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tinct danger of teratogenesis particularly since the degenerating fertilized ova can be recovered and the finding of fetal malformation after progesterone at the time of coitus in the rabbit suggests that progesterone prior to ovulation could conceivably have a deleterious effect on the fetus.

He also feels that, in his experience, estrogen under such circumstances has not produced teratogenesis but in view of the DES-vaginal adenosis-vaginal carcinoma story, he personally recommends that in any case in which DES fails to prevent a pregnancy in the rape victim that she be required to give prior permission for an elective abortion lest an abnormal baby be born!


"The treatment appears effective when given within 72 hours following exposure but fails to interfere with gestation once implantation has taken place. The post-coital use of high doses depresses the secretion of progesterone. The mechanism is not thought to be luteolysis but interference with tubal transport. For the time being this treatment is associated with a variety of unpleasant side effects, cannot be repeated often, and must be absolutely regarded as an emergency measure rather than an established routine method."

This statement, coming as it does from an area where the enthusiasm for pregnancy as a disease, has shown little concern for the safety of measures employed and further, from a scientific fountainhead where “absolute” in any variety of the term is apt to be looked upon with disdain, is indeed a potent statement.

It talks about: one, so-called post-coital contraceptive effect; two, DES as an effective treatment but fails to mention prevention of ovulation as a mechanism. Rather, it selects interference with tubal transport. Three, if anything, it seems to assume that fertilization must have taken place.

Comment: I appreciate the tone and the approach of Father McCarthy in his paper and recognize an honest attempt to be helpful in a difficult situation. From a medical point of view, I cannot see how DES can be used legitimately or safely for the reasons given above. Interception by any other name is abortion.

Some Reflections on Telling the Truth

Seymour Siegel

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“Everything can be imitated except the Truth”... Rabbi Menachem Mendel of Kotzk.

In ancient times, seals were placed on documents indicating that they were authentic. The seal would bear some form of identification so that it would be known whose signature was on the document. “The seal of the Holy One, Blessed be He, is truth (emet),” says an old rabbinic saying. Wherever there is truth, there is also God’s presence. When the truth is cherished, God Himself is being acknowledged.

The moral teachers of all times and all cultures have abhorred lying and falsehood as a betrayal of our human estate. The ability to lie is an oblique compliment to the human species. Only men have the ability to lie. It is the specific form of evil introduced by humans into the harmonies of nature. Only man can lie, for only men know the truth. Without knowing the truth, how can one lie? “In the lie, the spirit practises treason against itself.”

Yet it is generally accepted that truth is not an absolute good. It is rare to find a moral teacher (Immanuel Kant seems to be one exception) who would instruct a prisoner to tell the truth when being interrogated by his captors.

The question which we wish to address is whether the physician has the duty to tell his patient the truth, and nothing but the truth. This is an ancient question and much has been written about it. Judaism, an old and venerable tradition, has said some very interesting things about this issue.

The Midrash, a collection of rabbinic sayings which comment on various verses in the Bible, says the following:

Rabbi Simon said: “When the Holy One, Blessed be He, came to create the first man, the angels formed themselves into various groups. Some said, ‘Let him be created’ and others said, ‘Let him not be created.’ Truth said, ‘Let him not be created, for he will do justice.’ Peace said, ‘Let him be created, for he will do peace.’"
be all controversy.' What did God do? He seized truth and buried it to the earth.”

Man could not be created until truth was cast down. Human existence cannot endure truth which is too insistent. If absolute truth were always to prevail in the affairs of men, men could not endure, though the world itself cannot endure without the truth. We are being who cannot take too much reality (T. S. Eliot). There are occasions when the substance of our humanity is too frail to bear the full burden of the truth.

But what has this to do with the relationships between the doctor and his patient?

To answer this question, it will be necessary to cite another rabbinic comment which is found in the Midrash. This refers to the following incident which is recorded in Scripture: (II Kings, 20:1 ff and Isaiah 38:1 ff I. Chronicles 32, 24.)

In those days Hezekiah fell ill and was at the point of death. The prophet Isaiah, son of Amoz, came and said to him: “God says this, ‘Put your affairs in order for you are going to die; you will not live.’” Hezekiah turned his face to the wall and addressed this prayer to God: “Ah, remember I beg you, how have I behaved faithfully and with sincerity of heart in your presence and done what is right in your eyes.” And Hezekiah shed many tears.

Isaiah had not left the middle court before the word of God came to him, “Go back and say to Hezekiah, ‘God, the God of David your ancestor, has heard your prayer and seen your tears. I will cure you. In three days' time you shall go up to the Temple. I will add fifteen years to your life.’” Bring a fig poultice,” Isaiah said. And Isaiah applied it to the ulcer; and the king recovered.

The rabbinic interpreters found this incident full of interest. Why did God change His mind? How could Isaiah have given an oracle which did not come to pass? What really occurred when Isaiah appeared for the first time? The rabbis read into the story their own values and preferences; that’s what makes their comments so interesting and important for an understanding of the rabbinic mind.

This is how they reconstructed the conversation between Isaiah and Hezekiah:

“When Hezekiah became ill, the Holy One, Blessed be He, told the prophet Isaiah, ‘Go and tell him, 'Command your household for you are about to die and will not live.'”

Said Hezekiah to the prophet Isaiah: “Isaiah, the customary way of the world is for a person when he is visiting one who is sick to say to the afflicted one, 'May heaven have mercy upon you.' The physician tells him what to drink and what to eat (thus not modifying the routine so that patients do not believe that they have given up hope on him). Even if he sees that death is imminent he does not say to him, 'Arrange your affairs,' lest the person's mind fail (he will prey to depression and despair). Now, you, Isaiah, tell me, 'Command your household for you are about to die and you will not live.'”

Isaiah was, after all, merely transmitting the message he had received from the Lord. Nevertheless, the rabbis allow Hezekiah to chastise him and to prevail. The king lives for another fifteen years and, what is more, marries Isaiah’s daughter.

The rabbis were interpreting the story so as to convey through it their own view of what is the proper form of behavior when one is faced with a person who has been doomed to die. The principle seems to be that it is not good to blunt the truth. The primary consideration is the mental and spiritual health of the person who is ill. If telling the truth will harm the person, then truth yields before the requirements of protecting the afflicted one. It is not proper to convey the truth if it is assumed that this will bring harm to the person and will so unnerve him that his last days will be filled with pain and anxiety.

Not only the Talmudic rabbis had this view of the matter. Galen (200 C.E.) seems to have advocated the same course of action: keep the patient ignorant of his condition if this will prevent further pain.

Sisela Bok, in her article on “Truth-Telling,” prepared for the Encyclopedia of Bioethics, says that the early oaths and codes of medical practice were all silent on what physicians should tell patients. The Declaration of Geneva, adopted in 1948 by the World Medical Association, is similarly silent in the matter. The Code of Ethics of the American Medical Association in 1877 “endorses some forms of deception by stating that the physician has a sacred duty to avoid all things that have a tendency to discourage the patient and to depress his spirits...” (curiously repeating verbatim the rabbinic statement on the matter). “The principles of ethics adopted by the same organization in 1957 makes two statements of prognosis which, in essence, leave the matter of informing patients up to the doctor.”

There seems to be near unanimity that the judgment of the physician is paramount in the problem area of truth-telling.

One more rabbinic interpretation. A story is related in the Book of Kings that Benhadad, the King of Syria, fell ill and sent his trusted aide, Hazael, to the prophet Elisha to find out what was likely to happen to him. Elisha, being hostile to Benhadad told Hazael that he would recover. At the same time, he mentioned to Hazael a vision he had had concerning the imminent death of Benhadad and the succession of Hazael to the throne. Scripture concludes: “Leaving Elisha, Hazael went back to his master who asked, What did Elisha say to you?” He answered, ‘He told me you would certainly recover.’”

A Biblical Commentary

How is one to make sense of this story? Gersonides, one of the great biblical commentators of the Jewish middle ages (D.C. 1300) stated that the reason Elisha told Hazael to tell an untruth was that Elisha, foreseeing that the king might die of shock when hearing the truth, told Hazael to tell a lie. This was to prevent the dire circumstances that might ensue should the people believe that Elisha’s oracle,
and the way it was transmitted to Benhadad, were the causes of the king's death. According to Gersonides, telling someone that he is going to die not only endangers the emotional stability of the one who receives the information, it might even kill him!

In the Shulchan Aruch, the authoritative code of Jewish law, a section is devoted to proper behavior upon visiting the sick. Part of the instruction reads:

It is permitted to tell the person who is seriously ill that he should turn his attention to his affairs. If he has loaned out money or deposited with someone, or if others have lent him money or deposited their money with him, he should see that everything is in order. But he should not fear death because of this (that is to say, he should not be told to do what he is told to do because his death is imminent).

Furthermore, in ancient times among Jews the custom arose of reciting a confession upon the deathbed (this is not in the manner of a sacrament, but an act of piety). Regarding the instruction of the patient to confess his sins, the Shulchan Aruch says:

If his death is imminent, they say to him, 'Confess' and they also say to him 'Many have confessed but they did not die, and many who have not confessed have died. In the merit of your confessing you might be granted life.'

Even this is done only when the death seems imminent, when the patient has turned toward dying.

The general principle which seems to emerge is that the main concern of the doctor and those attending the sick is the equanimity and good spirits of the person who is suffering. If, in the opinion of experts, telling the truth would harm him (apparently the ancients believed that this would be the case in the majority of individuals), it is proper to withhold the truth or even to bend it. Truth is indispensable, but not the supreme value. Human life is made tolerable because at some occasions it cast to the ground. Elie Weisel has said, "It is easier to kill a man than to break the news that he is going to die." 10

What we have been saying was apparently eminently reasonable to our ancestors. Even though they lived in a world dedicated to a religious view of the universe, were more familiar with the phenomenon of death at first hand, and generally believed that death was a transition to another (and better) world, they felt that the doctor and the family of the ill person must choose between disclosure, withholding and any number of in-between solutions, including what could be viewed as deception.

The rabbinic attitude is, of course, not exclusively their own. Catholics, among religious groups, would seem to be more insistent on truth-telling so that the sufferer could make his peace with heaven. Nevertheless, there too exceptions are allowed.11 Simone de Beauvoir12 tells movingly of the death of her mother. The daughter is fully aware that by lying to her about her condition, she is isolating her mother and taking away from her the freedom to express her deepest emotions and anxieties. Yet Ms. Beauvoir realizes that, notwithstanding the fact that her mother is a pious Catholic, her overriding need is hope. Death, she says, is une violence indues, arbitrary violence. For a person with a genuine animal attachment to life, its mention would be an inexcusable intrusion. Therefore, mother and daughter act to give one another some measure of hope in a hopeless situation.

This approach can be seen as patient-centered, seeing the welfare and well-being of the ill person as paramount. The physician and the family of the dying person have to make a judgment. What will help the afflicted one, the revelation of the truth or its concealment?

Ancients' View of Physician's Role

This approach would seem to be paternalistic, avoiding the autonomy of the patient to make his own decisions after being presented with the facts in their whole authenticity. The ancients saw the role of the physician not merely as that of a technician who was the source of knowledge and skill, but as that of one who was to soothe as well as heal; help lighten the burden, not only illuminate it. The trust which was seen to exist in the doctor-patient relationship was not to result only in the correspondence between what the doctor knew and what the patient knew, but faith that the doctor did know best how to treat illness, including what to do about truth-telling. Autonomy was seen, of course, as a great good. But mutuality and interpersonal trust might sometimes be superior.13

This meant that not all patients were treated alike. The peculiar and unique circumstances of each person, as far as these can be ascertained, are what counts. If we will succeed in making people unafraid of death, then it will be to the patients' benefit to know everything. But until that time comes, when it is felt that the truth will not make free, but will further enrage and horrify the sufferer, it can be cast to the ground.

This approach seems to me to be eminently sensible and human. It was, as I have said, shared by all ancient traditions. Yet, today, the weight of sentiment and analysis seems to be quite different.

Four separate trends, among others in our contemporary thinking on this subject, would argue for full disclosure. We will briefly describe these trends and comment upon them.

The most famous of the objections against sometimes dissembling for good ends is that raised by Immanuel Kant.14 He wrote a short article entitled "On the Supposed Right to Tell Lies from Benevolent Motives." He is, in this article, reacting to what had been written by a French writer, Benjamin Constant:

The moral principle that it is one's duty to speak the truth, if it were taken singly and unconditionally, would make all society impossible. We have the proof of this in the very direct consequences which have been drawn from this principle by a German philosopher, who goes so far as to affirm that to tell a
falsehood to a murderer who asked us whether our friend, of whom he was in pursuit, had not taken refuge in our house would be a crime.

Kant’s own footnote at this point in his article is interesting: “I hereby admit that I have really said this in some place which I cannot now recollect.”

The argument which Kant proposes is that ethics is rational when it is categorical, that is, when it does not admit consequences as a factor and when the maxims of good and evil are applied universally. This is especially true in the case of truth-telling for “since truthfulness is regarded as the basis of all duties, to be truthful (honest) in all declarations is therefore a sacred unconditional command of reason and not to be limited by any expediency.” All human justice, human intercourse is based on the expectation of truthfulness on the part of the other. How could courts, stock markets, schools, and the businesses operate if there were not a presumption of veracity on the part of the participants? Therefore, to breach the truth is to undermine everything human, even if in doing so, one brings about a “disadvantage.” The victim, so to speak, will be a martyr to truth and the hollow character of human existence.

Kant’s argument possesses grandeur and power. However, it is hard to accept an ethic which would force someone to tell the murderer where his intended victim is. Even the editor of Kant’s words tells it a “strange opinion.” Indeed it is! It is the conception of truth which would convince the angels not to create man in the first place. If it were insisted upon, creation would be impossible. We can exist, because sometimes truth is cast down to the ground. A good consequence is more weighty than a fidelity to an unconditional demand.

A second argument which is brought forward in favor of complete and unconditional veracity in the doctor-patient relationship is based on the concept of the autonomy and personhood of the sick person. Not telling him the whole truth makes him dependent on the doctor and denies him the freedom to assert his own personhood and to exercise his freedom. This argument has been strongly put forward by Joseph Fletcher. He argues that our ethical integrity as persons is dependent upon our freedom of choice. In fact, this is the very basis of ethical integrity. We can only exercise this freedom to choose between alternatives if we are in full possession of the facts upon which our choice must be based. In the absence of this knowledge we are in the forum of conscience “more like puppets than persons.” Fletcher leans heavily on the Buberian distinction between the attitudes of I-Thou and I-It. “A doctor’s patient is a person, a thou, someone with integrity and a moral quality of his own. . . . Relationships to persons are a moral experience because persons are responsible (they can respond). Unlike things they can say ‘yes’ and ‘no.’ They have rights, especially the right to self-determination, the right to be themselves, to choose; in short, to be a thou and not an it, a subject, not an object.” This involves complete disclosure of the truth. Fletcher argues that in withholding the truth we are actually stealing something that belongs to the patient—the facts about his own condition.

Reflection of Buber

In reacting to Fletcher’s impassioned and vigorous expression of the right to complete veracity on the part of the doctor toward the patient, one is reminded of Buber’s own reflection: “But this is the exalted melancholy of our fate, that every Thou in our world must become an It. It does not matter how exclusively present the Thou was in direct relation. As soon as the relation has worked itself out or has been permeated with a means, the Thou becomes an object among objects . . . .” The point that Buber is making is that the I-Thou relationship cannot be sustained for any length of time. As soon as two individuals relate themselves in such a way that it becomes necessary for one person to do something to another, the I-Thou becomes I-It; this being “the exalted melancholy of our fate.” One of the areas usually cited as an example of the necessity of I-It relationships is the medical profession. Most surgeons, for example, will not operate on relatives. Their involvement might interfere with their scientific judgment.

Even if we admit that at the time the physician is speaking to a patient about his condition, he should strive to relate to the sick person as a thou, it would still not follow that at every opportunity he must tell the complete truth. Buber has spoken of the world of I-It as a world of rules, of predetermined patterns of conduct which are to be applied irrespective of the special unpredictable and grace-full quality of the relationship. The articulation of a rule about truth-telling in the categorical way in which Fletcher does it would objectify the relationship all the more. Is it not possible to express our love and concern for the dying patient by withholding words and gestures? This was the experience of Ms. de Beauvoir. Is telling the truth the only way to express an I-Thou relationship? Is it not possible that withholding the truth, or even bending it, is on some occasions a more humane way to articulate the concern for the other?

It is asserted that if the physician does not reveal all, the climate of trust that is indispensable in a doctor-patient relationship is shattered. This assertion begs the question. Where there is real trust and when we can rely on our fellowman to have our benefit at heart, then we can also rely on his judgment to know whether we can stand the truth or not.

An argument against the rabbinic view flows from a concern for the autonomy of the patient. Without complete knowledge, there cannot be any freedom to make decisions which affect one’s own life. However, it could also be argued that by insisting, without exceptions, that
the doctor must reveal all, we are also limiting the freedom of the doctor to do what he thinks is best. The Jewish Codes of Law, for example, regard him as a fool who divulges information to a friend which can only cause grief and inconvenience. If the relationship between doctor and patient is seen in contractual terms, the withholding of facts can be seen as a breach of contract. But if the relationship is seen in covenantal terms, a trustful handing over of our lives and welfare to a fellow human being, then part of the trust implicit in such a relationship might involve withholding the truth.  

A third objection against the rabbinic view would flow from the viewpoint that by not telling the patient the whole truth about his condition we are depriving him of the dignity of planning and experiencing his own death. Leon Kass points out that a death with dignity means a death of one's own which reflects the individual values, experiences and worth of each human being. "A death of one's own," says Kass, "is impossible unless one knows that one is dying . . . The first specification is therefore that the patient has a right to know what is the matter with him and also his prognosis." The knowledge thus gained gives the patient the time to prepare to die and settle whatever needs to be settled. "To keep the truth from the patient is to treat him as if he were already dead."

Kass points out that though he believes the truth should be told there are many ways of communicating the truth. He reports an experience he had when he was a medical student on morning rounds. He cites the following exchange that took place between a timid, frightened middle-aged patient and his surgeon the morning after surgery:

Patient: "Doctor, please, it wasn't cancer, was it?"

Surgeon: "Mr. ______, you bet your life it was."

Who can fail to be moved by Leon Kass' argument? Can the process of dying be carried on in any human way without the full awareness of what is happening on the part of the central character in the drama which is unfolding before our eyes?

Possibility of Exceptions

Yet, even Kass has to admit: "There are perhaps exceptional cases in which the patient might be better off not knowing." It is just this admission of the possibility of exceptions to the rule that I believe to be the rabbinic attitude. They, too, did not believe that the patient never to be told the truth, but only where it would hurt him and make him lose hope. If the individual would fall into a deep depression, become nasty and mean to all relatives and friends, disintegrate psychologically and spiritually, do we not preserve his dignity by allowing him to have hope, even though this hope be undermined by the brutal facts? Facing the truth may be a sign of adulthood and, therefore, of human dignity. However, there are other instances where a person's last moments on earth should be lived in the fullness of confidence and life-affirmation. Sometimes this is fostered by following the rabbinic admonition not to undermine the spirit of the sufferer. Leon Kass, who so eloquently argues for the preservation of the dignity of the dying patient, seems to admit the possibility that this dignity might be preserved by not invoking the truth.

The fourth argument against the view we have been presenting is an empirical argument. It states that patients know anyway that they are going to die, even when there is dissembling. This is one form of the argument. The other form is that clinically it is better for people to know the whole truth. They act better and even feel better.

This argument fails because the evidence drawn from various studies seems to be contradictory at this point. There seem to be many instances when people do not know the truth of their own condition. Even if they do know and insist on putting on a "fron," should they not be allowed to do so, if that is an expression of their own autonomy? There are certainly some cases where the patients' spirits and equanimity are adversely affected by pulling away the mask and allowing truth to be seen. However, even if there were no such cases at the present time, this would not refute the principle I have been defending. It states: if the patient would be caused more pain and anguish by knowing the brutal truth, then it should be withheld from him. It follows, therefore, that if there are no such cases, then the principle would not need to be invoked. However, there is a reasonable assumption that there will be some exceptions or that times might again change. In that case, the principle could again be invoked. I am defending the validity of the principle, not necessarily its universal application.

When all is said and done, it is perhaps true, as many have pointed out, that the question is not whether to tell the truth, but how much of it to tell and when to tell it. Disraeli observed, "A gentleman is one who knows when to tell the truth and when not to." Fletcher quotes Disraeli and is contemptuous of this attitude. It does, however, express a truth which centuries of wisdom and experience seem to have validated. A "gentleman" or, if you will, a man of compassion gauges his own speech by the effect it is bound to have on those to whom he is speaking. This principle can be used by cynical politicians, corrupt businessmen, and others for their own nefarious and harmful purposes. But it can also be, in the case of the doctor-patient relationship, one of the highest expressions of love and compassion.

REFERENCES

3. See the excellent article by Ms. Sissela Bok prepared for the Encyclopedia of Bioethics.

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5. The verse is found in Ecclesiastes 5:6. The commentary is found in Maimon, Kohelet Rabbi ad locum. The passage is discussed by J. Preuss, Biblisches-talmudische Medizin, 1911, pp. 32ff.
6. See also I. Jacobowitz, Jewish Medical Ethics, 1959, pp. 120ff.
8. Klings, 8-7ff. Cf. Daube, op. cit. for an interesting discussion of this passage.
9. Shulchan, Aruch, Yoreh Deah, 335 and 338.
11. See inter alia: Charles McFadden, Medical Ethics, chapter entitled “truthfulness and Professional Secrecy” and Bernard Haring, Medical Ethics, Fide Publishing Co., pp. 127ff.
12. Une mort tres douce, 1964. I am indebted to Prof. David Daube for this reference.
13. Plato’s Republic, 389, b-d, says that only physicians could engage in falsehood for the good of the patient.
14. “On the Supposed Right to Tell Lies from Benevolent Motives,” found together with “Critique of Practical Reason,” translated by Thomas K. Abbott, London, 1909. It would be well to consider the thesis put forward by H. J. Paton in Kant-Studien, Vol. 45, No. 1-4 (an alleged right to lie a problem in Kantian ethics) who, on the basis of comparative study and other considerations, proposes that Kant did not really mean that practically there are no occasions when it is possible to lie. He was arguing formally.
15. Ibid.
16. In Morals and Medicine, p. 38.
17. Buber, Martin, I and Thou (Gregor Smith translation), p. 16.

Philological excursus:
The meaning of the Hebrew word emet, usually translated “truth,” is investigated very minutely by Eliezer Berkowitz, Man and God, Studies in Biblical Theology, Wayne State University, 1969. He comes to the conclusion that the word for truth in biblical Hebraic, emet, is sometimes used in the conventional sense of correspondence to a fact. However, in many more instances it is related to the words meaning trustworthiness, steadfastness, integrity, and constancy. The truth between men and women is not only epistemological, but also ethical. It implies an ethical relationship in which the emet-teller, the truth-teller, is steadfast and caring for his fellowmen. Could one then argue that by withholding the truth, in some instances, one is being truer (more related to emet) than he who blurts it out?

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