PUBLIC HEALTH

Aim to Conquer Killers

A proposed network of 32 regional medical complexes could provide superior treatment for heart disease, cancer and stroke—the greatest killers in the United States today.

➤ THE COMING decades may see an organized, silent revolution as medical science sets out to conquer the three greatest killers in the United States today—heart disease, cancer and stroke.

Health legislation currently before Congress, if passed this year, would start the fight to save thousands of American lives lost through these diseases.

In an attempt to bring up-to-date high quality health services to all Americans, creation of a network of 32 regional medical complexes has been proposed.

These complexes would serve as "a framework through which the best in modern medical knowledge would be made swiftly and surely available to physicians in practice and to their patients who are suffering from heart disease, cancer, stroke or other major diseases," Secretary of Health, Education and Welfare Anthony J. Celebrezze told the Senate Health Subcommittee considering the proposed legislation.

The success of these complexes depends on the coordination of all medical facilities and resources in a given geographic area for the benefit of the physicians and residents.

The proposed complex, as it was first outlined by the President's Commission on Heart Disease, Cancer and Stroke, would merge public and private medical facilities in approximately a 100-mile area to serve about two million people. (See SNL 87:35, Jan. 1965)

Each complex is to be a network designed to bring the worlds of medical practice, medical research and medical training together so that breakthroughs in the laboratory can be delivered directly to the people.

The center line of this battle array, the medical school or medical center of a large city, would provide facilities for clinical and laboratory investigation, teaching and patient care related to the particular disease being studied there.

The center would also take the initiative in establishing a medical complex for the region by setting up an advisory board representing health groups and the general public, which would plan and carry out the operations of the complex.

An initial grant, administered by an advisory committee in the U.S. Public Health Service, would provide planning funds to be used by the institutions participating in the complex for negotiating contracts, coordinating administrative procedures, increasing hospital staffs and initiating other activities necessary to start a program of this scope. Legislation would authorize this group.

Eventually, an entire institution or part of an institution in the region would be devoted to research and training of specialists for diagnostic and treatment services.

A series of local diagnostic and treatment stations for either heart disease, cancer or stroke would provide immediate and emergency care, diagnostic facilities, outpatient services and a public education program in communities across the nation.

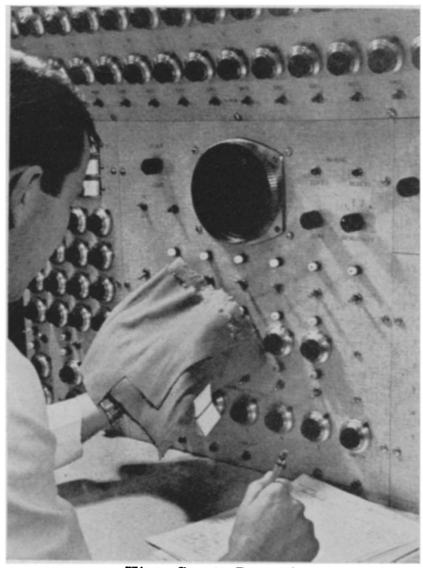
Although some regions already have facilities and services that could be incorporated into the structure of a medical complex, other regions would be given financial grants to establish them.

The goal during the next five years is to create within the 32 complexes 60 medical centers and 550 diagnostic and treatment stations.

The benefit that this coordination of facilities and talents could provide to the average American citizen was outlined in a hypothetical case by Dr. Edward W. Dempsey, special assistant to the Secretary of Health, Education and Welfare, as he spoke before the Senate Health Subcommittee.

The case involves a 47-year-old school teacher who suffered a heart attack and had been immediately admitted to Hospital-A in his community by his physician.

On the teacher's third day in the hospital, his heart stopped beating. However, because of a training program in the management of temporary heart failure that had been conducted by personnel from the heart diagnostic and treatment station in Hospital-B in the same community, the staff of Hospital-A were able to literally shock the teacher back to life.



Kings County Research Laboratories

BLOOD TESTER—For the first time, an automatic process for testing blood has been put under computer control. A technician from Kings County Research Laboratories, Inc., Brooklyn, places blood specimens in an Auto-Analyzer, monitored by an IBM 1701 computer.

After this episode occurred a second time, a cardiologist was called in, and the patient was transferred to the heart disease clinical research center in another city.

At the research center, diagnostic studies and consultation between scientists and specialists led to the decision to implant wires connecting the patient's heart to an electronic, artificial pacemaker that would stimulate his heart beat.

The follow-up care for the teacher required the specialists and scientists in the heart disease research center, the specialists in the diagnostic and treatment station and the patient's own physician to work together.

This case illustrates how the health-complex concept of large-scale cooperation, community planning, and efficient use of facilities can aid everyone.

"Patients would receive better care, physicians would receive improved assistance, both would benefit from the availability of equipment otherwise too new or too expensive for ready accessibility," Dr. Dempsey concluded.

• Science News Letter, 87:151 March 6, 1965

MEDICINE

Urinary Infections May Lead to Kidney Trouble

➤ UNLESS "SILENT" infections of the urinary tract are detected and treated early, they may lead to serious kidney disorders.

Fifteen percent of 521 consecutive adult male admissions to the general medical wards of the Los Angeles Veterans Administration Hospital were found to have bacterial infections of the urine. There were no symptoms of urological involvement in the group. Similar results were obtained in studies of female patients elsewhere.

Conducting the study were Drs. George M. Kalmanson, Samuel A. Wolfson, Milton E. Rubini and Lucien B. Guze of the V. A. Center and University of California at Los Angeles Medical School.

The incidence of urinary infection was higher in older age groups and tended to occur more often in those with predisposing factors. These included enlarged prostate gland, kidney stones and a history of urological instrumentation, surgery or previous infection.

Predisposing factors were not associated with infection before age 41 but were considerably more frequent in infected people from age 41 to 70. It is possible that younger males are able to resist infection even in the presence of predisposing factors, the investigators said.

The high incidence of urinary infection without symptoms, particularly in older patients, makes it urgent that careful screening for such infections in this age group be carried out, the doctors said. Early detection of these infections and appropriate therapy may prevent serious urological involvement, they added.

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