

1997

## Morton Terry Oral History

Philadelphia College of Osteopathic Medicine

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TELEPHONE INTERVIEW WITH MORTON TERRY, D.O. (CLASS OF 1945)  
by Carol Benenson Perloff for the  
Philadelphia College of Osteopathic Medicine (PCOM)  
April 7, 1997

PERLOFF: Please state your full name, date of birth and place  
where you were raised.

TERRY:

CBP:

MT:

CBP: Please give me the address of where you currently  
reside.

MT:

CBP: What made you want to pursue a career in osteopathy?

MT: That is interesting. [laughs] It was going to be  
part of my narrative. It all started at the end of  
1941, when as an officer of the Society of Biology  
and Medicine at Brooklyn College, I attended a  
lecture sponsored by the U.S. Public Health Service,  
and the speaker was a D.O. by the name of Raymond

Chaiken, who was practicing in the area. I had never heard anything about D.O.s, and I was quite fascinated. I went to his office, spent a little time with him, and as a result, I applied to PCO, along with applying to other medical schools.

CBP: Did you apply to any other osteopathic schools?

MT: No, just PCO. Then in June of 1942, in the mail one day, I got three different letters. One was an acceptance to PCO, one was an acceptance to a local allopathic medical school, and one was greetings that I had been accepted to serve my country in the Army. [laughs]

CBP: [laughs]

MT: Well, the third one wasn't in the running, but I made a decision I have never regretted. I felt I had more to offer a patient by being a D.O., and I accepted the acceptance of PCO.

CBP: Were any family members or others influential in your upbringing, involved in the medical professions?

MT: No.

CBP: What educational experience had you completed prior to matriculating at PCO?

MT: Bachelor of Arts degree at Brooklyn College.

CBP: Was that a four-year degree?

MT: Yes.

CBP: What were the highlights of your educational experience at PCO in the 1940s? Courses, professors, etc.

MT: Well, I don't know what you'd consider highlights, except that my parents made the supreme sacrifice and paid the four hundred dollars, which was the tuition for a year back then. It left us all broke. And as a result, I had the dubious distinction of being the first medical student in the City of Philadelphia to get into the Restaurant Union. I was in both the AFL and CIO, and I worked just about every night at the Warwick or Bellevue Stratford, and so on. And weekends at weddings and bar mitzvahs and that sort of thing.

CBP: Are there any particular courses that stick in your mind from when you were a medical student?

MT: I loved every minute of every one of them.

CBP: Did anything in particular spark your interest more than others?

MT: I always leaned toward internal medicine, so that the subjects involved with that were more interesting to me.

CBP: Were there any particular professors or teachers in that area of internal medicine who stand out in your mind, who really influenced you when you were a student?

MT: Yes, I was close to the now deceased Victor Fisher, D.O.

CBP: What can you tell me about him?

MT: He was just a nice human being and a highly competent, highly intelligent individual. Generally speaking, I liked everyone there, with the exception of -- nobody liked Angus Cathie, the anatomy professor.

CBP: Why was that?

MT: Because he was a son-of-a-bitch. He was a wonderful teacher, but he was biased and he was rough. But he was a sensational teacher.

CBP: Could you share your recollections of Dean Otterbein Dressler?

MT: Oh, I loved him. I thought he was one of the most brilliant, finest individuals I ever met. The words of wisdom -- I used to sit and just listen to him. Go to his office whenever I could and just listen to him. His words of wisdom were so great.

CBP: Was that a consensus of opinion by the students, or you personally thought that way?

MT: I think everybody looked up to him and admired him.

CBP: Was he still teaching while he was serving as Dean?

MT: Yes.

CBP: And that was pathology, correct?

MT: Right. By the way, he's the only person I know who is so picturesque, and his language so colorful that he could take my class, a group of rascals, at eight

o'clock in the morning, after they had been carousing the night before, and teach them pathology with the lights out, with their backs to him, looking at a screen in the back of the room, and keep them awake for an hour. He was just wonderful.

CBP: Was he very energetic in his lectures?

MT: Yes. Energetic and he had a deep, British accent, and colorful expressions such as, "And you know this patient presents himself with these symptoms of this thing, that in one month he'll be deader than a doornail." [laughs] This kind of thing. He was just a wonderful and fascinating guy.

CBP: You just mentioned that you and your friends -- you were rascals that came in after carousing at night. Were you part of a particularly rowdy class?

MT: Not especially, but these are people in their early twenties, and they would shoot craps in the fraternity houses -- things of that nature. I tell you, compared to the way kids are nowadays, that was carousing back then -- they were choir boys compared

to the way kids act now. We had a nice bunch of people.

CBP: Do you remain in contact with people from your class?

MT: Yes, some of them. In fact, when I started this school here, one of my classmates -- I brought one of my classmates up to be the founding Dean.

CBP: Dr. Melnick?

MT: Yes. He was in my class. There was another doctor locally, Dr. Julian Blitz, and my roommate was Harold Strick, who moved to California. He was Dean there and he became an M.D. But yes, I keep in contact with some of them. There aren't too many.

CBP: Where did you and your roommate live?

MT: On Chestnut Street.

CBP: Apartments?

MT: Yes.

CBP: Was that the norm, that the students lived in that vicinity?

MT: They all lived around the school someplace.



CBP: During the second World War, PCO, as well as many other medical schools, accelerated its program from four years to three years. As a graduate of the Class of 1945, you were part of the accelerated program.

MT: That's right.

CBP: What were your impressions of the accelerated program -- both positive and negative?

MT: I enjoyed saving a year. I didn't feel that there was so much work that needed to be absorbed. Don't forget, this was fifty years ago, but fifty years ago when a medical student was exposed to less than a fiftieth of the information that he gets now. That's why he could work every night. So generally speaking, I thought the accelerated program was a plus for me.

CBP: Do you think you lost out in any way in the education by having it be condensed into three years?

MT: Not back then. I don't think it can be done now.

CBP: Do you think that now we might have to move toward extending the four year programs, if there's this much information that the students need to learn?

MT: Well, we have extended it. Not directly in the school, but back then, many students went out and practiced immediately, even without an internship. Nowadays, no student opens a practice -- certainly without an internship. State law requires it in most places. Plus, almost every student has a residency. Every graduate has a residency of some form -- either family practice or some other specialty. So we have extended the education period -- maybe not in the classroom, but overall.

CBP: Please tell me what you remember about the military medicine courses that were introduced into the curriculum during the war years. For example, tropical diseases.

MT: I remember very vividly the professor we had, Thomaso DaRivas. He had written a textbook in tropical medicine, and it was a fascinating course

because he told us about conditions that we had never heard of before, things that you find in Africa and places like that. I enjoyed the course very much.

CBP: Was the information ever of use to you?

MT: No. It was unique, though. It was only of use in conversation. Through the years, they may have come up sometime.

CBP: Were there any other courses that were developed just for wartime that you recall? Anything in the way of occupational health or public health?

MT: Not that I remember that would be attributable to the war. In fact, until you just mentioned it, I wasn't under the impression that the tropical medicine course was due to the war.

CBP: Yes, that clearly was. In what ways was the 48th Street Hospital impacted by the wartime mobilization?

MT: Well, I don't know how it was impacted. All I know is that was one of the most beautiful buildings I

ever saw.

CBP: Could you describe it a little bit, please?

MT: It was a big, gothic structure, and it was so attractive. It was made out of hewn stone, and they say it looked like it was something you would expect to see at Oxford or someplace in England.

Beautiful. And, of course, after three years of school, I spent another three years at the Hospital there, as post-graduate.

CBP: Right.

MT: I lived in the attic.

CBP: We're going to get to that. Do you think that the Hospital and the osteopathic physicians temporarily saw more patients during the wartime, while the allopathic physicians were serving in the Armed Forces?

MT: Obviously. That was the profession.

CBP: Do you feel that those patients stayed with the osteopaths?

MT: Oh, many of them did, of course. When a doctor

develops a relationship with a patient, they don't care what he is. They'll stay with him as long as he's doing good for them.

CBP: While you were a medical student working in the clinics at 48th Street and in the Hospital there, could you sense this increase in activity because the allopathic physicians were away?

MT: No, I couldn't. I didn't have any relationship at that time.

CBP: How did you feel about osteopathic physicians being excluded from military service as medical personnel, while you were working to earn your D.O. degree?

MT: While I was working for it, do you mean?

CBP: Yes. While you were a student, trying to get your D.O. degree, and at the same time, the military wasn't recognizing your credentials, or what would be your credentials, to serve your country.

MT: I was infuriated. We were thought of by some people in the public as draft dodgers, and the most remarkable thing -- the girl I married was a student

nurse at PCO. The Osteopathic Hospital had a nurse's training school then, and if she went into the Army -- and I was one of her teachers during my residency -- if she went into the Army, she'd go in as a second lieutenant, and if I went in, I'd go in as a corpsman. [laughs] The only thing, as a matter of fact, was that I was troubled by the discourtesy. I wasn't troubled by the fact that they were very stupid. They didn't take D.O.s into the Army, so that they were left to take care of the civilian population, while the allopathic physicians were all in the Army. So it made our profession.

CBP: Was there any active lobbying by the students during the war, to protest that you were not being considered for military service?

MT: Not to my knowledge.

CBP: When you were a student at PCOM, osteopathy as a profession was struggling to push for higher standards, both in admissions and curriculum, especially in the basic sciences. How were these

challenges being met by the College?

MT: I thought we had very decent basic science education. We had some biochemists and physiologists. Most of our basic scientists were D.O.s, who taught basic science, like the anatomists. Different than it is now. The anatomists, the physiologist was a D.O. He was wonderful. The guy who taught pharmacology was a D.O., and so on.

CBP: Please describe your clinical training while a medical student at PCO, and comment on the strengths and weaknesses of that part of the curriculum.

MT: Well, that part of the curriculum was weak, I must admit. We were restricted to a ninety-bed hospital, which the Hospital was at the time. There wasn't a wealth of rotations that we could go through, like there is nowadays. And the clinical was somewhat diminished. I don't know what it is now.

CBP: Do you recall the basement clinic rooms?

MT: Yes.

CBP: Any anecdotes you can share with me about working down there as a student?

MT: Yes, there were lots of them. I don't remember details, but I enjoyed that. That was a good exposure -- one of the few exposures we had. I'm trying to reproduce some of that stuff here, at this school. Another thing that was a remarkable thing was the obstetrical training we had.

CBP: Who was leading that at the time?

MT: H. Walter Evans was the Chairman. As junior students, we were assigned in pairs to lower socio-economic people, and we were on call all the time, and when they were ready to deliver -- we checked them prenatally and so on -- and when they were ready to deliver they called, and the two of us went out to the house -- to their house, spread newspapers on their filthy beds, and delivered them right at home.

CBP: What neighborhoods were you going into?

MT: I don't remember now, at this stage, what the



neighborhoods were, but they were the lower socio-economic neighborhoods.

CBP: So it wasn't the West Philadelphia neighborhood, then, where the school was?

MT: No, no, no.

CBP: Because that was quite nice then.

MT: South Philadelphia. I don't like to say it, but the black neighborhoods and the lower socio-economic groups.

CBP: Did you run into any difficulties with those deliveries?

MT: Yes, occasionally I ran into a tough one. There was a resident on call available. If we ran into a problem, the patient could be transferred to the Hospital. I thought that was a wonderful experience.

CBP: How many babies did you deliver while you were a medical student?

MT: Someplace between six and ten.

CBP: And had you done any of those deliveries in the

Hospital with an attending?

MT: No, they were all done outside.

CBP: So you hadn't actually delivered a baby before you were sent out with responsibility to do that?

MT: No, but I did rotate through and watched.

CBP: Did that make you nervous, doing it for the first time?

MT: No. You know, it isn't really a disease. [laughs]

CBP: [laughs] Do you recall the Well Baby Clinic at 3rd and Lehigh Streets?

MT: No.

CBP: It was established in the 1930s, and I know it was still there as late as 1939. That doesn't ring a bell at all?

MT: I never heard of it.

CBP: How about an obstetrical clinic in that neighborhood?

MT: I never heard of it.

CBP: Did you ever go to PGH or the Municipal Hospital for Contagious Diseases, or any other hospital to

further your clinical education while you were a medical student?

MT: We didn't go to PGH, but we did go to the Municipal -- the Infectious Diseases Hospital. So they pointed out some infectious diseases like diphtheria, polio and things of that nature. This is by a single visit.

CBP: So it wasn't like a rotation?

MT: No. We weren't accepted for rotation in most places. We would try to sneak in the lectures at Jefferson and places like that, but it was difficult to sneak into lectures because all the medical students were members of ASTP, where the government paid for their medical education, and they went to school in uniform. We were in civilian clothes, which made us stand out. It made it very difficult for us to sneak lectures.

CBP: Were you trying to sit in on clinical lectures?

MT: Like surgical in the amphitheater, surgical demonstrations, lectures -- yes.

CBP: Were you welcomed at any other school?

MT: No.

CBP: Were you successful at sneaking in at any other school?

MT: Occasionally. I didn't realize it back then, but when you come to think of it, in 1942 and 1943, when I was at PCO -- 1944 -- the profession was only about fifty years old. [laughs] I can understand why people didn't have a great deal of respect for us.

CBP: I understand from what you said before you that you were quite busy waitering at night to make ends meet, but could you please comment, at least somewhat, on your social experience at PCO and in Philadelphia during the war years, while you were a student?

MT: I had basically no social experience before I went to school.

CBP: Did you belong to a fraternity?

MT: No.

CBP: Were the fraternities active during wartime?

MT: Yes, they were active. I didn't belong.

CBP: Were there any organized athletics at PCO during your years as a medical student?

MT: Not to my knowledge. If they were, they were not organized. They were occasional efforts.

CBP: What was the nature of faculty/student relationships when you were a student in the 1940s?

MT: It was a fairly warm relationship. It wasn't very close. Faculty was pleasant, but they weren't our best friends.

CBP: Was there any faculty student activity outside of the college setting? Social events, outings -- anything?

MT: There might have been, but I wasn't aware of them.

CBP: Upon graduation from PCO, you served an internship at the 48th Street Hospital.

MT: Right.

CBP: Please describe the structure of the internship program, including any formal didactic education

and/or informal conferences.

MT: Well, there were approximately fifteen or sixteen interns. We slept up in the fifth floor, in the attic.

CBP: Could you describe that dormitory a bit more, please?

MT: [laughs] Just a row of beds, that's all -- wide open to each other. No privacy. But in those days, who cared? My salary was a dollar a week. Actually, the job didn't pay any salary. It paid full maintenance. But they gave us a dollar a week for our personal laundry, which they did not do. That was my income.

CBP: So you actually lived in that room, then, seven nights a week?

MT: That's right.

CBP: So it wasn't like an on-call room?

MT: No. [laughs] It was my house.

CBP: Okay. [laughs]

MT: We ate down in the dining room downstairs, and the

food was horrendous. One food that I really liked -  
- they had some wonderful raisin bread that I used  
to like, until one day one of the raisins got up and  
walked off the bread.

CBP: [laughs]

MT: The end of my raisin bread. Then it was cheese  
souffle that made up the bulk of the diet. However,  
I have to say, it was one of the best years of my  
life.

CBP: Could you talk to me about the camaraderie among the  
interns?

MT: We were very close, most of us, inside the school.  
There wasn't much outside.

CBP: Did you all come out of PCO's program, or were there  
any interns from other osteopathic colleges?

MT: I believe they were all PCO graduates.

CBP: Could you describe a little bit, please, the  
structure of the program? How you spent your day,  
how many days a week?

MT: Well, we had rotating services. We'd either be

assigned to a floor or to anesthesia or to surgery or to obstetrics or to the emergency room or to night duty. And we served our time, doing whatever we had to do there.

CBP: Were you doing all your own lab work?

MT: No, we did some of it. One of the services was a lab service, where we did all the urinalysis and blood, and picked up our little box, where we walked around collecting blood from patients.

CBP: What were your teaching responsibilities as interns?

MT: Very little.

CBP: Do you feel that that has changed over time?

MT: Oh, yes.

CBP: When do you think that shift started?

MT: I think it was a gradual evolution. We had very little teaching back then.

CBP: Did you have medical students following you around as you worked as an intern?

MT: Sometimes. Not as many as they do now.

CBP: Were there any conferences or lectures that were



part of your internship?

MT: It's hard to remember the details. Don't forget, we're talking about over fifty years ago.

CBP: Right.

MT: I do recall some lectures, yes. There were not a large amount of them because all the attendings had their own practices outside of the Hospital. They didn't have too much time to hang around. As it was, they lectured in the school, tried to make a living outside the Hospital as well, in their offices. Didn't leave them a heck of a lot of time for lecturing at the Hospital, as well.

CBP: Whom did you consider to be your mentor or mentors as an intern?

MT: I can't remember any specific people. Each department chairman chief taught me something. I just looked up to all of them.

CBP: Please comment on the chairman of the internal medicine, Ralph Fischer. Comment on him as an educator, as a clinician and as a layperson.

MT: He was autocratic, and most students did not like him, and I didn't initially, but as I got to know him, I got to accept him. He was kind of introverted and withdrawn, but he was a fair clinician. Don't forget, most of our chiefs scrambled to get their specialty education wherever they could get it, by taking courses here and there, and sneaking in, assuming M.D. titles. Because they were not accepted in allopathic programs. And reading books and studying and attending seminars. They didn't have a lot of formal education. I don't know if you realize it or not, but I was the first residency-trained internist in the osteopathic profession.

CBP: Yes. That's about two questions down the line for me.

MT: Yes. [laughs] So the formal education in their specialty didn't exist. So they did it the best way they could. And some of them came out pretty good because they were smart people.

CBP: At the time you concluded your one-year internship, PCO had a surgical residency program, but no internal medicine residency program.

MT: The only program it had was surgical.

CBP: Right. In your opinion, why did this level of graduate education exist in one specialty and not the other?

MT: Well, it was just the development of the times because D.O.s were basically primary care people. The only reason there were any specialists at all was because it was a hospital. So surgeons needed somebody to hand them the instruments, and to do tasks around the O.R., so surgical residency was developed, and the surgical residents also served as the senior residents of the overall program. That's the way it worked out.

CBP: How long was the surgical residency program back then?

MT: Two years, as I recall.

CBP: Please describe the events leading to your

appointment as PCO's first resident in internal medicine.

MT: Well, I decided that I wanted internal medicine. I went to see Dr. Ralph Fischer, and he told me it was not possible because there were no free patients, and the Hospital wasn't big enough, and there just wasn't enough for a resident to do. In my own mind I knew I was going to be an internist, even if I had to start medical school over again.

CBP: Meaning an allopathic institution?

MT: If I had to, that's what I would do. I went to Otterbein Dressler, the Dean at that time, and he said, "Well, I don't know what I can tell you. It's up to your Chief of Medicine," who was Ralph Fischer. Well, anyhow, it looked like nothing was going to happen. I went home for a week after I finished my internship, but I did not turn in my bed uniforms. And when I came back, I just acted like I belonged there. I told the switchboard to call me when any of the internists were making rounds, and I

was there as if I belonged there. The only change I made in my dress is the clinic shirt under the white coat, which was buttoned up the side of the neck. I changed to a regular white shirt and a maroon tie.

CBP: Was that more in keeping with what the attendings wore?

MT: No. Just for me to stand out differently than the interns.

CBP: How did the administration react to your still being there?

MT: There was no reaction. Everybody knew I didn't belong there, but nobody either had the guts or nerve to ask me, "What are you doing here?" I just stayed.

CBP: [laughs]

MT: For a while, I became more and more important. Dr. Fischer, for example, would have a patient sent in. He'd be in his office, and he'd call in, and I would do the EKG on the patient and report it to him over the phone, the findings. And pretty soon, he came

to depend on me for a number of things, and pretty soon -- maybe he'd miss an occasional Sunday making rounds, and I would make the rounds for him. When I say "him," I'm mostly referring to the other internists, as well: Bill Daiber, and some of the others. But Fischer was the important guy. Then, after I was there doing this about five or six weeks, I went back upstairs with a bowl of fruit and a pile of medical journals, and a carton of cigarettes and stayed upstairs, and when Fischer came in -- and I knew more about his patients than he knew at that stage because I was there all the time with them. He went to make rounds and he said, "Where's Terry?" They told him I left work and where I was. He came up and he said, "Why aren't you working?" I said, "Working at what?" I said, "I can't go on this way with no recognition and no creditation, no certification. I'm getting ready to leave."

CBP: And you were receiving no money during this time?

MT: No money at all. Well, it didn't make much difference from a dollar a week.

CBP: That's true. [laughs]

MT: So anyhow, I planned this -- I did this on a Monday because Tuesday night was the Executive Committee meeting, which was the Chiefs of all the Departments. At the Executive Meeting the following night, Fischer had me appointed medical resident with retroactive pay of twenty-five dollars a month. And, interestingly as a result of that, all the other residencies started because the other attendings saw what a soft touch that was, to have somebody do a lot of their work, somebody to be responsible, and Fischer, who had told me there wasn't enough for a resident to do, never could find time to give me a night off ever. I had maybe two nights off the first year. And when I finished the two years of residency, which it was at that time, he replaced me with two residents. It was fascinating.

CBP: Were you the first AOA-approved resident in internal medicine within the osteopathic profession?

MT: To my knowledge, yes.

CBP: So what kind of certification did you get, having been the first?

MT: I became a member of the ACOI -- American College of Osteopathic Internists, after two years, I think it was. Then, later on, I became a Fellow of the FACOI.

CBP: How did your education and responsibilities as a resident differ from your experience as an intern?

MT: Well, I had much more responsibility. I was able to make more decisions on my own, and certainly, in emergency circumstances, without somebody looking over my shoulder.

CBP: Did you have more teaching responsibility as a resident?

MT: Yes, I did that, too.

CBP: Teaching interns and/or medical students?

MT: Yes, both.



CBP: How did your lifestyle change, as far as salary?

MT: The way my lifestyle changed is I was working sometimes three days in a row without sleep. Unbelievably long hours. But the most important part of my residency was I met a young student nurse, and we're now going on our forty-ninth year of marriage.

CBP: What's her name?

MT: Her name at that time was Geraldine Rafferty.

CBP: How did you have any time to date, while you were working those hours?

MT: Oh, we would go to a movie once in a while -- rare occasions.

CBP: So you did get a couple nights off, then.

MT: Well, sure -- through the year.

CBP: This was a two-year residency?

MT: Yes.

CBP: Were you involved at all in formulating a structured residency program to follow your position?

MT: No. Just developed -- it grew like topsy.

CBP: As a resident, did you feel that you were professionally and socially accepted by the faculty, or were you still a bridge between them and the medical students?

MT: I don't really understand your question completely, but I think that there was pretty wide acceptance after I was there a short time.

CBP: I guess what I'm getting at is did they accept you as a colleague at that point?

MT: Well, not on an equal basis.

CBP: Please share your recollections of the origins and the activities of the Survivors' Club.

MT: Well, I'm trying to remember whether it was at the end of my internship or during my residency when I was sitting and talking to surgical resident, Harry Binder, who has expired since, and we decided it would be nice to have a club, and we thought up the name Survivor's Club, and we approached Galen Young to be our sponsor and faculty person, and he was kind enough to accept. Not only the responsibility,

but he picked up the tab for a once-a-year dinner that we all went to. Wonderful experience.

CBP: Are you still involved with the Survivors' Club?

MT: No. I'm too far away.

CBP: In general, how has the training of a resident changed from the time you pioneered graduate education at PCO in the 1940s, to the present day.

MT: How has it changed where? In Philadelphia?

CBP: Or just in general. From your experience as a resident.

MT: I don't know. It's much more formalized. Much more formalized lectures and many more procedures are taught formally and so on, than there was then.

CBP: How about as far as the time demands on a resident?

MT: You know, I really don't know. Residents are still, I believe, from what I understand, over-worked. But it was never like that. You never had a hospital with one resident -- there was never one of those -- where it all depends on one person.

CBP: How many patients were you covering when you were

the one resident?

MT: A third of hospital, one hundred beds, and I would say about a third were medical patients, or forty percent were medical patients. Then there were complications in obstetrics. Being the only resident around, the other doctors used me, too, whenever they needed somebody.

CBP: That's it as far as my prepared questions. If there is some other material you'd like to share with me about your experiences at PCOM, I would like to hear it.

MT: I really don't have too much else, other than to say I really loved the place. I started with less than nothing, and it gave me everything. It gave me my wife, from whom my four children and ten grandchildren resulted. It gave me my reason for thirty-some odd years of a wonderful practice. It then gave me the opportunity to start SECOM here and the University, and it just gave me everything. In fact, I just handed out my annual check that I write

to the Foundation for gratitude. I owe everything I have to the school.

CBP: That's great. Well, thank you very much for taking the time to have this interview with me.

MT: You're quite welcome.

End of Interview

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