

High authority money

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AS
SCANNED**

A.M.A. Hits Jaundice Charge

Continued from Page 1.

available in the United States was concentrated on this question.

"In its study of epidemic and other diseases the Army Medical Department does not depend exclusively on its peacetime personnel. It has engaged the facilities and the talent assembled by the Division of Medical Sciences of the National Research Council, and it has established a consulting staff of physicians from civil life which represents the very best that this nation can supply.

U. S. Army Always Healthiest.

"The American Army has always been the healthiest army in the world. Its sickness and death rates today are, even with the temporary invalidism associated with the vac-

cination, far less than those of similar age groups in civilian life.

"This fact warranted the statement published in the Journal on July 18 that 'the total number of cases in the entire Army has not been enough to appreciably increase the admission rate for all diseases'.

"By the type of editorial that has been printed, the Chicago Tribune has done a disservice to American medicine. Certainly, by the fears it may create among soldiers now being inducted into our armed forces, it will injure morale and make more difficult the task of assembling the type of force that must be assembled to meet the challenge of our enemies.

"The haste with which the editorial must have been prepared certainly made impossible the kind of scientific investigation on which charges such as the Tribune has made ought to be based."

Progress in Arthritis

Knowledge about arthritis has increased so fast in the last eight years that last week the *A.M.A. Journal* published a lengthy report by twelve specialists to bring U.S. doctors up to date on the nation's No. 1 chronic disease.

Arthritis is one of the oldest diseases on earth—fossil remains show that even dinosaurs suffered from it 200,000,000 years ago. Arthritis has always bedeviled the human race. The great thermal baths built by the Romans are monuments to the aching bones of the middle-aged Romans who had it. Today, in the U.S., the 6,850,000 people with swollen arthritic joints far outnumber the sufferers from any other chronic disease (including heart disease, hardening of the arteries, high blood pressure). Arthritis causes more days lost from work than industrial accidents, or any disease except nervous and mental ailments.

Yet eight years ago most U.S. doctors paid little attention to arthritis. Typical treatments included injection of streptococcic and typhoid vaccines, dietary fads, bee venom serum, manipulation of gnarled hands and joints. Such treatments have now been largely discarded. More important, several different forms of arthritis have been clearly distinguished, each with its special therapy. Three recently developed blood tests also indicate what sort of arthritis a patient has.

Three-fourths of all arthritis cases are now known to fall into two main classes:
► Rheumatoid arthritis, which usually affects people between the ages of 20 and 40. The cause is still unknown. Some of its symptoms (*e.g.*, slight fever) suggest it may be infectious though no microorganism has so far been incriminated. Another possible cause: metabolic disorders.

► Osteoarthritis—grandfather's back-breaking "rheumatism"—which is a degenerative ailment of old age, rarely appears before 40. The cause is the normal wear & tear on the joints. Yet osteoarthritis afflicts some people who have never done a lick of work in their lives, while lifelong toilers often escape it. So doctors suspect a hereditary tendency—*i.e.*, some folk are born with tough joints, others with weak ones.

Rheumatoid arthritis usually begins at the extremities, often moves joint by joint from the fingers toward the shoulder. Its pains often migrate at random. Osteoarthritis affects the weight-bearing joints in the spine, hips, knees, and the first joints of the fingers. Its pains are always localized. Rheumatoid sufferers, unlike the osteoarthritics, are usually undernourished, anemic and slightly feverish.

Gold in the Veins. The main advance is in the treatment of rheumatoid arthritis. The whole body, not just the swollen joints, is treated. The principal idea is rest. "Many patients state that all they

Jaundice Charge

Angers Doctors

July 28, 1942
Criticism Denounced
As Blow at Morale

The Chicago Tribune has injured Army morale and made "more difficult the task of assembling the type of force that must be assembled to meet the challenge of our enemies," the Journal of the American Medical Association charges in an editorial in its current Aug. 1 issue.

The charges are based on and are in reply to an editorial printed in Monday editions of The Chicago Tribune assailing the War Department and the medical profession in connection with the recent announcement by Secretary of War Henry L. Stimson that there were 28,585 cases of jaundice in the armed forces between Jan. 1 and July 4. Sixty-two of the cases were fatal.

Vaccine Now Modified.

Secretary Stimson reported that the Medical Corps believed the jaundice cases resulted from yellow fever vaccine given to soldiers. He added that the vaccine now has been modified and indicated that Maj. Gen. James C. Magee, surgeon general of the Army, was confident the change would eliminate the trouble.

The Journal, edited by Dr. Morris Fishbein, charges that the Tribune, by publishing such an editorial, "has done a disservice to American medicine."

Text of Journal's Reply.

The Journal's reply to the Tribune follows in part:

"In its editorial statement the Chicago Tribune says that 'an inquiry is plainly indicated.' That statement presupposes a stupidity on the part of medical science which is wholly unjustified. From the very moment when cases of jaundice first appeared in association with inoculation against yellow fever, the best medical talent

See AMA HITS, Page 2.

Clip: authority slips up again

Two years of air raids have revolutionized first-aid techniques in England

Attention: American First-Aiders

Condensed from Newsweek

Men and women throughout the nation are giving up their leisure for serious study of elementary first aid against the day when enemy planes may strike. Just how important this knowledge becomes in actual experience is shown by the following description, by one of *Newsweek's* London correspondents, of methods developed in England after two years of trial and error — two years of doing it right, or dying.

TWO YEARS of grueling experience have completely altered the British technique with air-raid casualties.

In 1940 everybody took elaborate courses in first aid which included training in all sorts of complicated fractures. Innumerable illustrated handbooks were available. I am not exaggerating when I say that the only thing surviving today, as part of the essential knowledge of the amateur rescue worker, is how to stop bleeding. That is still tremendously important, and hundreds of people owe their lives to the fact that the first person to reach them under the debris knew how to save them from bleeding to death.

During the first air raids, the keynote was speed in getting the injured to the nearest hospital. The ambulances went hell-for-leather, then drew up with a great show of gentleness. All that is out. It is now realized that 99 cases out of 100 are shock

cases, and that shock can best be treated on the scene and only by a doctor. Realization of this came when people often died in ambulances en route to the hospital — people with no internal injuries and no broken bones.

A classic instance was a street shelter which sustained a direct hit. Nine of the people inside were under the age of 23, and eight of them were dead when they reached the hospital, including a strapping youngster whose sole injury was a broken finger. Every hospital had similar stories, and air-raid workers were depressed by the fact that people who lived for hours under debris promptly died when they were "rescued."

The whole technique was revolutionized. Today the amateur ARP workers are shock experts. A person buried under debris is lifted out with the utmost gentleness, laid down nearby and wrapped in blankets.

Since the cold ground would lower the body's resistance, four blankets underneath and one on top is better than one underneath and four on top. Hot-water bottles are packed around the patient. The doctor may then give him morphia but nobody else may. When the doctor decides that the victim can safely be moved to the hospital, the ambulance does its stuff, but with emphasis on gentleness rather than speed.

At every raid a victim crawls out of the debris and walks around protesting, with a slight touch of hysteria, that he is absolutely all right. "That is pure shock," say the doctors. "He may have a broken pelvis, a punctured bladder; he may be

bleeding inside. He feels none of those things. But he may topple over dead any minute. The thing to do is to jolly him along and get him to lie down wrapped in blankets."

In 1940 the air-raid workers were very keen to give hot tea to victims. Now that is also out. In too many cases internal bleeding has been increased by the stimulus of hot tea.

Another noticeable change is in the treatment of victims who are unconscious. No attempt is now made to "bring them around." Unconsciousness is considered protective—an asset rather than a liability. It is up to the doctor to decide whether the case should go to the hospital in that condition.



My Financial Career

From "Literary Lapses"

Stephen Leacock

I HAVE NEVER been able to get over my fear of banks. The moment I cross the threshold of one and attempt to transact business there, I become an irresponsible idiot.

This is because as a young man I was badly frightened by a bank; the memory lingers painfully in my mind to this day.

My salary had been raised by \$50

a month, and I felt, rightly enough, that a bank was the only place for it. I picked out the largest, most impressive one in town, and, after a few minutes of hesitation, shambled in and looked timidly round at the clerks. I had had no previous experience with banks but there was an idea in my head that a person about to open an account must needs consult the manager.

N. X. Times, c. July 28

1942. Not necessarily wrong just interesting

VITAMIN MIXTURES ACCEPTED BY A. M. A.

Association Now Says It Will
Consider Compounds if They
Meet Set Standards

CHANGE OF POLICY DENIED

'Shotgun Therapy' Idea of '35
Is Displaced—Fishbein Cites
Progress in Knowledge

CHICAGO, July 25 (AP) — The value of properly prepared vitamin mixtures is now recognized by the American Medical Association, which in 1935 disapproved such compounds and called their use 'shotgun vitamin therapy.'

The A. M. A. journal said that the association's councils on pharmacy and chemistry and on foods and nutrition had decided to consider for acceptance preparations containing several vitamins, provided they met set standards.

The council's report said that the change in the A. M. A. attitude toward vitamin mixtures was made because of many developments.

Dr. Morris Fishbein, editor of the journal, said the action taken "does not endorse indiscriminate mixtures of vitamins."

"It recognizes definite minimum daily requirements of vitamins," he stated. "It proposes now to consider and give its approval only to standard mixtures which contain the entire vitamin B complex. The action taken is a recognition of progress in our knowledge of vitamins and not a reversal of policy."

The report related that in 1935 the Council of Pharmacy and Chemistry "expressed the opinion that the vitamin mixtures were a form of the deplorable 'shotgun' prescriptions of the past, formulated in the hope that if one ingredient doesn't hit, another will."

It pointed out that since then chemists had isolated and identified a number of components of the vitamin B complex and had made pure synthetic vitamins, and that methods of diagnosing vitamin deficiency diseases had been greatly improved.

In particular, studies have "led to the definite conclusion that it is seldom there is a deficiency disease due to inadequate ingestion of but one vitamin."

There have been improvements in the manufacture of multiple

vitamin preparations "and it is now possible to administer one small capsule or tablet containing a day's requirements of all the known essential vitamins."

The council's report recognizing vitamin mixtures in principle did not accept any specific preparation. It laid down standards regarding amounts, requiring, for one thing, that vitamin mixtures should bear some simple relationship as a fraction or a multiple of the estimated daily requirements.



Teacher Disney has not yet been welcomed as a colleague by professional pedagogues. Three years ago one of his greatest admirers, Harvard's Professor Robert D. Feild (author of *The Art of Walt Disney*), was dropped by Harvard's conservative art department because of too much enthusiasm for modern art, particularly Disney's. But Disney is by all odds the most

TIME, August 17, 1942

Subject: inaccuracy of "rent" statistics

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July 1948

GENERAL EXPLANATION

The "consumers' price index for moderate-income families in large cities," formerly known as the "cost of living index," measures average changes in retail prices of goods, rents and services bought by families of wage earners and moderate-income workers in large cities. Time-to-time changes in the prices of goods and services are weighted by 1934-36 average expenditures of families whose incomes averaged \$1524 in 1934-36. City data are combined for the United States with the use of population weights.

The indexes do not indicate whether it costs more to live in one city than in another.

Food prices are collected monthly in 56 cities during the first 3 days of the week which includes the fifteenth of the month.

Fuel prices are collected monthly in each of the 34 large cities.

Prices of apparel, housefurnishings, and miscellaneous goods and services are obtained in 10 key cities each month and in 24 other large cities quarterly. Prices are collected for 8 of the 24 quarterly cities each month. The schedule for pricing commodities and services in individual cities is as follows:

<u>Every Month</u>	<u>January, April, July, October</u>	<u>February, May, August, November</u>	<u>March, June, September, December</u>
Birmingham	Buffalo	Atlanta	Baltimore
Boston	Denver	Cleveland	Jacksonville
Chicago	Indianapolis	Milwaukee	Memphis
Cincinnati	Kansas City	New Orleans	Minneapolis
Detroit	Manchester	Norfolk	Mobile
Houston	Portland, Oreg.	Scranton	Portland, Me.
Los Angeles	Richmond	Seattle	St. Louis
New York	Savannah	Washington	San Francisco
Philadelphia			
Pittsburgh			

Rental information is obtained quarterly in each city. The Bureau of Labor Statistics obtains its figures on rents by asking tenants in a representative sample of dwellings what rent they pay and what facilities and services are included in the rent. The samples are chosen to represent all tenant dwellings, new and old, small and large, single homes and apartments. The rents, so reported, are then compared with those reported by the tenants for the same dwellings at the time of the last rent survey, after adjustments are made for any changes in the facilities (e.g., heat) and services (e.g., janitor service) included in the rent. Removal of facilities and services without compensating reductions in rent are treated as rent increases. When facilities or services not previously included in the contract rent are added, if the rent is increased in excess of the value of the additional items, the excess charge is reflected as a rent increase. Just as in the case of the other groups (food, apparel, etc.) of the consumers' price index, the rent index measures changes in the rent paid for the same dwellings from one time to another, not the amount of money which families spend for housing. For example, it does not reflect the costs of repairs made by tenants, the change in housing costs of workers who have migrated or moved to better or poorer quarters; nor does it take into account deterioration

in upkeep or service, or the additional costs of "extras" or premiums charged by some landlords when they rent to new tenants. A representation of new and converted units is added to the rent samples periodically and thereafter rent changes for these units are reflected in the index as they occur. The index is not adjusted to reflect the differences between the rents at which newly constructed or converted dwellings enter the rental market and the rents for comparable existing housing. The rent index measures only changes in rents, and does not reflect the costs of shifting from renting to owning, or changes in the costs of buying or maintaining owner-occupied homes.

Tables in this release contain index numbers for the current and other specified periods and show percent changes to the current period from specified dates.

Table 1 shows indexes for all items combined, groups and subgroups for large cities combined, for the current period, a month ago, 3 months ago, a year ago, June 1946 and August 1939.

Table 2 shows percent changes to the current period for indexes given in Table 1.

Table 3 shows current indexes for all items combined and groups, and percent changes over the month and over the quarter for each of 10 cities surveyed monthly.

Table 4 shows current indexes for all items combined and groups, and percent changes over the quarter for each of 8 cities surveyed quarterly.

Table 5 shows indexes for all items combined for specified periods and percent changes to the current period from specified dates for 18 cities surveyed this month.

Table 6 shows current U.S. average prices for 50 food items.

Table 7 shows food price indexes for the current period, a month ago and 3 months ago, and corresponding percent changes for 38 cities for which only food price data are collected or for which complete price surveys were not made this month.

Table 8 shows fuel price indexes for the current period and percent changes to the current period from a month ago and 3 months ago for 18 cities for which complete price surveys were not made this month.