

ASIAN

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MEDICAL JOURNAL

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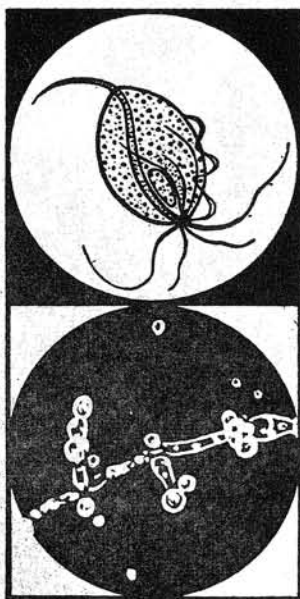
JANUARY, 1965

❖ *Trichomoniasis* ❖ *Candidiasis*
 ❖ *Mixed infections due to Trichomonas and Candida*

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TRICHOMONIASIS + CANDIDIASIS



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VAGINAL TABLETS: *Trichomonas vaginalis* vaginitis, *Candida albicans* vaginitis, mixed infections due to these organisms, leucorrhœa, pruritus vulvæ.

ORAL TABLETS: Disseminated, pulmonary and other internal candidiasis, *Trichomonas vaginalis* vaginitis, *Candida albicans* vaginitis, urinary trichomoniasis and candidiasis, mixed infections due to *Trichomonas* and *Candida*, and amebiasis.

OINTMENT: Dermatomycoses, cutaneous candidiasis and pruritus vulvæ.

* Trichomycin is exclusively represented in more than 47 countries abroad.

** Further information and literature will be sent on request.

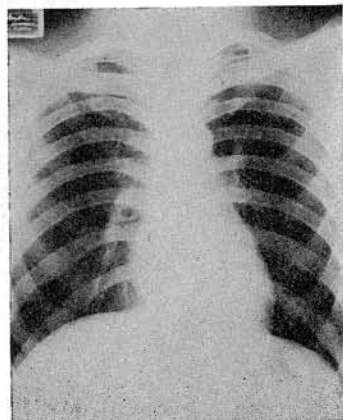
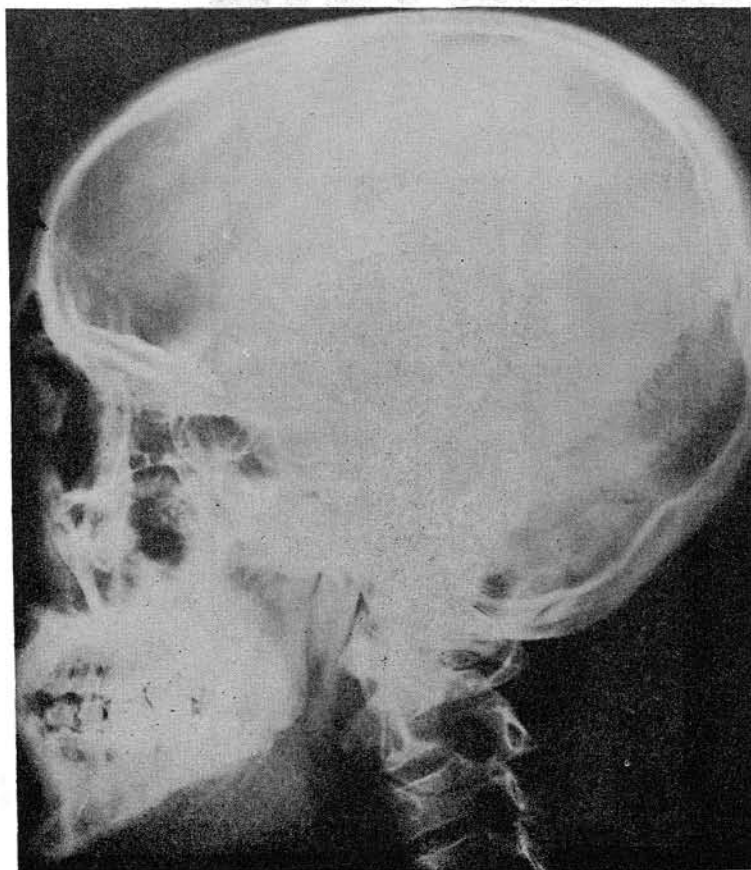
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Asian **MEDICAL JOURNAL**

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Stamps tell us about the Progress in Medicine

Junjiro Okanishi

6) French Bacteriologists

a) Louis Pasteur (1822-1895)



Soviet Russia 1963

Louis Pasteur, the father of bacteriology, made his first research on crystals of optically active and inactive substances. Then he became interested with fermentation and putrefaction, and he showed these phenomena were caused by living micro-organisms. His eyes turned to the diseases of animals and human beings. He discovered the cause of anthrax and fowl cholera and vaccine to prevent them. He isolated the germ of rabies and succeeded to devise an immunization procedure to prevent rabies in people bitten by mad dogs.

フランスの細菌学者たち

a) Louis Pasteur (1822—1895)

細菌学の父 Louis Pasteur は最初光学的活性非活性結晶について研究した。ついで彼は、醗酵と化膿に興味をもち、これらの現象は生きた微生物によつておこることを明らかにした。彼の眼は動物および人の病気に転じた。彼は炭疽病や鶏コレラの病原体を発見し、それを予防するワクチンを作った。彼は狂犬病の病原体を分離し、狂犬にかまれた人々をこの病気からまもる免疫方法に成功した。

(1963年、ソ連で発行)

b) Ferdinand Widal (1862-1929)



*France, 1958
Issued in honor of famous
French physicians*

Since Pasteur, we can count many eminent bacteriologists in France such as Pierre P. E. Roux (1852-1933), Chales Chamberland (1851-1908), Albert Calmette (1863-1933), Alexander Yersin (1863-), Jules Bordet (1870-), Eli Metchnikoff (1845-1916).

Feldinand Widal was also one of them. His famous test, Widal agglutination test, is of great value in diagnosis of typhoid fever, even though it has very definite limitation.

b) Ferdinand Widal (1862—1929)

Pasteur 以来、フランスでは、Pierre P. E. Roux (1852—1933) Charles Chamberland (1851—1908), Albert Calmette (1863—1933), Alexander Yersin (1863—1943), Jules Bordet (1870—), Eli Metchnikoff (1845—1916) その他多くの細菌学者が輩出した。

Ferdinand Widal もまたその1人であった。彼の有名なテスト Widal 反応は、ごくわずかの限界はあるが、腸チフスの診断に大きな価値がある。

(1958年、フランスで有名な医師をたたえるため発行)

c) Henri Vincent (1862-1950)



Issued in France in 1962

Henri Vincent, physician in Paris, described ulceromembranous angina, which produces ulcer and gangrene in the tonsils. He reported that the disease (so-called Vincent's angina) is a combined infection of fusiform bacillus (*Fusobacterium plant-vincenti*) and spirillum. The infection may affect the whole oral cavity and gums, causing ulceromembranous gingivitis.

c) Henri Vincent (1862—1950)

パリの医学者 Henri Vincent は、扁桃に潰瘍ならびに壞疽をおこすアンギーナを記載した。Vincent アンギーナと呼ばれるこの病気は、*Fusobacterium plauti-vincenti* とラセン状菌との感染によつておこることを明らかにした。この感染は口腔全体におよび潰瘍膜性歯肉炎をおこすことがある。

(1962年、フランスで発行)

d) Charles J. H. Nicolle (1866-1936)



*France, 1958
Issued in honor of famous
French physicians*

Charles Nicolle was born at Rouen, France. He studied at the Pasteur Institute under Metchnikoff and Roux. Then he worked in Algier, Africa, as an army surgeon, and studied on Kala-azar, Malta fever and typhus fever. In 1909 he showed that typhus fever is transmitted by the louse (*Pediculus humanus*). His most important work was directed for eliminating the ravage of spotted fever from the armies during World War I. He was appointed director of the Pasteur Institute in Tunis. In 1916, he discovered a cure for typhus fever with Blaisot. He was awarded the 1928 Nobel prize for physiology and medicine. He was appointed professor at the Collège de France.

d) Charles J. H. Nicolle (1866—1936)

Nicolle は、1866年フランス Rouen にうまれた。Pasteur 研究所で metchnikoff, Roux にまなび、後アフリカ Algier で軍医としてはたらき、カラアザール、マルタ熱、発疹チフスなどについて研究した。1909年彼は発疹チフスはシラミ (*Pediculus humanus*) で媒介されることを示した。彼のもつとも重大な仕事は、第一次世界大戦で発疹チフスを追放したことであった。その後 Tunis にある Pasteur 研究所の所長に任ぜられた。1916年 Blaisot とともに、発疹チフスの治療法を発表した。1928年 Nobel 医学賞をうけた。1933年 Collège de France 教授になった。

(1958年、フランスで発行)

Each Two Interesting Informations In Japan and The United States of America Concerning Cancer

Each two interesting informations have recently been reported in Japan and the United States of America concerning cancer.

Administrators Tend to Contract Stomach Cancer

A Japanese cancer expert has revealed that men in administrative jobs in business firms or government offices, and women working in metal processing plants or at construction sites tend to contract stomach cancer.

The statement was made by Dr. Hideshi Yuasa of the National Institute Of Public Health at the 23rd Japan Cancer Congress, which opened in Tokyo on November 9th.

His statement was based on his five-year (1958-1963) survey aimed to determine the line of occupation of those stricken with stomach cancer, lung cancer, breast cancer, uterine cancer and leukemia, according to sex.

Dr. Yuasa said that topping the list of those stricken with lung cancer are men and women engaged in administrative work. They are followed by those in medical work, such as doctors, nurses or pharmacists. Among women cancer victims are also those peddling goods, or day laborers, he said.

Women school teachers, doctors, nurses, and public health officials, and those engaged in administrative and professional jobs are the type to suffer breast cancer. Meanwhile, uterine cancer is predominant among those engaged in administrative work, retail business and "simple labor" like day labor.

One of the features of this type of cancer, Dr. Yuasa said, is that it is often contracted by working women with a high intelligent quotient who are single, or who married in later years.

The doctor said one of the possible causes is that they are childless or are unsuited for natural feeding.

In regard to leukemia, he said it has a close bearing on clerical work. He said the findings are all the outcome of his survey, and it is difficult to determine the exact causes of cancer.

New Cancer Statistics Published by Tohoku University

What are believed to be the most comprehensive statistics ever produced on deaths due to cancer, compiled by Tohoku University in Sendai, were published before a current Japan Cancer Society Congress in Tokyo on November 10th.

The white paper on cancer fatalities throughout the world, representing the fruit of 14 years of labor by a research team led by Prof. Mitsuo Segi, gave the results of analysis of cancer death reports collected from 24 countries, including the United States, Britain, France, West Germany as well as Japan.

The statistics are reportedly more exact than similar data published by the World Health Organization (WHO) in that they list fatalities according to type of cancer, nationality, age group and sex.

The statistics have been already distributed through WHO to more than 100 countries.

The most remarkable finding was a sharp general decrease in stomach cancer deaths during the 10 years from 1950, with U.S. whites showing the most conspicuous drop to only one-third.

The Japanese, too, indicated a steady decrease, possibly thanks to the development of early diagnostic and therapeutic methods.

Lung cancer fatalities, however, were on a steep increase in Canada, France, the U.S., Japan and some other colored nations. Strangely, Japanese women placed 16th in national lung cancer deaths by sex, while Japanese men placed 23rd. This was puzzling since women do not smoke as much as men.

Deaths from uterine cancer decreased in almost all countries, with Japanese and white American women leading the decline.

Prof. Segi said the statistics will help find new local methods of preventing cancer, the incidence of which varies according to topographical, meteorological and living conditions.

Viruses Cause Cancer in Animals

The president of the American Cancer Society reported on September 30th that certain viruses common in man have been found to cause cancer in animals and "it is not difficult to believe" some may cause tumors in humans.

Dr. Wendell G. Scott, Cancer Society president, released a statement at a news conference at the opening of the American Roentgen Ray Society Convention.

He said remarkable progress has been made in the study of viruses as possible causes of cancer.

"There is proof that some very common human viruses cause cancer in animals. Several adenoviruses, which induce exaggerated old-like symptoms in humans, for instance, cause cancer when they are injected into newborn hamsters," he said.

"In the light of the mounting evidence it is not difficult to believe that some viruses may cause malignant tumors in humans as readily as they do begin tumors, like warts," he said.

He noted that a new chemical has been found which appears to be curing the herpes virus infection which causes blindness in man.

"Other anti-virus drugs also are showing progress," he said.

Scott said researchers now can control cancer it will in certain laboratory animals.

"Scientists can cause cancer, prevent it, slow it down, arrest it and cure it—in mice and rats," he said.

"Measures which cure or retard animal cancers without undue harm to the host are being carefully explored in humans," Scott said.

If viruses are found to cause cancer in humans, Scott said, "their control may be possible as much as some virus-caused cancers in laboratory animals are controlled."

Determining Cancer with 97% Accuracy

Physicians can determine with 97 per cent accuracy whether an ulcer patient has cancer through laboratory means now at the physician's disposal the 13th Hahnemann Medical College symposium was told on December 14th.

Dr. Charles M. Thompson, professor of medicine at Hahnemann, summarized a panel on non-surgical means of ruling out cancer and other complications of peptic ulcer disease.

With laboratory technics reaching a new level of sophistication and standardization, he said, physicians have the means to make highly accurate judgments.

Dr. Alvin J. Cummins, professor of medicine at the University of Tennessee, said analysis of acid samples from the stomach is valuable in diagnosing peptic ulcer, but is not as valuable in determining cancer. However, he said, if acid is not present, about one patient in five will have cancer.

Dr. Howard Raskin of the University of Maryland described an application of the "gap" smear technic for determining stomach cancer. He said it involves "washing" cells from the stomach and staining them chemically for microscopic study.

The White House Advancing The Nation's Health



TO THE CONGRESS OF THE UNITED STATES:

In 1787, Thomas Jefferson wrote that, "Without health there is no happiness. An attention to health, then, should take the place of every other object."

That priority has remained fixed in both the private and public values of our society through generations of Americans since.

Our rewards have been immeasurably bountiful. "An attention to health"—of the individual, the family, the community and the nation—

has contributed to the vitality and efficiency of our system as well as to the happiness and prosperity of our people.

Today, at this point in our history, we are privileged to contemplate new horizons of national advance and achievement in many sectors. But it is imperative that we give first attention to our opportunities—and our obligations—for advancing the nation's health. For the health of our people is, inescapably, the foundation for fulfillment of all our aspirations.

In these years of the 1960's, we live as beneficiaries of this century's great—and continuing—revolution of medical knowledge and capabilities. Smallpox, malaria, yellow fever and typhus are conquered in this country. Infant deaths have been reduced by half every two decades. Poliomyelitis which took 3, 154 lives so recently as 1952 cost only five lives in 1964.

Over the brief span of the past two decades, death rates have been reduced for influenza by 88 percent, tuberculosis by 87 percent, rheumatic fever by 90 percent.

A baby born in America today has a life expectancy half again as long as those born in the year the Twentieth Century began.

The successes of the century are many.

The pace of medical progress is rapid.

The potential for the future is unlimited.

But we must not allow the modern miracles of medicine to mesmerize us. The work most needed to advance the nation's health will not be done for us by miracles. We must undertake that work ourselves through practical, prudent and patient programs—to put more firmly in place the foundation for the healthiest, happiest and most hopeful society in the history of man.

Our first concern must be to assure that the advance of medical knowledge leaves none behind. We can—and we must—strive now to assure the availability of and accessibility to the best health care for all Americans, regardless of age or geography or economic status.

With this as our goal, we must strengthen our nation's health facilities and services, assure the adequacy and quality of our health manpower, continue to assist our States and communities in meeting their health responsibilities, and respond alertly to the new hazards of our new and complex environment.

We must, certainly, continue and intensify our health research and research facilities. Despite all that has been done, we cannot be complacent before the facts that:

—Forty-eight million people now living will become victims of cancer.

—Nearly 15 million people suffer from heart disease and this, together with strokes, accounts for more than half the deaths in the United States each year.

—Twelve million people suffer arthritis and rheumatic disease and 10 million are burdened with neurological disorders.

—Five and one-half million Americans are afflicted by mental retardation and the number increases by 126,000 new cases each year.

In our struggle against disease, great advances have been made, but the battle is far from won. While that battle will not end in our lifetime—or anytimes to come—we have the high privilege and high promise of making longer strides forward now than any other generation of Americans.

The measures I am outlining today will carry us forward in the oldest tradition of our society—to give “an attention to health” for all our people. Our advances, thus far, have been most dramatic in the field of health knowledge. We are challenged now to give attention to advances in the field of health care—and this is the emphasis of the recommendations I am placing before you at this time.

I. REMOVING BARRIERS TO HEALTH CARE

In this century, medical scientists have done much to improve human health and prolong human life. Yet as these advances come, vital segments of our populace are being left behind—behind barriers of age, economics, geography or community resources. Today the political community is challenged to help all our people surmount these needless barriers to the enjoyment of the promise and reality of better health.

A. Hospital Insurance for the Aged

Thirty years ago, the American people made a basic decision that the later years of life should not be years of despondency and drift. The result was enactment of our Social Security program, a program now fixed as a valued part of our national life. Since World War II, there has been increasing awareness of the fact that the full value of Social Security would not be realized unless provision were made to deal with the problem of costs of illnesses among our older citizens.

I believe this year is the year when, with the sure knowledge of public support, the Congress should enact a hospital insurance program for the aged.

The facts of the need are well and widely known:

— Four out of five persons 65 or older have a disability or chronic disease.

— People over 65 go to the hospital more frequently and stay twice as long as younger people.

— Health costs for them are twice as high as for the young.

Where health insurance is available it is usually associated with an employer-employee plan. However, since most of our older people are not employed they are usually not eligible under these plans.

— Almost half of the elderly have no health insurance at all.

— The average retired couple cannot afford the cost of adequate health protection under private health insurance.

I ask that our Social Security system—proved and tested by three decades of successful operation—be extended to finance the cost of basic health services. In this way, the specter of catastrophic hospital bills can be lifted from the lives of our older citizens. *I again strongly urge the Congress to enact a hospital insurance program for the aged.* Such program should:

— Be financed under social security by regular, modest contributions during working years;

— Provide protection against the costs of hospital and post-hospital extended care, home nursing services, and outpatient diagnostic services;

— Provide similar protection to those who are not now covered by social security, with the costs being paid from the administrative budget;

— Clearly indicate that the plan in no way interferes with the patient's complete freedom to select his doctor or hospital.

Like our existing social security cash retirement benefits, this hospital insurance plan will be a basic protection plan. It should cover the heaviest cost elements in serious illnesses. In addition, we should encourage private insurance to provide supplementary protection.

I consider this measure to be of utmost urgency. Compassion and reason dictate that this logical extension of our proven social security system will supply the prudent, feasible and dignified way to free the aged from the fear of financial hardship in the event of illness.

Also, I urge all States to provide adequate medical assistance under the existing Kerr-Mills program for the aged who cannot afford to meet the noninsured costs.

B. Better Health Services for Children and Youth

America's tradition of compassion for the aged is matched by our traditional devotion to our most priceless resource of all—our young.

Today, far more than many realize, there are great and growing needs among our children for better health services.

- Acute illness strikes children under 15 nearly twice as frequently as it does adults.
- One in 5 children under age 17 is afflicted with a chronic ailment.
- Three out of every 100 children suffer some form of paralysis or orthopedic impairment.
- At least 2,000,000 children are mentally retarded, with a higher concentration of them from poor families.
- Four million children are emotionally disturbed.
- At age 15, the average child has more than 10 decayed teeth.

If the health of our Nation is to be substantially improved in the years to come, we must improve the care of the health of our 75 million pre-school and school-age children and youth.

There is much to do if we are to make available the medical and dental services our rising generation needs. Nowhere are the needs greater than for the 15 million children of families who live in poverty.

- Children in families with incomes of less than \$2,000 are able to visit a doctor only half as frequently as those in families with incomes of more than \$7,000.
- Public assistance payments for medical services to the 3 million needy children receiving Dependent Children's benefits throughout the Nation average only \$2.80 a month, and in some States such medical benefits are not provided at all.
- Poor families increasingly are forced to turn to overcrowded hospital emergency rooms and to overburdened city clinics as their only resource to meet their routine health needs.

Military entrance examinations reveal the consequences. Half of those rejected cannot pass the medical tests. Three-fourths of them would benefit from treatment, and earlier treatment would greatly increase recovery and decrease life-long disability.

The States and localities bear the major responsibility for providing modern medical care to our children and youth. But the Federal Government can help. *I recommend legislation to:*

- *Increase the authorizations for maternal and child health and crippled children's services, earmarking funds for project grants to provide health screening and diagnosis for children of preschool and school age, as well as treatment and follow-up care services for disabled children and youth. This should include funds to help defray the operational costs of university-affiliated mental retardation clinical centers. Provisions should also be made for the training of personnel who will operate medical facilities for children.*

— *Broaden the public assistance program* to permit specific Federal participation in paying costs of medical and dental care for children in medically needy families, similar to the Kerr-Mills program for the aged.

— *Extend the grant programs* for (a) family health services and clinics for domestic agricultural migratory workers and their children and (b) community vaccination assistance.

C. Improved Community Mental Health Services

Mental illness afflicts one out of ten Americans, fills nearly one-half of all the hospital beds in the Nation, and costs \$3 billion annually. Fortunately, we are entering a new era in the prevention, treatment, and care of mental illness. Mere custodial care of patients in large, isolated asylums is clearly no longer appropriate. Most patients can be cared for and cured in their own communities.

An important beginning toward community preparation has been made through the legislation enacted by the 88th Congress authorizing aid for constructing community mental health centers. But facilities alone cannot assure services.

— It has been estimated that at least 10,000 more psychiatrists are needed.

— Few communities have the funds to support adequate programs, particularly during the first years.

— Communities with the greatest needs hesitate to build centers without being able to identify the source of operating funds.

— Most of the people in need are children, the aged, or patients with low incomes.

I therefore recommend legislation to authorize a 5-year program of grants for the initial costs of personnel to man community mental health centers which offer comprehensive services.

D. A New Life for the Disabled

Today, we are rehabilitating about 120,000 disabled persons each year. I recommend a stepped-up programs to overcome this costly waste of human resources. My 1966 budget will propose increased funds to rehabilitate an additional 25,000.

Our goal should be at least 200,000 a year. *I recommend legislation to authorize:*

— *Project grants* to help States expand their services.

— *Special Federal matching* so that rehabilitative services can be provided to a greater number of the mentally retarded and other seriously disabled individuals.

— *Construction and modernization of workshops and rehabilitation centers.*

II. STRENGTHENING THE NATION'S HEALTH FACILITIES AND SERVICES

In our urbanized society today, the availability of health care depends uniquely upon the availability and accessibility of modern facilities, located in convenient and efficient places, and on well organized and adequately supported services. The lack of such facilities and service is, of itself, a barrier to good health care.

A. Multi-purpose Regional Medical Complexes

In this century, we have made more advance than in all other centuries toward overcoming diseases which have taken the heaviest toll of human life. Today we are challenged to meet and master the three killers which alone account for 7 out of 10 deaths in the United States each year—heart disease, cancer and stroke. The Commission on Heart Disease, Cancer and Stroke has pointed the way for us toward that goal.

The newest and most effective diagnostic methods and the most recent and more promising methods of treatment often require equipment or skills of great scarcity and expense such as,

- open heart surgery,
- advanced and very high voltage radiation therapy.
- advanced disease detection methods.

It is not necessary for each hospital or clinic to have such facilities, equipment, or services, but it is essential that every patient requiring such specialized and expensive procedures and services have access to them. Multi-purpose medical complexes can meet these needs. They would:

- speed the application of research knowledge to patient care, so as to turn otherwise hollow laboratory triumphs into health victories,
- save thousands of lives now needlessly taken annually by the three great killers—heart disease, cancer and stroke—and by other major diseases.

A plan to improve our attack upon these major causes of death and disability should become a part of the fabric of our regional and community health services. The services provided under this plan will help the practicing physician keep in touch with the latest medical knowledge and

by making available to him the latest techniques, specialized knowledge, and the most efficient methods.

To meet these objectives, such complexes should:

- Be regional in scope.
- Provide services for a variety of diseases—heart disease, cancer, stroke, and other major illnesses.
- Be affiliated with medical schools, teaching hospitals and medical centers.
- Be supported by diagnostic services in community hospitals.
- Provide diagnosis and treatment of patients, together with research and teaching in a coordinated system.
- Permit clinical trial of advanced techniques and drugs.

Medical complexes—consisting of regional organizations of medical schools, teaching hospitals, and treatment centers tied into community diagnostic and treatment facilities—represent a new kind of organization for providing coordinated teaching, research and patient care. When we consider that the economic cost of heart disease alone amounts to 540,000 lost man years annually—worth some \$2.5 billion—the urgency and value of effective action is unmistakable.

Action on this new approach, stemming from recommendations of the Commission on Heart Disease, Cancer and Stroke, will provide significant improvements in many fields of medicine.

I recommend legislation to authorize a 5-year program of project grants to develop multi-purpose regional medical complexes for an all out attack on heart disease, cancer, stroke, and other major diseases.

B. Improved Services for the Mentally Retarded.

Mental retardation in any individual is a life-long problem of the most serious nature for the family and for the community. But we know today that the problem need not and must not lead to tragic hopelessness. Much is being done to provide a decent, dignified place in society for these unfortunate individuals.

The 88th Congress provided a substantial foundation for building an effective national program for the prevention of mental retardation and care of the mentally retarded. Under this authority grants are authorized:

- For construction of mental retardation research centers, community mental retardation centers, and university-affiliated mental retardation centers.
- For planning by all the State of comprehensive action to combat mental retardation at the State and community levels.

The 1966 budget includes \$282 million—a \$40 million increase—for

these programs and other mental retardation services, including preventive activities and the training of teachers of the retarded. I urge that this full amount be appropriated.

Extensive resources and programs need to be developed in the States and communities to prevent mental retardation and to care for the mentally retarded. The existing authority for planning grants will end on June 30, 1965. The developmental needs and effective utilization of the construction grants require followup action.

I recommend the enactment of mental retardation program development grants for 2 additional years to help the States continue this essential work.

C. Modernization of Health Facilities

Great progress has been made throughout the Nation in the provision of new general hospitals under the Hill-Burton program. But relatively little assistance has been available for modernization of the older hospitals, found particularly in our large cities. Without aid, deterioration threatens and rapid scientific and technical change is passing by these essential links to health care for millions of our people.

The 1966 Budget will include funds for a greatly increased hospital modernization effort as well as for expansion in the number and quality of nursing homes. *I urge the Congress to approve the full amount requested for each of these purposes.*

D. Aid for Group Practice Facilities

New approaches are needed to stretch the supply of medical specialists and to provide a wider range of medical services in the communities. The growth of voluntary, comprehensive group practice programs has demonstrated the feasibility of grouping health services for the mutual benefit of physicians and patients by:

- Integrating the burgeoning medical specialties into an efficient and economical system of patient care.
- Reducing the incidence of hospitalization which may now occur because there are few alternative centers for specialized care.

The initial capital requirements for group practice are substantial, and funds are not now sufficiently available to stimulate the expansion and establishment of group practice. To facilitate and encourage this desirable trend, *I recommend legislation to authorize a program of direct loans and loan guarantees to assist voluntary associations in the construction and equipping of facilities for comprehensive group practice.*

III. MANPOWER FOR THE HEALTH SERVICES

The advance of our nation's health in this century has, in the final measure, been possible because of the unique quality and fortunate quantity of men and women serving in our health professions. Americans respect and are grateful for our doctors, dentists, nurses, and others who serve our nation's health. But it is clear that the future requires our support now to increase the quantity and assure the continuing high quality of such vital personnel.

In all sectors of health care, the need for trained personnel continues to outstrip the supply:

— At present, the United States has 290,000 physicians. In a decade, we shall need 346,000.

Today we are keeping pace with our needs largely because of the influx of numbers of foreign-trained doctors. Last year 1600 came into the United States, the equivalent of the output from 16 medical schools and 21% of our medical school graduates.

— Population growth has badly outpaced the increase in dentists and the shortage of dentists is now acute.

To begin to meet the Nation's health needs, the number of new physicians graduated each year must increase at least 50 percent by 1975, and the output of new dentists by 100 percent.

The Health Professions Educational Assistance Act of 1963, authorizing grants to schools for construction of medical and other health education schools and loans to students, will help meet this problem. The magnitude of the need is demonstrated by the response:

— 90 applications have been received from medical and dental schools, requesting \$247 million in Federal aid for construction.

— Only \$100 million is available in 1965; and the full authorization for 1966, which I will shortly request in the budget I am submitting, will provide \$75 million more.

In the light of these needs, *I urge the Congress to appropriate the full amount authorized and requested for the Health Professions Educational Assistance Act Program.*

While we must build new medical and dental schools, we must also retain and sustain the ones we have. To be neglectful of such schools would be wasteful folly.

We must face the fact that high operating costs and shortages of operating funds are jeopardizing our health professions educational system. Tuition and fees paid by medical and dental students meet less than half

the institutional costs of their education. Several underfinanced medical and dental schools are threatened with failure to meet educational standards. New schools are slow to start, even when construction funds are available due to lack of operating funds.

I therefore recommend legislation to authorize:

- formula grants to help cover basic operating costs of our health profession schools in order that they may significantly expand both their capacity and the equality of their educational programs.*
- project grants to enable health profession schools to experiment and demonstrate new and improved educational methods.*

Traditionally, our medical profession has attracted outstanding young talent and we must be certain that this tradition is not compromised. We must draw the best available talent into the medical profession. Half of last June's medical school graduates came from families with incomes of over \$10,000 a year. The high costs of medical school must not deny access to the medical profession for able youths from low and middle income families.

I therefore recommend legislation to authorize scholarships for medical and dental students who would otherwise not be able to enter or complete such training.

Looking to the Future

We must also look to the future in planning to meet the health manpower requirements of the Nation.

Unmet health needs are already large. American families are demanding and expecting more and better health services. In the past decades the proportion of our gross national product devoted to health has increased by more than 50%. The trend is still upward. If we are to meet our future needs and raise the health of the nation, we must:

- improve utilization of available professional health personnel;*
- expand the use and training of technicians and ancillary health workers through special schools and under the Vocational Education Act and Manpower Development and Training Act programs;*
- expand and improve training programs for professional and for supporting health personnel;*
- plan ahead to meet requirements for which the lead time is often 10 years or more.*

With these objectives in mind, I have asked the Secretary of Health, Education, and Welfare to develop a long-range health manpower program for the Nation and to recommend to me the steps which should be taken to put it into effect.

IV. HEALTH RESEARCH AND RESEARCH FACILITIES

Two decades ago this nation decided that its Government should be a strong supporter of the health research to advance the well being of its people. This year that support amounts to more than two-thirds of the total national expenditure of \$1.5 billion for health research.

Continued growth of this research is necessary and the 1966 Budget includes:

- 10% growth in expenditures for health research and the related training.
- Funds to begin an automated system for processing the exploding volume of information on drugs and other chemicals related to health.

Health research, no less than patient care, requires adequate facilities. Over the past 8 years the Health Research Facilities Act has been highly successful in helping provide research facilities to universities and other nonprofit institutions. Federal grants of \$320 million to 990 construction projects have generated over \$500 million in matching institutional dollars.

This authority expires on June 30, 1966, and *I recommend that it be extended for five years with an increased authorization and with a larger Federal share for specialized research facilities of a national or regional character.*

V. HEALTH GRANTS AND PROTECTION MEASURES

Our complex modern society is creating health hazards never before encountered. The pollution of our environment is assuming such important proportion I shall shortly send to the Congress a special message dealing with this challenge.

But the protection of the public health also requires action on other fronts.

A. Health Grants to Communities and States

In safeguarding and advancing the nation's health, States and communities have long had special responsibilities. General and special purpose health grants have proved an effective means of strengthening the Federal Government's partnership with them in improving the public health.

I have directed the Secretary of Health, Education, and Welfare to study these programs thoroughly and to recommend to me necessary legislation to increase their usefulness.

Authorizations for many of these programs expire at the close of fiscal year 1966. So that a thorough review may be made, *I recommend that the Congress extend the authorizations through June 30, 1967.*

B. Consumers Health Protection

Modernization of the Federal Food, Drug and Cosmetic Act is imperative if our health protection program is to keep pace with the technological and industrial advances of recent years.

The health of all Americans depends on the reliability and safety of the products of the:

- food industry which alone generates nearly \$100 billion in retail sales each year.
- drug industry with sales reaching \$6 billion.
- cosmetic industry which markets \$2.5 billion of products.

All must be operated under the highest standards of purity and safety.

Yet, despite recent improvements in food and drug legislation, serious gaps in our ability to protect the consumer still exist. The law should be strengthened to provide adequate authority in the regulation of non-prescription drugs, medical devices, cosmetics, and food.

Narcotics are not alone among the hazardous, habit-forming drugs subject to improper use. Barbiturates, amphetamines, and other drugs have harmful effects when improperly used. Widespread traffic resulting from inadequate controls over the manufacture, distribution, and sale of these drugs is creating a growing problem which must be met. We must also counter the threat from counterfeit drugs.

I recommend legislation to bring the production and distribution of barbiturates, amphetamines, and other psycho-toxic drugs under more effective control.

For the fuller protection of our families, *I recommend legislation to require:*

- Adequate labeling of hazardous substances.
- Safety regulation of cosmetics and therapeutic devices by pre-market examination by the Food and Drug Administration.
- Authority to seize counterfeit drugs at their source.

CONCLUSION

I believe we have come to a rare moment of opportunity and challenge in the evolution of our society. In the message I have presented to you—and in other messages I shall be sending—my purpose is to outline the attainable horizons of a greater society which a confident and prudent people can begin to build for the future.

Whatever we aspire to do together, our success in those enterprises—and our enjoyment of the fruits that result—will rest finally upon the health of our people. We cannot and we will not overcome all the barriers—or surmount all the obstacles—in one effort, no matter how intensive. But in all the sectors I have mentioned we are already behind our capability and our potential. Further delay will only compound our problems and deny our people the health and happiness that could be theirs.

The Eighty-eighth Congress wrote a proud and significant record of accomplishment in the field of health legislation. I have every confidence that this Congress will write an even finer record that will be remembered with honor by generations of Americans to come.

THE NATIONAL INSTITUTES OF HEALTH (3)

Offered by the U.S.A. Embassy.



An NIH technician is shown here at the controls of a new heart-lung machine while an open-heart operation is in progress. Test tube in his hand contains blood sample from machine. The machine takes over the work of pumping and oxygenating blood for the patient, making it possible for surgeons to work with direct vision in the relatively bloodless heart. Through an earphone the technician hears reports on the patient's condition, being monitored in an adjacent room.

Mental illness

At the Institute of Mental Health, and in projects sponsored by it in leading research centers, investigators are trying to find biochemical causes of disorders that affect the mind. For though a physiological basis for much mental illness continues to escape detection, increasing evidence crops up that indicates such a basis may well exist. In other words, some mental illnesses may be closely associated with abnormal body chemistry.

In probing many of the chemical processes of metabolism, NIH scientists, as we have seen, have been making important findings about enzyme systems which go awry and lead to severe mental retardation in young children. Recently, too, laboratory investigators have been doing work with hormones and energy-producing mechanisms that regulate fundamental life processes, including the nervous system. Efforts are also under way to detect psychotoxic substances that may appear in the blood or in the urine of mental patients.

Yet, as we know, thousands of factors besides the merely physical ones go into the shaping of the human personality, both normal and abnormal. So the subjects studied under NIH auspices in this field range from research in anatomy and biochemistry to exploration of the psychological and sociological influences that affect human behavior.

For example, a number of studies of mental patients give close attention to their family relationships and the role these may have in causing the mental illness in the first place and which make it difficult or impossible for some patients to adjust normally when they return home after treatment.

To cope with such problems, the Institute's Section on Family Studies, in working with psychiatric patients being treated at the Clinical Center, sometimes sees members of their families at the Center several times a week for special group therapy. Studies are being made, too, of other social relationships patients may have outside the family circle, and of daily living habits and attitudes that may affect their ability to live as contributing members of the home, at work and in the community.

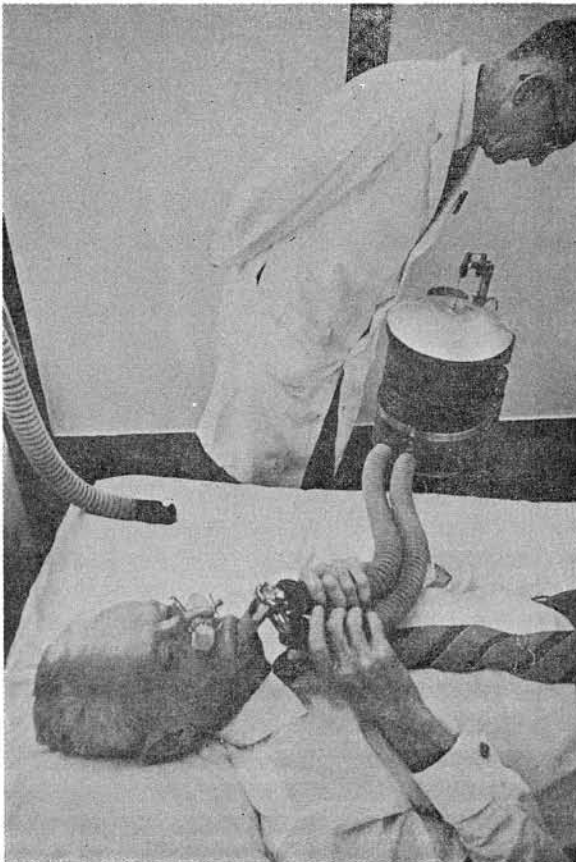
In this whole struggle to solve the riddle of mental illness, work is going forward swiftly, all over the nation, on mood-changing drugs like the tranquilizers and the psychic energizers that have been revolutionizing the treatment of mental patients and helping to reduce the population of mental hospitals. And at the Institute itself, the dark thicket of the brain is being explored more and more closely through the use of more efficient and more discriminating instruments and of new and refined techniques. The result has been a rich harvest of illuminating facts on how specific brain centers work and the effects of localized brain damage.

A sizable part of the work conducted or sponsored by the Institute is focusing on studies of child development and on environmental conditions

during childhood that mold personality and behavior. The Institute is also trying to find new approaches to juvenile delinquency—adding its efforts to those of other groups seeking to control this growing mental and social problem.

Alcoholism too is a major area of study, because of the large number of people involved and the serious effects this affliction has both on the alcoholic himself and on his family. There is still no true cure, but the kind of help needed for rehabilitation is becoming more readily available each year.

In similar fashion, a long-term study of drug addiction, including barbiturates and alcohol, is continually under way at a hospital in Lexington, Kentucky, operated by the United States Public Health Service. Here, too, research studies go far beyond the merely physical aspects. For addiction in all its forms is known to be a condition in which physical and emotional factors overlap and merge.



As part of a wide-ranging study of the aging process, an investigator is shown here measuring the lung capacity of an elderly volunteer.

For centuries, of course, some drug addiction has resulted from the medical use of narcotics to relieve pain. One of the most widely used is the opium derivative morphine, which, though effective, is also highly addictive. In synthesizing phenazocine, a more potent drug than morphine but much less addictive, a team of researchers at NIH, headed by Dr. Nathan B. Eddy and Dr. Everette L. May, in the late 1950's achieved an advance of the first order—though still better non-addictive drugs are still being sought.

In coping with addiction and the whole wide range of problems that fall within its province, the Institute of Mental Health has been trying a variety of approaches. For example, it supports a broad training program to increase the total number of mental-health specialists and to improve the quality of mental-health instruction in medical schools and schools of public-health nursing. It awards grants to the states and lends its aid in state and local programs to foster mental health in the public at large and, with it, a wider understanding of the true nature of mental illness. And, though new drugs and new techniques are beginning to reduce the population of mental hospitals all over the nation, the Institute is carefully studying the mental institution itself in an effort to make it still more efficient in treatment.

In addition, the Institute is sponsoring a psychiatric training program for general practitioners, and a pilot program of mental-health training for clergymen of the Protestant, Catholic, and Jewish faiths. Since men and women in emotional or spiritual turmoil often turn first to their family doctors and to their ministers, priests, and rabbis, these key people can do a great deal to forestall the onset of serious illness by recognizing the early danger signals, giving counsel, and referring the individual to an agency where he can get prompt treatment. Equally important, physicians and clergymen can be a strong force in promoting positive mental health in the communities in which they live and work.

Defects of the heart and the stresses of aging

Heart ailments afflict millions all over the world, and though much remains to be done in dealing with them, dramatic advances have been made. Among these are surgical procedures which were formerly extremely risky but today are safer and much improved. Also, in the short span of 10 years, surgeons in many institutions across the United States have made large strides in correcting heart defects that once were hopeless.

Open-heart surgery, permitting work inside the heart under direct vision, has been aided by such procedures as the direct cooling of the blood to reduce the patient's oxygen need during long operations. Moreover, a number of cardiovascular defects once beyond repair can now be remedied by the use of blood-vessel grafts and plastic substitutes, such

as plastic valves to replace valves that are diseased.

One of the most remarkable surgical feats ever performed at NIH, in fact, involved the replacement of a diseased mitral valve, the valve between the upper and lower chambers of the heart, by an artificial one made of flexible plastic foam, designed to approximate the normal mitral valve as closely as possible. This operation took place early in 1960. The patient was a 44-year-old woman whose mitral valve proved to be so scarred and so deformed that it could not be repaired by the usual procedures and had to be removed entirely. After the plastic substitute had been sutured into place and adjusted for best performance, the back-flow of blood that had existed before was satisfactorily corrected. This was the first clinical success of the sort ever reported. Since then, efforts have continued at NIH to improve the plastic model still further.

Mechanical devices have been proving very useful: for instance, heart-lung machines that can both oxygenate and pump blood for patients during lengthy surgery. These have improved greatly since the first successful open-heart operation using a heart-lung machine made medical history in 1953. And now the news comes from an NIH grantee of the use of a simple pump, without accompanying oxygenator, for the long-term support of failing hearts. This is still in the experimental stage, however; it has been used successfully on test animals but is still to be tried out on man.

Perhaps the greatest progress to date has been made in correcting heart defects present at birth—one of the most important types of heart disease in children. Since 1944, with the triumph of the first “blue baby” operation, one such defect after another has yielded to surgery.

Much of the success achieved is due to growing skill in diagnosing defects properly. One diagnostic device recently developed with NIH grant aid, called a sound catheter, is an adaptation of a United States Navy underwater microphone. The new instrument can record, to a degree hitherto unobtainable, murmurs and other sounds inside the heart that are characteristic of disease.

New techniques are helping too. For example, one fairly common heart defect, known medically as a left-to-right shunt, can now be readily uncovered through an atomic-age procedure developed at NIH—in which Krypton-85, a radioactive form of a harmless, inert gas, is used to detect abnormal openings in the wall of muscle that divides the heart's left and right sides.

In applying this method, a tiny plastic tube is maneuvered into the left side of the heart and a saline solution containing dissolved Krypton-85 is injected. If no shunt exists, the gas will be pumped throughout the system and will be largely dissipated before making a much-delayed appearance in the lungs by way of the right side of the heart. But if there is a shunt, some of the gas will escape into the right side at once, to be

pumped to the lungs directly. In such instances, shortly after the gas is injected, it will appear in high concentration in the air the patient exhales. Repeated injection of Krypton-85, with the tip of the plastic tube positioned at different points, makes it possible to locate shunts with considerable accuracy. Once localized, they can often be corrected by surgery.

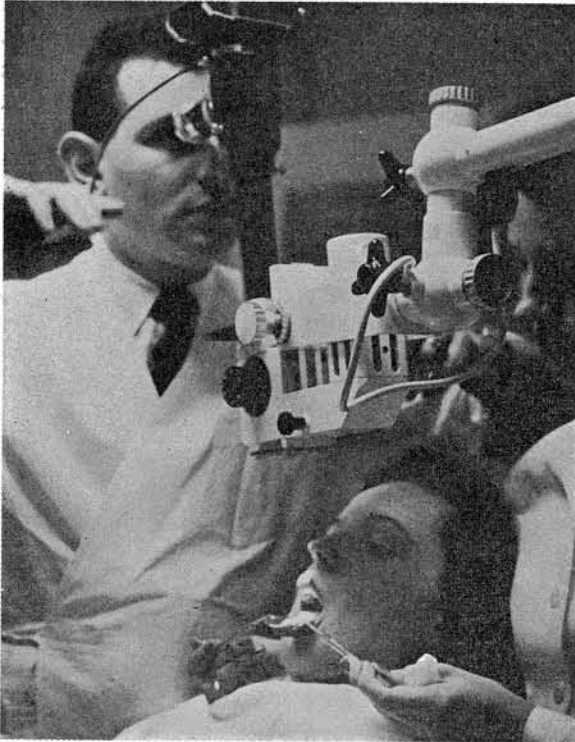


The bacteria shown here—magnified 60,000 times—are streptococci that cause tooth decay when inoculated into hamsters.

Spearheading NIH investigation of the aging process, the National Heart Institute is carrying on its own inquiry into the fundamental nature of aging. This work is going forward in a special unit at a large hospital center in the city of Baltimore. The studies are under the direction of Dr. Nathan Shock, Chief of the Heart Institute's Gerontology Branch. For one project, Dr. Shock has enlisted the help of 250 volunteers, many of them retired scientists, who have agreed to undergo rigorous physical examinations every 18 months. As the years pile up, these examinations are expected to yield an unparalleled statistical record that may give illuminating hints on the mechanics of aging. The hope motivating this study is that basic understanding of the processes of aging, in health and in disease, may help medical science to find ways to prolong youthful vigor into later life as well as further to prolong the human lifespan.

Dental problems

Compared with heart disease, tooth decay may seem a minor matter. But it is not to be dismissed lightly, for it is one of the most prevalent



A direct view microscope with camera attachment is being used here to observe and photograph lesions in the mouth.

of all health troubles and one of the least understood. Presently, at NIH and elsewhere, scientists are carrying on a relentless search to find out just what causes it and how it can be more effectively prevented.

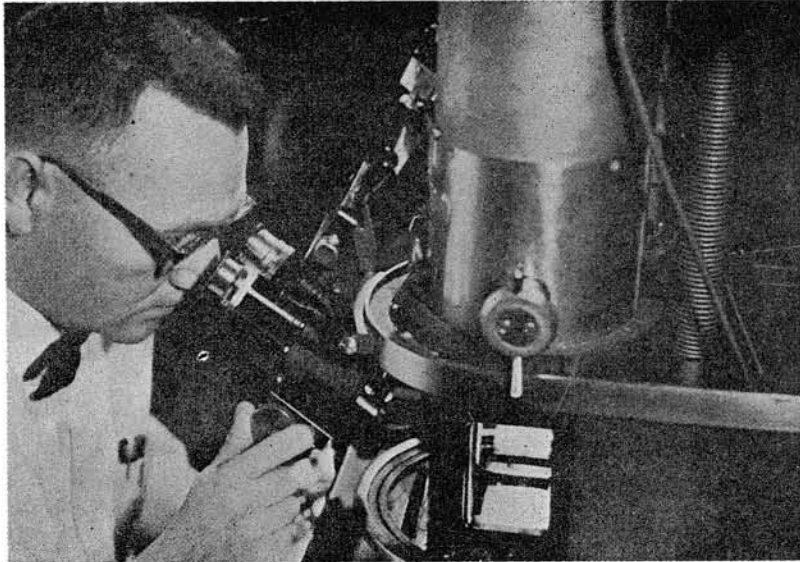
Though tooth decay is not ordinarily thought of as a disease, investigators at the National Institute of Dental Research, using laboratory animals, have lately turned up evidence that it is due to bacteria in the mouth and that these bacteria may be transmitted. They are now trying to discover just *how* these organisms cause decay. Here again the ultimate purpose is to identify the causative agent and to use it to prepare a vaccine that will confer a high degree of immunity.

Someday too, scientists believe, it may be possible to transplant healthy teeth from one person to another. Freshly extracted teeth, preserved by refrigeration in tooth banks, might then eliminate the need for artificial bridges for many people.

Meanwhile, NIH workers are pushing ahead with a search to find ways to build resistance to decay in the population at large. As long ago as 1938, NIH researchers discovered that decay in children's teeth can be reduced by adding small amounts of fluorine to local supplies of drinking water. Fluoridation is believed to cut down decay in children's teeth by as much as 60 to 65 percent.

Another approach now being explored is the use of calcium phosphate, the chief mineral constituent in bones, as an additive in bread. Unlike fluoridation, which does not benefit teeth that are fully formed, calcium phosphate is helpful to both children and adults, since its decay-fighting action appears to affect the surface of the teeth rather than their inner structure.

Diet has long been known to have a relationship to tooth decay, with sugar held to be the chief culprit. But it has now been found that the lack of certain key proteins also produces decay even when all sugars are removed. And lately NIH scientists have been showing, too, that a number of pathological conditions in the mouth may result from emotional stress as well.



The electron microscope makes it possible to study the crystalline structure of tooth enamel.

Neurological and sensory disorders

One of the youngest of the complex of research centers at Bethesda is the Institute of Neurological Diseases and Blindness, set up in 1950. It is now at the heart of a nation-wide endeavor to control, and perhaps eventually to eliminate, many of the serious difficulties that upset the



A sample of brain tissue, removed from an epileptic patient, is prepared for incubation and later use in metabolic studies of epilepsy.

functioning of the senses and of other parts of the nervous system. In all, these constitute some 200 different afflictions!

Progress has been made on several fronts: New therapeutic agents have emerged for the control of epilepsy, Parkinson's disease, and the severe muscular weakness of myasthenia gravis. New drugs and new surgical procedures are forestalling blindness from cataracts and glaucoma. And new devices and therapies have been bringing about the rehabilitation of thousands of disabled persons, making it possible for them to live normal or nearly normal lives.

Here are a few more specific achievements, chosen almost at random—
A new technique for the early diagnosis of one form of uveitis, inflam-

mation of the pigmented layer of the eye, has opened the way for prompt treatment of this blinding disease.

Retrolental fibroplasia, a form of infant blindness that used to afflict thousands of premature babies, has now been virtually eliminated through the discovery that it is caused by excessive administration of oxygen.

One form of cerebral palsy, kernicterus, also known as the yellow jaundice of infancy, has lately been found to result from a warfare between the blood of the mother and of the unborn child. When this incompatibility (known as the Rh factor) is present, the mother's blood actually poisons the child's and if the baby does not die, it may suffer from lifelong handicaps. Now that the cause is known, the situation can often be wholly remedied by multiple blood transfusions given to the baby immediately after birth.

Another outstanding accomplishment is the development by NIH scientists of a new technique of brain scanning that makes use of a zinc isotope and sensitive electronic equipment to localize brain tumors without opening the skull. The device is capable of recording the radioactive rays given off by the tumorous tissue that has absorbed the isotope and of distinguishing these rays from those given off by neighboring healthy tissues.

To cope with a variety of impairments in hearing, NIH scientists have been pursuing a broad-based investigation of all the significant factors involved in hearing and in hearing loss. One interesting outcome of this study was the discovery, in 1956, of a nerve pathway linking the cochlea of the inner ear to the brain, our first definite evidence that hearing is determined not only by external stimuli but also by stimuli originating within the brain itself.

As recently as 20 years ago, the overwhelming majority of cases of deafness were caused by infections, many of which can now be arrested by drugs. More recent research has shown, however, that such lifesaving agent as streptomycin can cause a loss of hearing in some people, through the structural damage large doses can produce. The answer would seem to lie in extreme caution in prescribing powerful drugs and extreme watchfulness during the whole course of treatment in which they are used.

One form of hearing loss that is fairly common in older people is otosclerosis, a condition in which the small bones of the inner ear, through which sounds are normally transmitted, become rigidly fixed in position and can no longer transmit sound vibration. NIH-supported studies have now made it possible to bypass the rigid bones by means of a very thin plastic tube, which, when properly placed, can serve as a channel for the transmission of vibration.

Within late years, too, the Institute has had a share in devising more reliable diagnostic tests for hearing disorders, making it possible for physicians to distinguish quickly between disturbances in hearing that may

be caused by diseases of the ear; by disruption of the pathway from the ear to the brain; and by disorders in the brain itself that make it difficult to analyze sound.

Perhaps the most dramatic of all the Institute's recent undertakings, however, is the great collaborative project, launched in 1959, to uncover the ultimate causes, not only of sensory defects in hearing and in sight, but also of malfunctioning in the nervous system that may lead to such conditions as feeble-mindedness, epilepsy, or cerebral palsy.

As part of the long-term program under way—now enlisting the help of a number of medical centers—50,000 women will be studied from early pregnancy to delivery, and their babies will be observed closely from their first hours until they are six years old. These studies are expected to throw new light on still mysterious factors in heredity and environment that bring these misfortunes to children and, with them, a long train of attendant sufferings to children and parents alike.

NEW FORAYS TO COME

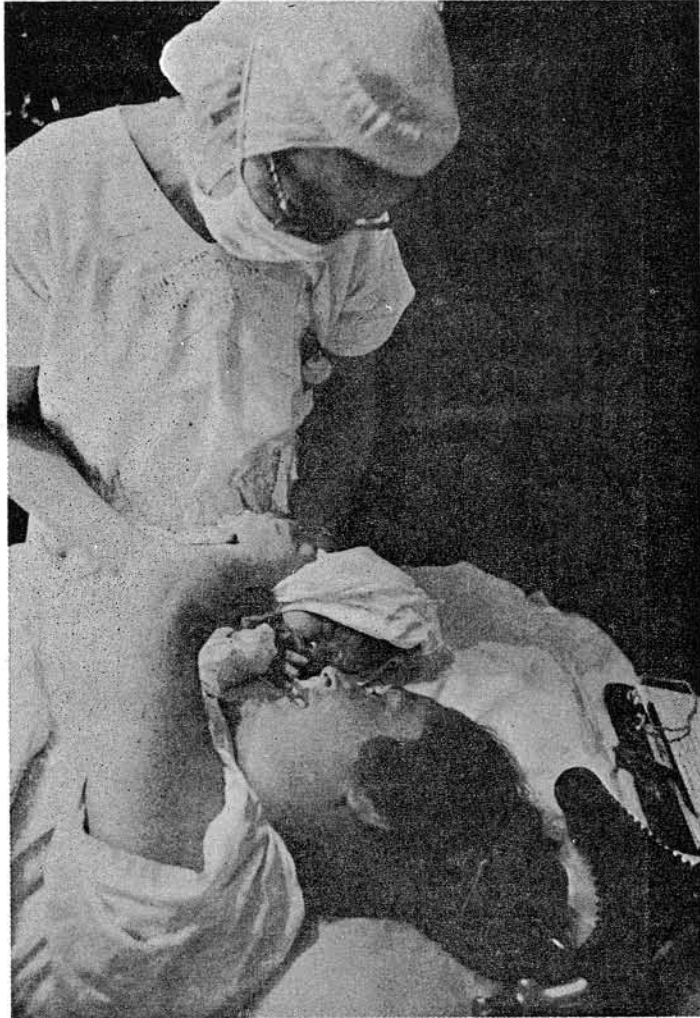
And now, as the world moves forward into the 1960's, what advances can we look for in the years ahead? NIH scientists are agreed in warning us not to hope for too much. Yet on the basis of progress already made and of the work now under way, we can still get a fairly clear notion of what to expect in the next 10 years or so.

In medical research, cancer and heart disease, as the two leading causes of death, will continue to receive top priority. Safer and more effective drugs to cope with these and other sickness may well emerge from the vast NIH-supported drug-screening program that is already testing thousands of promising substances each year. And better surgical and irradiation techniques may save many more lives than are saved now.

Continuing study of viruses and of virus-caused diseases—the common cold among them—may finally lead to the conquest of a number of ailments that have been sapping men's strength and eating into productive man-hours for hundreds of years.

New techniques in biophysics and biochemistry, increasingly applied to medicine, will bring more profound knowledge of many fundamental body mechanisms: for example, the one that confers upon some fortunate people immunity to certain deadly diseases that cut down others in the thousands.

Developments in the vitally important field of tissue culture could lead to the provision of large tanks of tissue cells—for use in growing viruses; in testing the effects of viruses upon living cells; and in producing protective vaccines. Using tissue culture techniques, NIH scientists, collaborating with scientists at the National Naval Medical Center, are already working at the task of producing sizable amounts of human skin.



Studies of mothers and of their babies from their first hours of life are an important part of long-term research under way to uncover factors of heredity and environment that may cause physical and mental afflictions.

Though this has no present use, it is wholly conceivable that skin produced in this way might someday be used successfully in skin grafts to replace tissue that had been badly burned or injured in some other way. Up to now, however, it has been impossible to make grafts take unless the skin used came from some other part of the patient's body or from an identical twin. This is because the body automatically mobilizes its defenses against such intrusions by marshaling antibodies to fight it.

If a means could be found to defeat this mechanism, skin produced by tissue culture and preserved in tissue banks could spare patients the traumatic experience of having skin taken from other parts of their bodies to supply the material for grafts. Even more important—if the mechanism could be defeated—this might open the door to the transplanting of whole organs—kidneys, ovaries, even hearts—to replace diseased with healthy ones.

This triumph may lie far in the future if it is achieved at all. Of more immediate concern are the mushrooming problems produced by our swiftly changing environment. New diseases are replacing the old, familiar ones. New hazards in daily life are leading to accidents that cost thousands of lives each year. Industrial and other wastes are polluting the water we drink and the air we breathe.

More and more, then, as the years go by it will be the responsibility of medical science to plan for the well-being of society as a whole, including the generations to come after us. This will call for new knowledge in many areas: for one thing, a fuller understanding of the effects, present and future, of whole-body irradiation. This is already pressing, in view of the expansion of the atomics industry, the testing of nuclear devices, and the imminent exploration of outer space.

In increasingly divergent fields, then, NIH scientists will lend their talents and their leadership. They also will continue to work with other



scientists all over the globe. For years, of course, staff members of the Institutes have been attending scientific meetings in other countries and have been exchanging information with foreign investigators. And, for years too, as we have seen, they have been welcoming to Bethesda visitors from other lands, who have come to further their own knowledge or to share the benefits of their experience. Such mutual interchange is bound to gather momentum in the years ahead.

In addition, a new office has recently been set up at NIH specifically (1) to represent NIH in negotiations with European and international organizations engaged in medical research in Europe; (2) to collect information on medical research potential and needs in Europe; and (3) to advise NIH grantees in the European area, and assist NIH advisory groups by conducting site visits to institutions proposing research projects for NIH support.

The 1960's, then, will bring widening horizons, as men and women at the National Institutes of Health continue to wrestle with problems that still perplex us, fitting together the bits and pieces of new knowledge like scattered fragments of a jigsaw puzzle. As in the past, they will make headway less by sudden, dramatic leaps than by painstaking steps taken one by one. Yet, in the end, these patient, careful steps may well add years to our lives—and life to our years.

The 4th Congress of The CMAAO Held in Australia



President
Angus T. Muray, M.D.

The Confederation of Medical Associations in Asia & Oceania was established by initiative of Philippine Medical Association and Japan Medical Association and Japan Medical Association in April, 1956.

The objectives of the CMAAO are the same as those of the World Medical Association.

The 1st Congress of this Confederation was held in affiliation with the 15th general assembly of the Japan Medical Congress from March 31 to April 5, 1959 in Tokyo, Japan.

The 2nd Congress was held jointly with the 54th Annual Convention of the Philippine Medical Association from 22 to April 30, 1961 in Manila, Philippines.

The 3rd Congress was held in affiliation with the 16th General Assembly of the Japan Medical Congress from March 30 to April 1, 1963 in Tokyo and Osaka, Japan.

The 4th Congress is scheduled to be held jointly with the 2nd Australian Medical Congress, from August 14 to 21, 1965 in Perth, Australia.

The official delegates from overseas attending the Congress will be appointed Honorary Members of the Second Australian Medical Congress to be held over the period Monday 16 to Friday 20 August 1965.

Other overseas visitors who are members of a national medical association will be eligible to register for Congress in the usual way.

Enquiries from overseas visitors regarding the Confederation Congress or the Australian Medical Congress should be directed to the General Secretary, Australian Medical Association 77/79 Arundel Street, Glebe, N.S.W. Australia.

The preliminary programme for the 4th Congress of the CMAAO & provisional programme for the 2nd Australian Medical Congress is as follows.—

4th Congress of CMAAO

Saturday, August 14

2.30 to 3.30 p.m. Registration

7.00 to 7.30 p.m. Inaugural Dinner and Official Opening
for representatives of Federal Government

Sunday, August 15

Church Service

Local Tours and Entertainment to be arranged by the A.M.A. Congress Committee.

Monday, August 16

9.00 to 12 noon Official Business Meeting—followed by meetings of Subcommittees

2.00 to 4.30 p.m. Symposium "The Family Doctor in Asia and Oceania" (arranged by the Australian College of General Practitioners in co-operation with the Australian Medical Association)

Wednesday, August 18

9.00 a.m. Closing Session of Official Business Meeting

The 2nd Australian Medical Congress

Saturday, August 14

Registration

Sporting and Social Arrangement

Sunday, August 15

Church Services

Christian Medical Fellowship Meeting

Private Entertainment

Monday, August 16

Registration

Opening of—

Pharmaceutical and Scientific Instruments Exhibition

Scientific Session of the 2nd Congress of the CMAAO

Private Entertainment

Opening of Congress

Presidential Reception

Tuesday, August 17

Scientific Sessions

“ The Patient and his Doctor ”

President's Dinner and Private Entertainment

Wednesday, August 18

Scientific Sessions

“ Death on the Roads ”

Sports Competitions

Private Entertainments

Thursday, August 19

Scientific Sessions

“ The Problem of the Aged in Society ”

Henry Simpson Newland Oration

Supper

Friday, August 20

Scientific Sessions

“ The Health of Tomorrow's People ”

Congress Dinner Dance

Saturday, August 21

Exhibitions

Sporting Fixtures

Roster of Officers and Members of the 4th Congress of the CMAAO
1963-1965

Officers:

President: Angus J. Murray, M.D. (Australia)

Secretary-Treasurer: Victorino de Dios, M.D. (Philippines)

Immediate past President: Heraldo Del Castillo, M.D. (Philippines)

Council:

Chairman: Angus J. Murray, M.D. (Australia)

Secretary: Victorino de Dios, M.D. (Philippines)

Councilor: K. C. Crafter, M.D. (Australia)

, : Tetsuo Abe M.D. (Japan)

, : Haruo Katsunuma, M.D. (Japan)

, : Chi-Fu, Wu, M.D. (China)

Member Associations

Australian Medical Association

Burma Medical Association

China Medical Association

Indonesia Medical Association

Iran Medical Association

Japan Medical Association

Pakistan Medical Association
Philippine Medical Association
South Korea Medical Association
Medical Association of Thailand
Office Address (Secretariate)
2114 Juan Luna, Manila, Philippines

Names of the Officials and the Address of the Member Associations

1. Dr. C. J. Ross Smith
General-Secretary Australian Medical Association
77/79 Arundel Street, Glebe, N.S.W. Australia
2. Dr. Ba Than (Setkya)
General-Secretary, Burma Medical Association
No. 249, Theinbyu Road, Rangoon, Burma
3. Dr. Chi-Fu, Wu
President, Nationalist China Medical Association
(private address) 169 Chong-Cheng Road, Kaoshiung, Taiwan,
China
4. Dr. T. Karimoedin
General-Secretary, Ikatan Dokter Indonesia
Djalan, Dr. Sam Ratulangie 29, Djakarta, Indonesia
5. Dr. Saeed Hekmat
Ministry of Health, Teheran Medical Association
Teheran, Iran
6. Dr. Yushichi Minamizaki
General-Secretary, Japan Medical Association
5, 2-Chome, Kanda-Surugadai, Chiyoda-Ku, Tokyo, Japan
7. Dr. H. R. Khan
General-Secretary, Pakistan Medical Association
P.M.A. House, Garden Road, Karachi, Pakistan
8. Dr. Jose C. Denoga
General-Secretary, Philippine Medical Association
P.M.A. House, 1850 Taft Avenue, Manila, Philippines
9. Dr. Park Keunwon
Chairman, Board of Trustees, Korean Medical Association
44-5, Kwan Chol-Dong, Chong-Ro-Ku, Seoul, Korea
10. Dr. Smai Chandovimol
President, Medical Association of Thailand
1/3 Silom Road, Bangkok, Thailand

CONSTITUTION & BY-LAW

(Amended 1961)

C M A A O

Confederation of Medical Association in Asia and Oceania Constitution and By-Laws (Amended 1961)

I. NAME—The Association shall be known as the Confederation of Medical Associations in Asia and Oceania (CMAAO)

II. OBJECTIVES—

- (a) To promote closer ties among the national medical organizations and among physicians in countries of Asia in particular and of the world in general by personal contact and all other means available.
- (b) To organize an exchange of information on matters of interest to the medical profession in Asia and Oceania.
- (c) To maintain the honor and protect the interest of the medical profession.
- (d) To study and report on the professional problems which confront the medical professions in Asia.
- (e) To assist all people in Asia and Oceania to attain the highest possible level of health.
- (f) To establish relations with and to present the views of the medical profession in Asia to the World Health Organization, World Medical Association, UNESCO, and other appropriate bodies.

III. MEMBERSHIP—The unit of membership shall be the national medical association of any country or medical association in any territory located in Asia and Oceania which can be recognized by the General Assembly as the representative of the Medical profession of that country or territory.

IV. TERMINATION—A member-association shall cease to be a member in any of the following ways:

- (a) By resignation, subject to the conditions prescribed by the By-Laws.
- (b) By default of payment of fees for membership as may be prescribed by the By-Laws.

V. FEES—Each member-association shall pay to the CMAAO an annual membership fee, the amount of which shall be prescribed by the General Assembly.

- VI. GENERAL ASSEMBLY, ITS POWERS—It shall be composed of the officers of the CMAAO, ex-officio, the members of the Council, and delegates from the Member association. It shall exercise general control and direction of the policy and affairs of the association.
- VII. DELEGATES AND ALTERNATES—Each Member-association shall be entitled to appoint two delegates who shall ipso facto be members of the General Assembly. Each Member-association shall also be entitled to appoint Alternate Delegates who may attend meeting of the General Assembly and may act as delegate, provided that a Member-association is not represented in the Assembly at any time by more than two speaking and voting delegates.
- VII. MEETING—The General Assembly shall meet at least one in two years.
- IX. The MODE OF CONVENING meetings of the General Assembly and the proceedings thereat and relating thereto shall be such as may from time to time be prescribed by the By-Laws.
- X. DECISION—Resolutions carried in accordance with the following provisions shall be deemed to be decisions of the CMAAO.
- (a) Notice to submit to the General Assembly a resolution relating to any amendment of or addition to the Articles shall be given to the Secretariat not less than six months before the meeting at which it is to be considered. Such resolution shall be deemed a decision of the CMAAO if it is carried by a majority of not less than two thirds of the votes given thereon in the manner prescribed by the By-Laws.
 - (b) Notice to submit to the General-Assembly a resolution relating to any amendment of or addition to the By-Laws shall be given to the Secretariat not less than one day before the meeting or session at which it is to be considered. Such a resolution shall be deemed of the confederation if carried by a simple majority of the votes given thereon in the manner prescribed by the By-Laws.
- XI. OFFICERS—There shall be the following officers of the Confederation: President, a President-Elect, an immediated Past President, a Chairman of Council, and a Treasurer. The officers shall be elected in such a manner and shall hold office for such term and

shall have and enjoy such duties, powers, and privileges as may be determined from time to time by the By-Laws.

- XII. OFFICIALS—There shall be a Secretariat and such officials as may be determined by the General Assembly.
- XIII. COUNCIL—The General Assembly shall appoint at each regular meeting a Council which shall be composed of the President, the President-Elect, the Immediated Past President, and the Treasurer, all ex-officio and 4 members of the General Assembly elected in the manner and for the period prescribed in the By-Laws.
- XIV. It shall be the duty of the Council to carry into execution the resolutions passed by the General Assembly and to administer the affairs of the Association in accordance with the Articles and By-Laws.
- XV. COMMITTEES—Committees may be appointed in such manner and have such powers as may be prescribed by the By-Laws or as the General Assembly or the Council may think proper.
- XVI. LANGUAGE—The English language shall be the official language of the Confederation.
- XVII. JOURNAL—A Journal (or Bulletin) under the title of the journal (or Bulletin) of the CMAAO may be published periodically.
- XVIII. ANNUAL AND FINANCIAL REPORTS—The Council shall publish and submit to the General Assembly when this body meets, for adoption and approval a report on the general state and proceedings of the Association for the interim period between meetings, a balance sheet, and financial statement for the past year audited by a professional accountant, and an estimate of the probable income and expenditure of the Association for the coming year.
- XIX. DISSOLUTION—A decision to dissolve the Confederation shall require the consent of at least two-thirds of the Member-associations. It shall be taken at a meeting of the General Assembly specially called for the purpose. If two-thirds of the Member-associations are not represented at that meetings, a referendum of member-associations shall be taken on the question of dissolution and on the method of dealing with the funds of the Association in the event of dissolution.

BY-LAWS**MEMBERSHIP**

1. **MEMBERSHIP APPLICATION**—An association desiring to become a constituent member of the CMAAO shall apply for election in writing to the Council which, after appropriate inquiry, shall make recommendations for the admission or rejection of the application to the next meeting of the General Assembly.
2. Only one national medical association shall be recognized in each country or territory.
3. **REGISTER**—A register of Member-associations shall be maintained by the Council at the Association's Office.
4. **OBLIGATIONS**—Each Member-association shall:
 - (a) do all in its power to promote a knowledge of, and an active interest in, the objectives and work of the CMAAO.
 - (b) reply to all inquiries and questionnaire from the Council as quickly as possible or within the time limit specified by the Council.
 - (c) keep the Council informed of any events or developments in its country of interest to the CMAAO.
5. **DUES**—Dues or voluntary contributions as determined by the General Assembly shall be due within three months from the date of the last General Assembly.
6. (Delete)
7. **TERMINATION OF MEMBERSHIP**—No Member-association shall except in the case of default in payment of dues, cease to be a member without having given six months' previous notice in writing of its intention to the Council and without having paid all arrears of subscription, if any, due from it.

GENERAL ASSEMBLY

8. **GENERAL ASSEMBLY**—The General Assembly shall determine the place and time for each succeeding meeting. The annual meeting shall as far as possible be held in a different country each year.

9. SPECIAL MEETINGS—A special meeting of the General Assembly shall be convened at any time by the President on the request of the Council or on the request of not less than 4 Member-associations or as subsequently determined by the General Assembly.
10. At least three months' notice of special meetings shall be given to the members of the General Assembly. The notice shall state the place and purpose of the meeting.
11. No business shall be dealt with by a special meeting of the General Assembly other than that for which it is specially convened.
12. OBSERVERS—Member-Associations shall have the right to send observers, without privileges of speaking or voting, to meetings of the General Assembly. The Council shall have power to invite at its discretion other organizations interested in the practice of medicine in Asia to send observers.
13. BUSINESS—The Business of the regular meeting of the General Assembly shall be:
 - (a) To elect or install a President of the Association:
 - (b) To elect a President-Elect, a Treasurer as by the Articles or the By-Laws may require to be elected.
 - (c) To appoint, when necessary, such officials of the Confederation as may be determined under Article XII of the Constitution and fix their remuneration.
 - (d) To elect members of the Council as required by By-Laws 29 and in accordance with procedure laid down in Standing Orders.
 - (e) To appoint a place and time at which the next regular meeting shall be held;
 - (f) To consider and determine application for membership;
 - (g) To fix the annual dues;
 - (h) To consider the Annual Financial Statement and the Balance Sheet presented by the Council and to arrange for such action to be taken thereon as may seem appropriate;
 - (i) To instruct the Council concerning investigations to be taken in the pursuit of the objects of the Association;
 - (j) To consider such resolutions as can properly be considered by the General Assembly having regard to the objectives of the Association and as have been submitted by Member-

associations with the appropriate period of notice as laid down in Article 10;

(k) To appoint an auditor and to fix his remuneration.

14. AGENDA—The Agenda for the General Assembly shall be prepared by the Council, which has power to decide whether or not a resolution submitted by a Member-association fails within the objective of the CMAAO.
15. NOTICE OF MOTIONS—Resolutions requiring a period of notice as laid in Article 12 (a) and (b) shall be circulated by the Council before the meeting to all Member-associations for their consideration.
16. PRESIDING OFFICER—The president of the Association shall preside at meeting of the General Assembly. In the absence of the President the meeting shall appoint a presiding officer from its number.
17. VOTING—All members of the General Assembly shall be entitled to vote at meetings of the Assembly provided that, except in the election of officers, a member of the Council shall not be entitled to vote in the Assembly unless he is a Delegate. Each Delegate shall have one vote, provided that if a Member-association is represented in a meeting of the General Assembly by only one Delegate that the Delegate shall have two votes.
18. Voting shall be by show of hands, unless, before the vote is taken, 4 members present request that the vote be taken by secret ballot.
19. In speaking and voting upon any matter, the Delegate of a member-association shall have regard to the preponderance of opinion of the association he presents.
20. The presiding officer shall in the case of equality of voting have a vote, but shall not otherwise be entitled to vote.
21. REFERENDUM—If one-third of the Member-associations, whether represented or not at the meeting, request within two months of the date of the meeting that a decision of meeting of the General Assembly which was carried by a simple majority and less than two-thirds of the Member-association shall be submitted to a referendum of all Member-associations, the Council shall take steps to obtain by correspondence the votes of each Member-association.

22. A decision which is the subject of a referendum shall have no operation unless and until it shall have been approved on the referendum by at least three-quarters of the Member-associations who have answered the referendum, provided that in no case shall the operation of the decision be delayed for more than eight months from the date of the meeting.
23. LANGUAGE—The discussions at the meetings of the General Assembly shall be conducted in English and if a Delegate wishes to speak in the Assembly in any other language he shall be permitted to do so provided that he arrange for its immediate translation into English.
24. MINUTES—The Secretariat shall keep Minutes of each meeting of the General Assembly, which shall, after confirmation by the presiding office, be transmitted to the Council.
25. ADJOURNMENT—The presiding officer shall have power to adjourn the meeting from time to time and from place to place.
26. COUNCIL—Each elected member of the Council appointed by the General Assembly shall hold office for four years and at the end of that term shall be eligible for re-election. Members shall retire in rotation. At the first annual meeting two members shall be elected for four years and two for two years.
27. Each term of office shall be calculated from the close of the annual meeting of the General Assembly at which the election is made.
28. CHAIRMAN AND VICE-CHAIRMAN—The Council shall elect a Chairman and a Vice-Chairman from its own number. The Chairman, or in his absence the Vice-Chairman shall preside over meetings of the Council. If the Chairman and Vice-Chairman are both absent the members of the Council shall elect one of their number to preside over the meeting.
29. MEETINGS—The Council shall meet at least once a year and at such other times as it may deem necessary. Meetings shall be held at such place and upon such notice as the Chairman may appoint.
30. QUORUM—No business shall be transacted at any meeting of the Council unless at least four members be present or as may be subsequently directed by the General Assembly.

31. **BUSINESS BY CORRESPONDENCE**—The Chairman shall have the power to decide what business may be conducted by correspondence and what by meetings of the Council.
32. **SPECIAL MEETINGS**—The Chairman of the Council may if he thinks fit and shall upon receiving a request signed by not less than four members of the Council and specifying the business for which a special meeting is required call together a special meeting of the Council. The place at which the special meeting shall be held and its purpose shall be specified in the notice calling the meeting. At least two months notice of such meetings shall be given to the members of the Council.
33. No business shall be transacted at the special meeting other than that for which such meeting is called.
34. **VACANCIES**—The Council shall have power to fill casual vacancies among its number until the next election of members of the Council.
35. **VOTING**—Voting shall be by show of hands, and a simple majority shall be sufficient to carry a resolution.
36. **MINUTES**—The Secretariat shall keep Minutes of the proceedings of each meeting of the Council.

DELEGATES

37. **DELEGATES**—Each Member-association shall notify the Secretariat of the names and addresses of its delegates and alternate delegates appointed in accordance with Article 9, and shall also notify any subsequent changes.
38. **QUALIFICATIONS**—A Delegate shall be a person who is medically qualified and a member of the association he represents.
39. **DUTIES**—On returning from a meeting of the General Assembly, Delegates shall report to their respective associations on the proceedings of the meeting. The Council may from time to time issue instructions to Delegates.
40. **EXPENSES**—The expenses of Delegates attending meetings of the General Assembly shall not be charged upon the funds of the CMAAO.

41. **FINANCE**—The Treasurer shall receive all moneys payable to the Association, discharge all accounts which have been ordered by the Council to be paid and keep accounts and submit them to the Council at each of its meetings.
42. The accounts of the Association shall be kept at the office of the Treasurer. Any Member-Association, through its Delegates, may inspect the accounts.
43. The financial year of the Association shall be the calendar year.

SECRETARIAT

44. **SECRETARIAT**—The expenses of the Secretariat shall be defrayed out of the general funds of the Association on the periodical production to the Treasurer of vouchers stating the expenses incurred.
45. **OFFICERS: President-Elect**—The President of the Association shall be elected at the regular meeting of the general assembly and shall enter upon the duties of his office at the next regular meeting, and until then shall bear title of President-Elect.
46. **CHAIRMAN OF COUNCIL**—The Chairman of the Council elected under By-Laws 13 shall be eligible for re-election from year to year. For one year after the end of his period of office he shall be a member of the Council ex-officio.
47. **TREASURER**—The Treasurer shall be elected at the regular meeting of the General Assembly. He shall hold office for 4 years and be eligible for re-election. During his term of office he shall be member of the Council ex-officio.
48. **VACANCIES**—In the event of the death or resignation of an officer during his term of office the Council shall make such appointment or other provision as it may deem expedient for the discharge of the duties of the concerned until the next regular meeting of the General Assembly.
49. **OFFICIALS**—Officials of the Association appointed by the General Assembly under Article 12 of the Constitution shall be medically qualified. They shall hold office for such periods and receive such remuneration as the General Assembly may from time to time determine and may be dismissed by the General Assembly.

International Calender of Medical Congress 1965

Compiled by J.M.A.

Date	Name	Place
January		
2	35th Session of the Executive Committee of the World Health Organization	Geneva
14-16	3rd Asian Congress of Obstetricians and Gynecologists	Manila
March		
7-10	International Academy of Pathology	Philadelphia
26-30	4th International Symposium of Experimental Dermatology	Palermo, Italy
Apr.		
28- 1	International Anesthesia Research Society	Washington
April		
12-19	3rd Pan-Pacific Conference on Rehabilitation	Tokyo
20	Meeting of the International Commission of Historical Demography	Vienna or Liege
25-29	Congress of International College of Surgeons	Las Vegas
26-29	Annual Meeting of Aerospace Medical Association	New York
Easter	6th International Meeting on Phlebology	Aix-en-Provence, France
	6th Conference of International Union for Health Education	Rabat, Morocco

May

- 2-7 International Academy of Pathology and American Association of Pathologists and Bacteriologists Washington
- 11-13 International Conference on Vectorcardiography New York
- 21-23 International Congress of Exfoliative Cytology Paris
- 24-27 5th International Thyroid Conference Rome
- Ophthalmological Congress Brno, Czecho.
- Congress of French Speaking Dermatologists and Venereologists Paris
- 15th Annual Congress of International Association for the Study of Bronchi Porto
- May-June 15th Congress of Urological Society of the Latin Mediterranean (France)

June

- 3-5 5th International Medical Surgical Meeting with 5th International Medical Scientific Film Festival Turin
- 20-24 2nd International Conference on Oral Surgery Copenhagen
- 27-29 1st International Congress on Smoking and Health New York

July

- 4-10 International Conference for Rehabilitation of the Disabled Oxford
- 12-16 4th International Congress on Dietetic Stockholm

August

- 8-14 8th International Anatomical Congress Wiesbaden, Germany
- 14-21 4th Congress of the Confederation of Medical Association in Asia and Oceania Perth (Australia)

- 23-27 6th International Conference on Medical
Electronics and Biological Engineering Tokyo
- 23-28 3rd International Congress of Neurologi-
cal Surgery Copenhagen
- 23-29 13th Congress of International Associa-
tion of Logopedics and Phoniatics Vienna
- Sept.
26- 2 2nd International Conference on Proto-
zoology London
- 28- 3 5th International Congress of Neuropa-
thology
(or August 30—Sept. 3 in Vienna) Zurich
- 30-10 2nd World Population Conference Belgrade
International Meeting of Water Condi-
tioning Association Washington
5th Acta Endocrinologica Hamburg
- Summer Symposium of International Brain Re-
search Organization Hungery

September

- 3-10 23rd International Congress of Physiolo-
gical Sciences Tokyo
- 5- 8 21st Congress of the Federation of the
French Speaking Societies of Gynaec-
ology and Obstetrics Lausanne
- 5- 9 6th European Congress of Allergy Stockholm
- 5- 9 11th International Congress on Rheumatic
Diseases Buenos Aires
- 5-10 11th Meeting of the International League
against Epilepsy Vienna
- 5-10 8th International Congress of Neurology Vienna
- 5-10 6th International Congress of Electro-
encephalography and Clinical Neurophy-
siology Vienna
- 13-15 20th Congress of the Association of
French Speaking Paediatricians Nancy
- 13-18 6th International Congress on Neo-
Hippocratic Medicine Madrid

- 22-28 11th International Congress of Radiology Rome
- 19th General Assembly of the World Medical Association London
- 1st International Congress of Medical Communications Amsterdam
- 18th Session of Regional Committee for South-East Asia of World Health Organization (WHO) (Asia)
- 16th Session of Regional Committee for the Western Pacific of World Health Organization (Pacific Area)
- 7th Annual General Assembly and Congress of International College of Medical Practice Salzburg
- Sept. or Oct. 35th Congress of the Association of French Speaking Physicians

October

- 10-14 38th Annual Meeting of Water Pollution Control Federation Atlantic City
- 18-21 4th International Congress of Chemotherapy Washington
- 21 Extraordinary Congress of the International Society of Audiology in Kyoto Kyoto
- 24-30 8th International Congress of Oto-Rhinolaryngology Tokyo
- 27-30 15th Annual Meeting of Congress of Neurological Surgeons Chicago
- 4th International Congress of Infectious Pathology Freiburg im Breisgau
- 11th Congress of the International Union of Railways Medical Services Vienna
- 18th International Tuberculosis Conference Munich
- (early) International Congress of Aerospace Medicine Munich

International Congress of Aviation and
Cosmonautical Medicine Dublin

November

7-13 11th International Congress of Pediatrics Tokyo
28-29 1st International Congress of Constitu-
tional and Diathetic Medicine Nagoya
18th International Congress of Military
Medicine and Pharmacy Bangkok

Undated

8th Congress of Pan-American Associa-
tion of Ophthalmology Rio de Janeiro
4th Conference of Schools of Public
Health Puerto Rico
7th Annual Meeting of International
Federation of Surgical Colleges Paris
21st Congress of the International Society
of Surgery Philadelphia
14th Biennial International Hospital Con-
gress Stockholm
5th Latin American Congress of Anato-
mical Pathology Lima, Peru
Meeting of the French Speaking En-
doctrinologists Paris
4th European Congress of Geriatrics Florence
10th Latin American Congress of Plastic
Surgery (Argentina)
International Ophthalmic Optical Con-
gress (Ireland)
10th Congress of European Society of
Haematology (Belgium)
2nd International Congress of Neurologi-
cal Sciences (U.S.A.)

- Annual Meeting of Endocrine Society
- 5th International Conference on Goitre
- Annual Meeting of the American Society
for Microbiology
- 5th Biennial International Congress of
Latin Group for Physical and Sports
Medicine Lisbon
- 5th Triennial Congress of International
Fertility Association Madrid
- 7th International Embryological Confer-
ence Edinburgh

List of International Medical Congress to be held in Japan

Compiled by J.M.A.

Date	Name	Place	Contact Address
1965 April 12-19	The 3rd Pan-Pacific Conference on Rehabilitation	Tokyo	c/o International Society for Rehabilitation of the Disabled, 66, Higashi 1-chome, Ikebukuro, Toshima-ku, Tokyo
August 23-27	The 6th International Conference on Medical Electronics and Biological Engineering	Tokyo (Tokyo Prince Hotel)	Japan Society of Medical Electronics and Biological Engineering, Shiba-Tamurachô, Minato-ku, Tokyo
September 3-10	The 3rd International Congress of Physiological Sciences	Tokyo	c/o Investigation Section, Science Council of Japan, Tokyo
October 21	Extraordinary Congress of the International Society of Audiology in Kyoto	Kyoto	Headquarters: c/o Dept. Oto-rhino-laryngology, Kyoto University, Kyoto
24-30	The 8th International Congress of Oto-rhino-laryngology	Tokyo (Tokyo Bunka-Kaikan)	Headquarters: Oto-rhino-laryngological Society of Japan: c/o Kôjimachi-Mansion, 3, 5 chôme, Kôjimachi, Chiyoda-ku, Tokyo
November 7-13	The 11th International Congress of Pediatrics	Tokyo (Hotel New Ohtani)	Headquarters: 11th International Congress of Pediatrics: c/o Dept. Pediatrics, University of Tokyo
14-16	The 2nd International Congress of the Study for the Disease of Colon and Rectum	Tokyo (Tokyo Prince Hotel)	c/o The Japanese Proctologic Association Dept. Surgery, School of Medicine, Tôhô University, Ohta-ku, Tokyo
28-29	The 1st International Congress of Constitutional and Diathetic Medicine	Nagoya	Japan Society of Constitutional and Diathetic Medicine: c/o Dept. Pathology, Kyoto University, Kyoto

Date	Name	Place	Contact Address
1966 March	International Congress of the Gastro- enterological Endoscopy	Tokyo	Japan Gastro-enterological Endoscopic Society: c/o 1st Dept. Internal Medicine, University of Tokyo, Tokyo
August	6th International Congress of Elec- tron Microscopy	Kyoto	c/o Institute for Virus Research, Kyoto University
August-September	The 11th Pacific Science Congress		c/o Science Council of Japan, Tokyo
September 5- 9	The 2nd Asian and Australian Con- gress of Anesthesiology	Tokyo	Japan Society of Anesthesiology: c/o Dept. Anesthesiology, University of To- kyo
18-25 April	The 3rd World Congress of Gastro- enterology	Tokyo	Headquarters c/o Kawashima Clinic: Kokusai-Kankô-Kaikan, 1-1, Maruno-uchi, Chiyoda-ku, Tokyo
October 23-29	The 9th International Cancer Con- gress	Tokyo	Cancer Institute, Japanese Foundation for Cancer Research, Nishisugamo, To- kyo
1967 April 1- 3	The 17th General Assembly of the Japan Medical Congress	Nagoya	Headquarters: c/o School of Medicine, Nagoya University, Showa-ku, Nagoya
1968 October	16th Biennial International Congress, International College of Surgeons	Tokyo	Japanese Section, International College of Surgeons: Headquarters: 3-160, Nobuto-cho, Chiba

INFORMATIONS

HOME & ABROAD

Microbes Thrive on Poison

An unusual variety of soil bacteria feeding on a powerful farm chemical was introduced by a Japanese doctor of agriculture before a symposium of the Fermentation Research Institute held in the Agriculture-Forestry Ministry Building in Tokyo on September 24th.

Dr. Kenzo Sotomura of the institute reported his discovery of the useful germ he had made out of soil samples collected from 120 places in Japan last May.

A member of the *Pseudomonas* family of soil bacteria, the microbe was found to thrive on monofluoroacetic acid, one of the most poisonous agricultural chemicals, which kills rodents as well as other farm pests. A 0.6 milligram dose of it is enough to kill a human being.

Discovered in soil around an Osaka factory producing the deadly chemical, the germ was christened "*Pseudomonas Luteo chromogenes*." He believes nature has given rise to such a germ around the mill after its drain has seeped into the surrounding ground for many years.

He is now looking for similar germs that eat up BHC, Parathion and other poisonous farm chemicals.

The Government is planning to positively support his research in the hope that the controversial problem of harmful farm chemicals affecting human health through vegetables and fruits will be eventually solved.

Major Breakthrough Made In Hepatitis Vaccine Search

American scientist Ruth Cole, working in Melbourne, has made a major breakthrough in the search for a hepatitis vaccine, acting Health Minister Reginald W. Swartz announced on October 29th.

He said Miss Cole for the past nine months had been able to consistently isolate and culture a virus from hepatitis (inflammation of the liver) sufferers. He said her project is being undertaken under the strict conditions in a special sterile laboratory at Fairfield Hospital, Melbourne.

Her discovery, he said, could ultimately lead to the production of hepatitis vaccine.

Swartz said that Miss Cole, a virologist who began her work in Australia 12 months ago, previously did hepatitis research at a research center in Detroit, Mich.

She came to Australia when her husband was transferred here as manager for an electronic computer company.

The Detroit research center had made available to her a specimen of a particular cell tissue which its research had indicated was the only cell capable of supporting the growth of what was suspected to be hepatitis virus.

The aim of her Australian tests was to confirm and extend findings already made in America.

For the past nine months Miss Cole had consistently been able to isolate the virus from hepatitis patients, he said. Now she is working to prove that this virus could come only from patients with hepatitis.

Swartz said everyone connected with the project was "quietly confident" there would be final confirmation soon.

Cause of Asthma Believed To be Partly Psychological

Asthma is far more often a result of a psychological or physiological strain, or both, combined with a natural cause rather than a result of a natural cause alone, a lecturer at the medical department of Nagoya University reported on November 16th.

Dr. Shigemori Kyutoku, who is scheduled to announce his theory to the 14th Japan Society of Allergy Congress opening in Nagoya on November 20th, said his studies on 643 juvenile asthmatic outpatients visiting his university's hospital showed the highest incidence of the disease in cases combining psychological physiological and natural factors.

A common psychological factor was bitter emotion, while physiological factors included temperature changes and fatigue.

The incidence of asthma due to allergic reactions to natural causes was only 4.1 per cent among his patients, while that due to a combination of two or three factors was as high as 68 per cent.

Combined factors also caused much severer and longer fits of coughing, he said.

Medicine For Headlight Dazzle Cure Perfected

A group of Osaka Medical University scientists has perfected an oral medicine to prevent drivers from being dazzled by headlights of oncoming cars, a major cause of traffic accidents.

The revolutionary drug was announced by Prof. Ryoichi Yamaji of the university at the fifth general meeting of the Japan Traffic Medicine Consulting Congress held at Kurume University on November 18th.

Prof. Yamaji and his staff had been studying means to prevent headlight blinding with special glasses, eye lotion and oral medicine.

In an experiment, the oral medicine comprising helenien, jodlecithine, acidasparginarrz, vitamin B1, B2, B6, and C, diastase and rot-X was administered to nine drivers twice a day for four weeks.

Before taking the drug, it took 4.8 second for the drivers to recover their normal eyesight after being dazzled by headlights, but the time was cut to only 1.3 seconds after the test. The medicine proved effective even three months after the experiment.

The drug also contains compounds for fatigue recovery and stomachaches.

Prof. Yamaji, who has studied the problem of eyesight and traffic in France and West Germany, said police agency statistics on traffic accidents in 1961 showed speeding was the No. 1 cause for fatal accidents followed by drunken driving, careless driv-

ing at crossings and dazzling.

"Accidents of the first three causes can be prevented with extra carefulness but the fourth cause has been deemed unavoidable." Our new medicine, which will be soon put on the market, will play a great role in preventing traffic accidents," Prof. Yamaji said.

Appendicitis May Be Caused By Cold Virus : Kyoto Doctor

One cause of appendicitis may be a common cold virus, according to Dr. Ryukichi Tobe of the Japan Baptist Hospital in Kyoto, western Japan.

Reporting before a meeting of the Japan Allergic Disease Society in Nagoya on November 20th, he said he had succeeded in finding Coxsackie-B virus in the lymphoid tissue of the vermicular appendix. Coxsackie-B virus is an adeno-virus causing a common-cold like viral disease.

According to the doctor, slight cases of appendicitis—as opposed to acute appendicitis—has increased in Japan since about 10 years ago. In the past five years, he treated 642 cases of appendicitis of which 272 were acute and 370 slight cases.

Looking for the cause of this, he found that acute appendicitis cases were decreasing because of the recent use of antibiotics to prevent coliform bacillus and other bacteria from attacking the mucous membrane in the vermicular appendix and causing necrosis, or death of tissue.

He also found that the preacute appendicitis condition was due to a swelling of the lymphoid tissue under the vermicular appendix, which caused injuries in the mucous membrane and also created pressure against the muscular coat.

Reasoning that the condition was caused by a latent virus, he used the fluorescein antibody method, which involves the use of strong coloring matter, to check surgically-removed pieces of vermicular appendix lymphoid tissue and other tissues.

The result was the discovery of Coxsackie-B virus.

According to Dr. Yoshihiro Hamashima of the pathological department of Kyoto University, who originally suggested to Dr. Tobe the use of the fluorescein antibody method, this was the first instance of a virus having been found in a lymphoid tissue of a vermicular appendix.

Leprosy Mission Plans Funds Drive

The Japan Leprosy Mission for Asia has decided to launch a one-week campaign in December appealing to high school students to donate ¥10 each for construction of a Leprosy Center in India, a mission spokesman announced on November 19th.

The mission is headed by Dr. Shiroshi Nasu, former ambassador to India.

The appeal would be made to about 4,000,000 students of 4,075 high schools throughout the country in cooperation with the National High School Presidents Committee, the spokesman said.

The Japan Leprosy Mission was established in Tokyo in 1962 to build a leprosarium in India. The Leprosy Center in India is scheduled to be completed next October.

Japanese Finds Cure For Color Blindness

Color blindness is curable by electric treatments, a doctor in Osaka claimed despite the old established theory that it is hereditary and incurable.

Dr. Tsutomu Imamura of the Kansai University health clinic maintains that daltonism is the result of either under-bred or malfunctioning visual nerves. He says that the eye nerves can be enlivened and trained to discern colors through electric treatments.

Imamura who aroused the attention of medical researchers with his report at a convention of Japan clinical opticians meeting in Nagoya recently said that the electro-therapy was found greatly effective through clinical experiments on 50 patients. Some color blinds regained normal eyesight in six months. Imamura borrowed the theory of Prof. Hirokazu Motokawa that a human sees colors because the colors with varying frequencies of electric waves stimulate visual nerves.

With the help of a group of mechanical scientists at the university, Imamura devised an apparatus to give electric shocks to visual nerves.

The machine is designed to produce a variety of frequencies to correspond with the frequencies of colors.

Through repeating the treatments, visual **nervers** are revived or trained to distinguish different colors, Imamura said. In his clinical experiments, he was successful to cure color blindness by repeating 20-minute treatments for 40 times when color blindness was relatively light and up to 200 times when it is serious.

New Method Developed in Japan To Preserve Cornea For a Week

A new method of cornea preservation developed by two scientists in Tokyo reportedly enables eye banks to store corneas for a week and to exchange them between any parts of the world.

Dr. Yasuharu Kuwabara, a professor at Keio University, and Dr. Michio Sakanoue, an instructor at the same university, were granted funds for further research on the preservation method by the Health and Welfare Ministry.

The new method of storing human corneas is expected to be adopted by eye banks after a report on it is made before the Japan Ophthalmological Society in Kumamoto, Kyushu next April.

Two methods of storing corneas are now used: preservation of penetrating keratoplasty in a saline solution containing penicillin and preservation of aminor keratoplasty in glycerin at a low temperature of 4-5 degrees centigrade.

In the former method, the human cornea can be kept for only 48 hours. In the latter method, it can be kept in a fresh state almost indefinitely but the cornea preserved by this method is good for only slight cases of eye diseases.

By the new method developed by Drs. Kuwabara and Sakanoue, the cornea is kept in a "balanced-mixed saline solution" resembling the aqueous humor in animals. The aqueous humor is the liquid that fills the posterior chamber behind the cornea.

In animal and clinical tests conducted so far, it has been found that corneas can be kept in a fresh state for 7-10 days by using the solution.

If the human cornea can be preserved for a week, this will make it possible to supply fresh corneas to any part of the world, according to Dr. Kuwabara.

Air Pollution Seen Cause of Cancer

Smog—a mixture of smoke and fog—has produced cancer in mice to the astonishment of research scientists.

Smog is one of the problems confronting modern urban civilizations. The situation is especially serious in London and Los Angeles, where the smoke and fumes of hundreds of thousands of automobiles, coupled with traditional fog, causes “smog” and with it serious health problems.

On rare occasions smog also strikes such cities as New York and Tokyo. It usually produces eye and throat irritations, and some cases of death from suffocation.

Dr. Richard Prindle, the medical director of the U.S. Division of Air Pollution, disclosed that there may be an inter-relationship between cancer and smog.

He reported on studies carried out in recent years at a number of laboratories in an effort to pin down the effects of air pollution in U.S. cities. He noted that the lung cancer rate doubled in each of the past few decades, and so did the number of vehicles and number of instances of smog.

Dr. Prindle pointed out, for example, that the incidence rate of emphysema had risen about sevenfold in the past decade. This is a disease marked by enlargement of the lungs and their components.

Hair Transplant Cure of Baldness

A breakthrough in the fight against baldness was described on November 18th at the 58th annual convention of the Southern Medical Association.

It involves hair transplants, according to Dr. Kenneth Cummings of the dermatology department at Tulane University's School of Medicine.

“These transplants are 99 per cent successful,” said Cummings. “In fact 90 per cent of the balding men now walking around could have good heads of hair with this new technique.”

He said small clusters of hair, about 15 hairs in a cluster, are removed from the back and sides of the scalp.

They are grafted to bare spots in a minor operation which requires only a local anesthetic, Cummings said.

It's a simple technique, and takes only one day to two weeks to complete, Cummings told a dermatology work session.

The hairs are removed roots and all and it "grows and lasts for a lifetime," Cummings said.

Cummings warned there are a lot of "charlatans" offering phony cures but laboratory work over the past three years has shown transplants to be "the only real hope."

Cummings said the new method would do nothing for a completely bald man. Someone's else hair won't growth on a strange head.

Construction of Kansai Blinds' Home Started

Construction of a new ¥10 million building for the welfare of blind women was begun by the Kansai Blind Women's Home in Nishinomiya, Hyogo Prefecture on December 10th. It is to be completed in spring next year.

The blinds' institute, whose name has been changed to the Kansai Blinds' Home, was started in commemoration of the third visit to Japan of Miss Helen Keller in 1958. The existing structure Showaryo has become obsolete as it threatens to collapse any moment.

The three-story ferro-concrete building, with a total floor space of 363 square meters will have medical rooms for massage, moxibustion and acupuncture on the first floor, lodging rooms for the accommodation of 14 women on the second floor and welfare facilities on the third floor.

Hand-rails will be fixed along the floors and stairs for the convenience of the sightless people.

A guidance room for the inmates, a Braille library and a lecture room will be built on the third floor, guest lecturers from Kwansai Gakuin and Kobe Women's universities are planned by the home.

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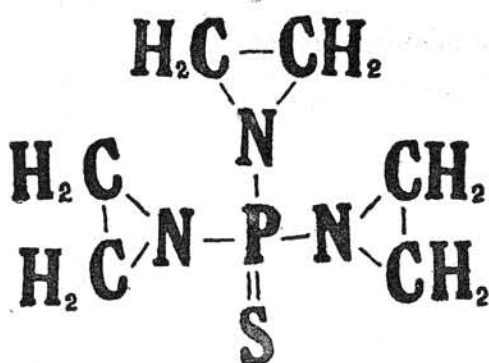


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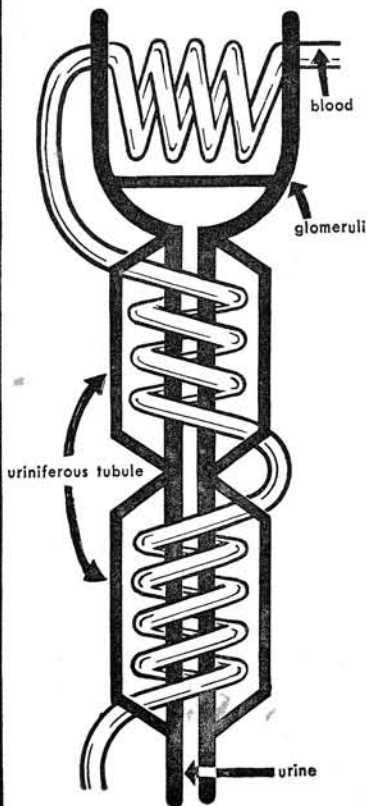


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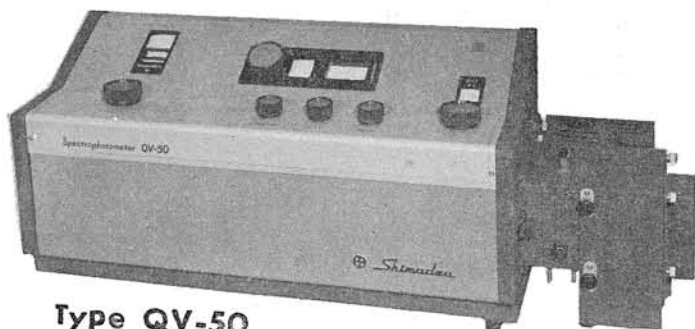
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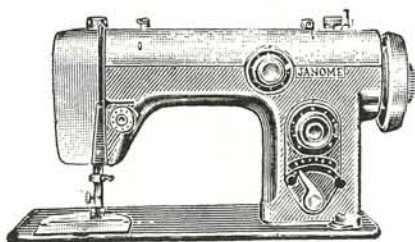
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