authorities or with local physicians, with little cost or without cost, whereby a beginning may be made. Some such plan is urgently recommended.

The examination of food handlers for infectious diseases is one of the most important of sanitary measures and will require the services of a physician, but for the other activities contemplated many are qualified
number, and the pattern of the conditions met are not detailed or described in any significant manner.

Furthermore, the report concludes with the recommendation that additional research and studies be conducted to better understand the impact of these conditions on individuals and society. The report also highlights the importance of continued monitoring and evaluation of the conditions mentioned in the report.
who are not doctors or can become qualified with relatively little training. It is suggested that the students themselves who are most concerned, may often be utilized in this capacity as a part of their practical training.

Positions as trained sanitary inspectors should be offered to the students as means of paying part of their college expenses. It is a work of equal or greater importance than that of library attendant and other positions now open to students.

**The Medical Department.**

For all schools of more than 500 students your committee recommends a medical department similar to those maintained by Cornell and California universities, modified as to the number of physicians employed by the local conditions.

For the smaller schools it is possible to secure the part time services of one or more reputable local physicians. Such a one should be required to spend at least three hours daily on this work, preferably coming to a doctor's office at the college, thereby coming into more intimate contact with the health problems of the students. He should be placed on the teaching staff, giving part or all of the course on hygiene and sanitation. Even in these smaller schools the entire program of student health maintenance should be carried on by the part time physicians.

It is possible in some cases to secure the services of a well trained, younger physician who can combine the duties of student-physician with those of physical director. The program of health maintenance, however, cannot be left to a physical director who is not a qualified physician. Neither can such a one give adequate physical examinations to students.
CONCLUSIONS.

It is hoped that this report will stimulate all colleges and universities to adopt a comprehensive program of student health, thereby not only benefiting the individual student entrusted to their care, but enhancing greatly the nation's health in each succeeding generation.

Colleges and universities are rapidly changing from storehouses of knowledge to reservoirs of service. Here at hand is an opportunity for one of the greatest services to humanity. The example of a thorough group health service among students will soon extend to every other group in the land.

The study of this problem by your committee and the questionnaires sent to all colleges and universities and many active fraternity chapters has already created wide-spread interest in student health. This is evidenced by certain articles on the subject appearing in magazines recently; by requests from other magazines for articles; by letters from a committee of the Association of College Presidents and by the great interest displayed by certain universities in the result of the study. It is hoped that the Inter-fraternity Council will give the widest possible publicity to this report as the best means of furthering the desired end.
It is hoped that this report will stimulate the college
and university community to adopt a comprehensive program of student health
prevention and education that not only promotes the intrinsic value of health to their
students, but also enhances their academic efforts in each academic
Career. It adds an essential role to the existing health
infrastructure.

Colleges and universities can rapidly achieve this
accomplishment by involving all student areas. Here are some
opportunities for one of the best educational opportunities to enhance
the example of a comprehensive health faculty service model that will soon
explore to every sector toward the final:

The study of this program by your committee and the
discussion of this report with colleagues and university staff can
make a significant impact on the development of new faculty
interest. They can achieve by certifying the importance of the example
you can identify with various committee members
for assistance and feedback or for assistance at the discretion of the
field. These presentations may be the most important development of the
institute.

Yesteryear, Council with some of the most possible implications to this
report on the most ways of understanding the meaning of
December 3, 1924

My dear Dr. Post:

I am sending a copy of your letter on the problem of student health maintenance to Mr. Tufts. It is Mr. Tufts' intention, I believe, to call a conference very shortly for the discussion of this matter.

Very truly yours,

[Signature]

Secretary to the President

Dr. Wilber E. Post,
1405 Peoples Gas Building,
Chicago, Illinois.

WS:B
December 5, 1954

My dear Dr. Poet:

I am sending a copy of your letter on the proposed student project to maintain the M.I.T. Turf. Your letter, 

"Turf, Turf, Turf!"感兴趣, I feel 

there is an opportunity with the project for an appreciation of the beauty of turf. 

With every good wish,

Secretary to the President

Dr. Widger, M. I. T.

Director, Turf Research Laboratory

Office, 112 Longfellow Hall
Mr. William E. Scott,
Secretary to The President,
The University of Chicago,
Chicago, Illinois.

My dear Mr. Scott:

On October 23th you very kindly wrote me calling my attention to the problem of student health maintenance, and included the report on the subject by Dr. Harry Mock. In view of this I asked that a copy of a report on health and sanitation conditions at the University of Chicago be sent to President Burton and another copy to Dean Tufts. This report was presented to the Board of Trustees on April 3rd, 1920.

In general you will understand that many things in the program of development of athletics and health at the University have been waiting upon the development of the Medical School program.

In the next place you will see by the report to which I have referred that the University of Chicago is carrying out the full program described in Dr. Mock's paper without the exception that it is not charging the universities' fees for service nor supplying infirmary facilities, nor in fact is it assuming the responsibility for the treatment of illness. In lieu of the infirmary service we have been in hopes that the new University Hospital would supply the need, at least in part. In the meantime we have been using the Illinois Central Hospital for emergency, the Presbyterian Hospital, manned by one of the best medical and surgical staffs in the country, and have also had available for contagious diseases the Municipal Hospital for Contagious Diseases and the Anna Durand Hospital, which is in affiliation with the McCormick Memorial Institute and Rush Medical College.

The most glaring deficiency in our present system is in the graduate schools. No examination of students in these schools is required and by express action of the administrative officers in those schools even no vaccination against smallpox is required.

On page 4, paragraph 2, or Dr. Mock's report are conclusions that would at least be questionable.

You can see from the above that the University has been much interested in this subject and I trust that the time will soon come when it will be feasible for us to carry out plans for the better care of the health of our University students and faculty. If at any time I may be of
November 20, 1954

Mr. William E. Post
Secretary to the President
The University of Chicago
Chicago, Illinois

My dear Mr. Post:

On October 20th you very kindly wrote me notifying me of the appointment of a new Dean of the School of Music. I am very pleased to hear of the appointment of Dr. John Martin, a colleague of the University of Chicago, as Dean of the School of Music. This report was previously to your letter of October 20th.

In talking to you, Mr. Post, about the position of development of the School of Music, I mentioned the fact that I am not a member of the University of Chicago and that I am not in a position to make any comment on the appointment of Dr. Martin. However, I feel that the University of Chicago is fortunate in appointing a colleague with such a distinguished record in the field of music.

I am in complete agreement with the University of Chicago in appointing Dr. Martin, and I am confident that he will make a valuable contribution to the School of Music.

Sincerely yours,

[Signature]
service in conference or otherwise on this subject I shall be most happy to respond.

Yours very truly,

[Signature]

W. E. S.
Your very start

Page 5

11/29/34

W.H.E.

Page 6

The

Page 7

Your reply to receive our

service in accordance with your approval. I expect to meet you.

Page 8