



IN REPLYING
ADDRESS THE SURGEON GENERAL
U. S. PUBLIC HEALTH SERVICE
AND REFER TO

TREASURY DEPARTMENT

PUBLIC HEALTH SERVICE

WASHINGTON

January 6, 1936.

Personal

Medical Officer in Charge,
United States Narcotic Farm,
Lexington, Kentucky.

Dear Dr. Kolb:

Your note of January 2, 1936, enclosing therewith a communication from Passed Assistant Dental Surgeon Miller has been received and read with interest. It is noted that Dr. Miller recommends that the dental consultant be placed on a salary. When it was represented to us by the Dental Section that it would be desirable to appoint Dr. Walz, it was our understanding that he would be willing to accept the consulting position at the nominal salary of \$1.00 per year.

When the cost of the narcotic farm is considered by those outside the Public Health Service, there is an automatic comparison made between the cost of operating Lexington and the cost of operating State hospitals for the insane and prisons. Naturally, we have met such comparisons by the statement that the Narcotic Farm was a new departure on the part of the Government to make a contribution to the solution of this narcotic drug situation, to which hospitals for the insane and correctional institutions have made no contributions, and that naturally the Narcotic Farm is a high type sanitorium to meet special needs for special cases. It is apparent in the operation of a public institution, such as that at Lexington, that it would be desirable to have a group of visiting consultants to represent the best available personnel in the community in order that they might stand between the Government and the community with reference to the best type of care which could be afforded cases admitted there. On the other hand, the use of a visiting consultant who is competent may act as a stimulus to the resident staff for acquisition of new knowledge on the application of the best form of treatment.

Quite aside from these considerations, it is not possible or feasible for the Federal Government to reimburse a visiting consultant in anything like approaching the amount which he would receive in private consultations. The major compensation of such

consultations would, therefore, consist of the opportunity of studying rare and unusual situations, thus broadening the scope of their professional opportunities, and also the dignity and honor which comes with the identification with an institution such as yours.

On the other hand, if the honorarium afforded visiting consultants assumes the flavor of a salary, there is opportunity presented at a subsequent date when changes of personnel occur, for influential people to attempt to use such honorarium, not in terms of professional assistance, but rather as a sinecure to pay obligations of alternating political parties.

I grant you that it would be desirable to appoint Dr. Walz as a consultant with such income as would permit him to defray his expenses, such as transportation, gasoline and oil, and items of like character. Perhaps an honorarium of \$25 per month or \$300 per year would be such as we could consider. The recommendation covering this matter would, necessarily, be left to you.

However, the Public Health Service must anticipate its financial needs a year in advance, and no provision has been made in the budget set up to accommodate this increase in salary. It will mean that next year our budget for personnel, which is always segregated by individual positions might not meet with the approval of the Budget Bureau. We have already registered a complaint against the Budget Bureau for the reduction in our estimates for the operation of Lexington, and it would hardly be consistent for us to recommend to the Secretary an increase in salary for the Consultant Dental Surgeon at this particular time. I am wondering if it would not be better to wait until experiences actually demonstrate the need for an increase in salary, perhaps, near the close of the present fiscal year.

Sincerely yours,



Assistant Surgeon General,
Division of Mental Hygiene.

WLT/GM