

THE RUBELLA IMMUNIZATION PROGRAM: A PROGRESS REPORT, with Saul Krugman, M.D., Professor and Chairman of the Department of Pediatrics; and Louis Z. Cooper, M.D., Associate Professor of Pediatrics and Director of the Rubella Birth Defect Evaluating Project — both physicians from the New York University Medical Center, Bellevue Hospital, New York City; and John J. Witte, M.D., Chief of the Immunization Branch of the Center for Disease Control, Department of Health, Education and Welfare, Atlanta, Georgia.

The Rubella Immunization Program has been in widespread use since the Summer of 1969. Three authorities on rubella report the findings of the Immunization Program and offer advice to practicing physicians based on the findings.

(23 minutes) (in color)

1812823

SKIN TESTING FOR TB, with John A. Crocco, M.D., Director of Pulmonary Disease Section, St. Vincent's Hospital and Medical Center, New York; and Downstate Medical Center, Brooklyn, New York. A demonstration of the correct way to administer two types of TB skin tests, with guidelines for their interpretation.

(12 minutes) (in color)

1920637

A SPECIAL REPORT: RUBELLA IMMUNIZATION A timely program containing the latest information about the Rubella Vaccine, its development and its recommended administration is presented by H. Bruce Dull, M.D., Assistant Director of the National Communicable Disease Center in Atlanta, Ga. (22 minutes) (in color).

1908815

SYPHILIS: AN ERADICABLE PUBLIC HEALTH PROBLEM

William J. Brown, M.D., Chief of the Venereal Disease Program at the National Communicable Disease Center in Atlanta, Ga., warns physicians of a false sense of security in dealing with syphilis because of recent development of drugs. The need for recognizing the various stages of syphilis is stressed with clear examples.

(8 minutes) (in color)

1909525

SYPHILIS: BE SUSPICIOUS, with Frank M. Calla, M.D., Chief, Infectious Diseases, Loch Raven Veterans Hospital, and Associate Professor of Medicine, University of Maryland School of Medicine, both in Baltimore. A new look at an old enemy, with emphasis on the pros and cons of a variety of serologic tests.

(15 minutes) (in color)

1917628

TUBERCULOSIS: A NEW MEDICAL CHALLENGE FOR THE SEVENTIES, with Vernon N. Houk, M.D., and Phyllis Edwards, M.D., of the Tuberculosis Section of the National Communicable Disease Center; and William W. Stead, M.D., Professor of Medicine at Marquette School of Medicine in Milwaukee. Tb is frequently diagnosed as pulmonary fibrosis. The epidemiology of the disease in the U.S. today is shown, along with the current approach to its eradication.

(17 minutes) (in color)

2010419

ZOSTER: ITS COURSE AND TREATMENT, with Richard C. Gibbs, M.D., Associate Professor of Clinical Dermatology, and Philip A. Brunell, M.D., Director, Laboratory of Infectious Disease, Pediatrics Department; both of New York University Medical Center in New York City. Recommends treatment for the severe pain of this generally one-time, but unforgettable, illness.

(9 minutes) (in color)

2620201

INSTRUMENTATION AND COMPUTERS

A COMPREHENSIVE INTENSIVE CARE UNIT IN A GENERAL HOSPITAL — PART I — "History and Organization" — with Albert H. Douglas, M.D., Director, Department of Medicine, and Erwin Lear, M.D., Director, Department of Anesthesiology, Queens Hospital Center; Edward Meilman, M.D., Physician-in-Chief of Medicine, and Charles Trey, M.D., Attending Physician, The Long Island Jewish Hospital. (17 minutes).

0301931

A COMPREHENSIVE INTENSIVE CARE UNIT IN A GENERAL HOSPITAL — PART II — "Clinical Applications" — with Albert H. Douglas, M.D., Director, Department of Medicine, and Erwin Lear, M.D., Director, Department of Anesthesiology, Queens Hospital Center; Edward Meilman, M.D., Physician-in-Chief of Medicine, and Charles Trey, M.D., Attending Physician, The Long Island Jewish Hospital. (16 minutes).

0302032

ADVANCES IN GASTROSCOPY

The value of gastroscopy is discussed by Charles S. Winans, M.D., Instructor in the Department of Medicine at the University of Chicago Pritzker School of Medicine, and demonstrated by Seibi Kobayashi, M.D., Research Fellow at the same institution. (19 minutes) (in color)

0108905

AUTOMATIC ELECTROCARDIOGRAPHIC SCREENING. A portable digital-analogue computer is being tested as an electrocardiographic screening device. Weldon J. Walker, M.D., Director, Cardiopulmonary Laboratory, White Memorial Medical Center, Los Angeles, demonstrates the equipment and discusses its future.

(11 minutes).

0105522

CARE OF THE CRITICALLY ILL. How new techniques of monitoring and computers are contributing to the care of the acutely ill patient are demonstrated by Paul K. Hanashire, M.D., Assistant Professor of Medicine, University of Southern California School of Medicine.

(16 minutes).

0307603

COMMON PITFALLS IN ECG RECORDING, with Nanette K. Wenger, M.D., Professor of Medicine (Cardiology), Emory University School of Medicine, and Director of the Cardiac Clinics, Grady Memorial Hospital, Atlanta. Electrical interference, machine malfunction, and improper patient preparation and ECG recording technique can give you tracings which are impossible to interpret properly. Dr. Wenger shows how to help your office assistant avoid these pitfalls.

(11 minutes) (in color)

0317574

COMPUTER ANALYSIS OF THE ELECTROENCEPHALOGRAPH

Demonstrating the unique suitability of the computer for quantitating the large amount of information recorded by the electroencephalograph and for comparing findings and removing artifacts — with Julius Korein, M.D., Assistant Professor of Neurology, New York University Medical Center and Bellevue Hospital Center.

(16 minutes).

0303333

COMPUTER TECHNIQUES AS AN ADJUNCT TO CLINICAL IMPRESSIONS IN THE EVALUATION OF DRUG RESPONSE — PART I — "The First Five Weeks." Burton J. Goldstein, M.D., Chief, Division of Research, Department of Psychiatry, University of Miami School of Medicine, presents the design of a research project and a demonstration of computerized patient tests.

(14 minutes).

0302136

COMPUTER TECHNIQUES AS AN ADJUNCT TO CLINICAL IMPRESSIONS IN THE EVALUATION OF DRUG RESPONSE — PART II — "Clinical Evaluation." John Caldwell, M.D., Professor of Psychiatry and Head, Department of Psychiatry, Burton J. Goldstein, M.D., Chief, Division of Research, Department of Psychiatry, and the Psychiatric staff, University of Miami School of Medicine, evaluate a patient's progress under specific drug therapy.

(25 minutes).

0302237

COMPUTER TECHNIQUES AS AN ADJUNCT TO CLINICAL IMPRESSIONS IN THE EVALUATION OF DRUG RESPONSE — PART III — "Conclusions." Burton J. Goldstein, M.D., Chief, Division of Research, Department of Psychiatry, University of Miami School of Medicine, and Dean J. Clyde, Ph.D., Director, Computer Center, University of Miami, demonstrate the usefulness of a computer in evaluating patient data.

(15 minutes).

0302338

CRYOSURGERY

A demonstration of the treatment of chronic endocervicitis with cryosurgery, and a discussion of its advantages in other gynecologic procedures. With Sidney Lefkovich, M.D., Chief, Section of Obstetrics and Gynecology, St. Barnabas Hospital, Livingston, New Jersey.

(16 minutes).

0303556

CRYOSURGERY, A CATARACT PROCEDURE

The special indications and technique for utilizing the cryostylet in cataract surgery are demonstrated and discussed by Gerald Fonda, M.D., Director, Ophthalmology Division, Department of Medicine, St. Barnabas Medical Center, Livingston, New Jersey.

(13 minutes).

0303957

DIAGNOSTIC ULTRASOUND—PART I—ULTRASONOGRAPHY OF THE HEART. The use of ultrasound in diagnosing pericardial effusion as well as for the study of the motion of prosthetic heart valves is demonstrated by Joseph H. Homes, M.D., Professor of Medicine and Head of the Division of Renal Disease, University of Colorado Medical Center, Denver, Colorado.

(19 minutes).

0408110

DIAGNOSTIC ULTRASOUND—PART II—CLINICAL ULTRASONOGRAPHY IN OBSTETRICS AND GYNECOLOGY. The use of sound waves to monitor the fetus in utero is illustrated by Horace E. Thompson, M.D., Associate Professor of Obstetrics and Gynecology, University of Colorado Medical Center, Denver, Colorado.

(16 minutes).

0408211

DIFFERENTIAL DIAGNOSIS OF EARLY CERVICAL LESIONS, with Albert B. Lorincz, M.D., Professor of Obstetrics and Gynecology; George L. Weid, M.D., Professor of Obstetrics and Gynecology and Director of the School of Cytotechnology; and Lester D. O'Dell, M.D., Clinical Associate in Obstetrics and Gynecology. All are affiliated with the University of Chicago Pritzker School of Medicine and the Chicago Lying-In Hospital.

These three physicians resolve some of the problems of evaluating borderline cervical smears and offer guidance to the timeliness of surgery. They also discuss colposcopy and offer alternatives to the physician who does not have access to a colposcope.

(19 minutes) (in color)

0410816

ECHOENCEPHALOGRAPHY: A NEW, SAFE, SIMPLE, AND PRACTICAL DIAGNOSTIC AID William M. McKinney, M.D., of the Department of Neurology, Bowman Gray School of Medicine and North Carolina Baptist Hospital in Winston-Salem, North Carolina, and Frederick L. Thurstone, Ph.D., of the Biomedical Engineering Department of Duke University, Durham, North Carolina, illustrate the unique value of echoencephalography in determining brain pathology.

(15 minutes).

0509403

EVALUATING CARDIAC CATHETERIZATION IN AORTIC VALVE DISEASE, with Adolph Hutter, M.D., Associate Director of the Coronary Care Unit and Assistant in Medicine at Massachusetts General Hospital, and Instructor in Medicine at Harvard Medical School; and Peter Block, M.D., Assistant in Medicine at Massachusetts General and Instructor in Medicine at Harvard, Boston. Two members of the Harvard faculty demonstrate when cardiac catheterization should be performed. They show the complications associated with the operation. And, they make the distinction in the problems of catheterizing children and adults. (16 minutes) **0512916**

EVALUATING CARDIAC CATHETERIZATION IN MITRAL VALVE DISEASE, with Adolph Hutter, M.D., Associate Director of the Coronary Care Unit and Assistant in Medicine at Massachusetts General Hospital, and Instructor in Medicine at Harvard Medical School; and Peter Block, M.D., Assistant in Medicine at Massachusetts General and Instructor in Medicine at Harvard, Boston. Two physicians on the Harvard faculty present their second NCME program on cardiac catheterization. In this telecast, they describe the indications and advantages of a generally benign right heart catheterization to determine the severity of a mitral valve lesion. (15 minutes) (in color) **0513017**

EXCHANGE TRANSFUSION FOR LIVER FAILURE The use of exchange transfusion to reverse the path toward acute hepatic failure is demonstrated by Joseph C. Darin, M.D., Professor of Medicine at Marquette School of Medicine in Milwaukee, Wisconsin. (17 minutes) (in color) **0509813**

FROM TOP TO BOTTOM: A FIBEROPTIC VIEW OF THE BODY, with Howard J. Eddy, M.D., Attending Surgeon, Community Hospital, Doctors Hospital and St. John's Hospital, Long Island, New York; and Richard S. McCray, M.D., Associate Director of the Clinical Gastrointestinal Unit, St. Luke's Hospital, and Associate in Medicine, Columbia University College of Physicians and Surgeons, New York City. Fiberoptic instruments now available permit the clinician to inspect, biopsy, and even treat lesions in the esophagus, stomach, duodenum and colon. Dr. McCray, a gastroenterologist, takes viewers on a trip through the upper GI tract. Dr. Eddy, a colon and rectal surgeon, shows lesions of the lower tract and removes a benign polyp using the instrument. (30 minutes) (in color) **0616715**

GASTROINTESTINAL CYTOLOGY —

A VALUABLE DIAGNOSTIC PROCEDURE: PART I "Application and Results." Confirming a diagnosis without surgery through the use of Papanicolaou staining of cells from the gastrointestinal tract — with Charles Norland, M.D., Assistant Professor of Medicine, University of Chicago. (16 minutes) **0703303**

GASTROINTESTINAL CYTOLOGY: PART II

"Techniques and Methods of Interpretation." Demonstration of the techniques of tubular intubation, stomach washing, and slide staining utilized in this diagnostic procedure — with Charles Norland, M.D., Assistant Professor of Medicine, University of Chicago School of Medicine. (17 minutes) **0703404**

LARYNGOGRAPHY: PART I

"Procedures and Normal Findings." A demonstration of the technique for performing the laryngogram, and a discussion of the normal structures of the larynx — with George Stassa, M.D., Assistant Professor of Radiology, New York Hospital — Cornell Medical Center. (18 minutes) (in color) **1203704**

LARYNGOGRAPHY: PART II

"Some Abnormal Findings." Contrast laryngography enables the radiologist to evaluate the various disease processes occurring in the larynx. George Stassa, M.D., Assistant Professor of Radiology, New York Hospital — Cornell Medical Center, reviews the abnormal findings that might be detected with this technique. (14 minutes) **1203905**

MEDICAL ASPECTS OF CONSTANT CORONARY CARE UNITS IN A GENERAL HOSPITAL

The problem of the rhythm death following myocardial infarction has provided the stimulus for development of cardiac resuscitation and cardiac monitoring units. The required equipment and techniques are discussed and demonstrated by Richard Watts, M.D., Head, Cardiovascular Section, Department of Medicine, Fairview General Hospital, Cleveland, Ohio. (14 minutes) **1303923**

NEONATAL INTENSIVE CARE. "Mini-instruments" are providing physicians in this special unit with ways of carefully monitoring infants in critical condition. The instruments and techniques are shown by John C. Sinclair, M.D., Department of Pediatrics, and Edward T. Bowe, M.D., Department of Obstetrics and Gynecology, Columbia Presbyterian Medical Center, New York. (16 minutes) **1407902**

NEW LIGHT FROM HEAT — THERMOGRAPHY — PART I. The current status of thermography — methods as well as clinical applications — is described by Jacob Gershon-Cohen, M.D., D.Sc.M., Emeritus Director, Division of Radiology, Albert Einstein Medical Center, and Professor of Research Radiology, Temple University Medical School. (19 minutes). **1406409**

NEW LIGHT FROM HEAT — THERMOGRAPHY — PART II. Clinical applications of this infrared scan device are demonstrated by Jacob Gershon-Cohen, M.D., D.Sc.M., Emeritus Director, Division of Radiology, Albert Einstein Medical Center, and Professor of Research Radiology, Temple University Medical School. (16 minutes). **1406510**

NUCLEAR MEDICINE AND THE COMMUNITY HOSPITAL, with Alexander D. Crosett, M.D., Director of Nuclear Medicine and Radiotherapy, Overlook Hospital, Summit, N. J. Can the community hospital justify use of the expensive and sophisticated machinery of nuclear medicine? Yes, says Dr. Crosett, and he shows how his department does. (17 minutes) (in color) **1419033**

PEDIATRIC CARDIOLOGY — PART I — CATHETERIZATION IN INFANTS. Donald R. Sperling, M.D., Assistant Professor of Pediatrics, California College of Medicine, University of California, explains the indications and techniques for diagnosing congenital heart disease by means of the cardiac catheter. (14 minutes). **1605003**

PRINCIPLES OF CORONARY CARE. Early surveillance and continuous monitoring of patients with acute myocardial infarction greatly enhance resuscitation probability in the event of arrhythmia or fibrillation. Stephen Wittenberg, M.D., Instructor in Medicine, and Roger Hand, M.D., Chief Medical Resident, New York University Medical Center, demonstrate monitoring and resuscitation procedures in the Intensive Care Unit of University Hospital. (11 minutes). **1605920**

SELECTIVE RENAL ARTERIOGRAPHY: PART I The technique for visualizing the intrarenal vascular system, utilizing the opaque catheter and serial roentgenography, is demonstrated by Klaus Ranniger, M.D., Associate Professor of Radiology, University of Chicago School of Medicine. (17 minutes). **1903802**

SELECTIVE RENAL ARTERIOGRAPHY: PART II Klaus Ranniger, M.D., Associate Professor of Radiology, University of Chicago School of Medicine, demonstrates a technique for examining the intrarenal vascular system using the opaque catheter and serial roentgenography. (11 minutes). **1904703**

SIM ONE — ANESTHESIOLOGICAL TRAINING SIMULATOR: PART I—DEVELOPMENT

An electro-mechanical, computer-controlled manikin has been developed to train physicians in anesthesiologic procedures at the University of Southern California School of Medicine. Describing this life-like device are J. S. Denson, M.D., Professor, Chairman, Division of Anesthesiology, and Stephen Abrahamson, Ph.D., Director, Division of Research in Medical Education, along with two engineers from the Aerojet Corporation, Azusa, California, the firm which built Sim One. (25 minutes). **1904708**

SIM ONE — ANESTHESIOLOGICAL TRAINING SIMULATOR: PART II—APPLICATION

A resident physician performs an endotracheal intubation on Sim One, an electro-mechanical manikin built to duplicate human cardiopulmonary functions and used as a teaching tool at the University of Southern California School of Medicine. J. S. Denson, M.D., and Stephen Abrahamson, Ph.D., members of the school's faculty, conduct the program. (17 minutes). **1904809**

THE LASER IN OPHTHALMOLOGY . . . AND BEYOND. Film of the actual effects of laser beams on mice melanoma, as well as demonstrations of its use in various eye conditions in humans, is presented by Francis A. L'Esperance, M.D., Associate in Ophthalmology, Eye Institute, Columbia Presbyterian Medical Center, New York. (17 minutes) (in color) **1207706**

THE MASTER TWO-STEP: A REAPPRAISAL

Arthur M. Master, M.D., cardiologist and Emeritus Professor of Medicine at Mt. Sinai Hospital and Medical Center in New York, discusses the three major uses of the stress imposed by the double two-step test in conjunction with ECG tracings. (16 minutes). **1308914**

THE MASTER TWO-STEP TEST — Part I. Arthur M. Master, M.D., Consulting Cardiologist, Mount Sinai Hospital, demonstrates the utilization of the two-step test. (12 minutes). **1302312**

THE MASTER TWO-STEP TEST — PART II. Arthur M. Master, M.D., Consulting Cardiologist, Mount Sinai Hospital, presents patient data on negative and positive two-step tests. (23 minutes). **1302413**

YOU CAN TAKE BETTER PHOTOGRAPHS, DOCTOR, with Louis Z. Cooper, M.D., Director of the Rubella Project, New York University Medical Center, New York City; and Herb Flatow, Photographic Consultant. Physicians who use still photography as a "tool" in their practices will benefit from this telecast. Aside from seeing new equipment, the viewer will learn to solve framing, lighting and camera setting problems in the hospital and in the office. (18 minutes) (in color) **2413801**

WHAT ARE WE LEARNING IN SPACE MEDICINE? (HUMAN ADAPTATION TO SPACE), with Charles A. Berry, M.D., Director of Medical Research and Operations, NASA, Houston, Texas. Dr. Berry reveals how he and his team of physicians have answered the question: "What is the worst thing that can happen to the astronauts during a flight?" Such considerations as prophylactic surgery and medication aboard the flight are disclosed. (14 minutes) (in color). **2313705**

WHAT ARE WE LEARNING IN SPACE MEDICINE? (IN-FLIGHT CONCERNS), with Charles A. Berry, M.D., Director of Medical Research and Operations, NASA, Houston, Texas. Dr. Berry takes us through the countdown of medical activity during a rocket launch. He offers anecdotes, supplemented with official NASA film — such as the implications of losing Alan Shepard, Jr.'s EKG sensor prior to Apollo 14 liftoff. (28 minutes) (in color) **2313704**

WHAT ARE WE LEARNING IN SPACE MEDICINE? (THE PHYSIOLOGICAL ENVIRONMENT), with Charles A. Berry, M.D., Director of Medical Research and Operations, NASA, Houston, Texas. Among the many medical problems Dr. Berry highlights in this telecast are loss of red cell mass on long flights and new monitoring leads for various bodily functions with a suggestion of how they might be used in "conventional" patient practice. (13 minutes) (in color) **2313703**

WHAT IS A COMPUTER?

A tour through a computer laboratory with demonstrations of the computer's use in medicine — with Leo Joseph Tick, M.D., Research Professor of Geophysical Statistics, New York University School of Engineering and Science. (19 minutes). **2303201**

INTENSIVE CARE

A COMPREHENSIVE INTENSIVE CARE UNIT IN A GENERAL HOSPITAL — PART I — "History and Organization" — with Albert H. Douglas, M.D., Director, Department of Medicine, and Erwin Lear, M.D., Director, Department of Anesthesiology, Queens Hospital Center; Edward Meilman, M.D., Physician-in-Chief of Medicine, and Charles Trey, M.D., Attending Physician, The Long Island Jewish Hospital. (17 minutes). **0301931**

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ACUTE RESPIRATORY INSUFFICIENCY: MECHANISMS AND DIAGNOSIS, with Alfred P. Fishman, M.D., Associate Dean of the University of Pennsylvania School of Medicine and Director of the Cardiovascular Pulmonary Division; and Robert M. Rogers, M.D., Assistant Professor of Medicine and Director of the Respiratory Intensive Care Unit. The general principles of diagnosing respiratory failure are presented for physicians unfamiliar with the recent advances in pulmonary physiology and respiratory intensive care. (18 minutes) (in color) **0110104**

BEDSIDE PULMONARY ARTERY CATHETERIZATION, with T. Crawford McAslan, M.D., Associate Clinical Director, Maryland Institute for Emergency Medicine, and Professor of Anesthesiology, University of Maryland School of Medicine, Baltimore.

An introduction to the Swan-Ganz flow-directed, balloon-tipped catheter. Indications, method of insertion at bedside, and techniques for avoiding complications. (15 minutes) (in color) **0223621**

CARE OF THE CRITICALLY ILL. How new techniques of monitoring and computers are contributing to the care of the acutely ill patient are demonstrated by Paul K. Hanashire, M.D., Assistant Professor of Medicine, University of Southern California School of Medicine. (16 minutes). **0307603**

CONTAMINATION OF INTRAVENOUS INFUSIONS, with Richard J. Duma, M.D., Chairman, Division of Infectious Diseases and Immunology, and Associate Professor of Medicine, The Medical College of Virginia, Richmond, and President-Elect of the National Foundation for Infectious Diseases. How to recognize and prevent contamination of intravenous infusions. (A Drug Spotlight Program, presented in cooperation with the American Society for Clinical Pharmacology and Therapeutics) (17 minutes) (in color) **0321781**

INTERNAL JUGULAR VEIN CATHETERIZATION, with T. Crawford McAslan, M.D., Associate Clinical Director, Maryland Institute for Emergency Medicine, and Professor of Anesthesiology, University of Maryland School of Medicine, Baltimore.

The internal jugular vein . . . an attractive alternative to the basilic with its high failure rate and the subclavian with its high incidence of pneumothorax. (11 minutes) (in color) **0923735**

14312 COMPETITIVE PROBLEMS IN THE DRUG INDUSTRY

MEDICAL ASPECTS OF CONSTANT CORONARY CARE UNITS IN A GENERAL HOSPITAL

The problem of the rhythm death following myocardial infarction has provided the stimulus for development of cardiac resuscitation and cardiac monitoring units. The required equipment and techniques are discussed and demonstrated by Richard Watts, M.D., Head, Cardiovascular Section, Department of Medicine, Fairview General Hospital, Cleveland, Ohio. (14 minutes). **1303923**

NEONATAL INTENSIVE CARE. "Mini-Instruments" are providing physicians in this special unit with ways of carefully monitoring infants in critical condition. The instruments and techniques are shown by John C. Sinclair, M.D., Department of Pediatrics, and Edward T. Bowe, M.D., Department of Obstetrics and Gynecology, Columbia Presbyterian Medical Center, New York. (16 minutes). **1407902**

NEUROSURGICAL INTENSIVE CARE. A specially designed five-patient neurosurgical intensive care unit is providing a new kind of acute care for patients with central nervous system disorders. Patients are admitted to the unit prior to surgery and returned there postoperatively — a geographical convenience that has proven of great value both to patients and staff.

The important role of the unit in in-service training is described by Joseph Ransohoff, M.D., Professor and Chairman, Department of Neurosurgery, New York University-Bellevue Medical Center. Demonstrating the special equipment in the unit, Dr. Ransohoff also takes note of its limitations: Even highly sophisticated monitoring devices cannot replace the continuity of care that can be provided by a well-trained staff.

(26 minutes).

2701525

NURSING ASPECTS OF CONSTANT CORONARY CARE UNITS — PART I. The expanding use of electronic and mechanical equipment in the hospital and in medicine generally is having an increasing impact on the nursing profession.

Diane Eddy, R.N., Head Nurse, Constant Coronary Care Unit, Fairview General Hospital, Cleveland, Ohio, discusses current technology from the nurse's point of view and demonstrates modern electronic devices, including the EKG monitor and defibrillator. (22 minutes). **2700319**

NURSING ASPECTS OF CONSTANT CORONARY CARE — PART II. An illustration of the nurse's role in coronary care. Unique admission procedures such as placing leads on the coronary patient and taking an EKG strip are shown. Diane Eddy, R.N., Head Nurse, Constant Coronary Care Unit at Fairview General Hospital, Cleveland, Ohio, shows how to recognize changes in a patient's condition, employ emergency equipment, and assist the physician in an emergency. Moving the patient to the "step down unit" and educating his family for home care are also discussed. (19 minutes). **2700420**

PRINCIPLES OF CORONARY CARE. Early surveillance and continuous monitoring of patients with acute myocardial infarction greatly enhance resuscitation probability in the event of arrhythmia or fibrillation. Stephen Wittenberg, M.D., Instructor in Medicine, and Roger Hand, M.D., Chief Medical Resident, New York University Medical Center, demonstrate monitoring and resuscitation procedures in the Intensive Care Unit of University Hospital. (11 minutes). **1605920**

TRANSFUSION THERAPY: THE GROWING IMPACT OF FROZEN BLOOD, with Charles Huggins, M.D., Director of the Blood Bank and Transfusion Service, Massachusetts General Hospital, Boston. Blood transfusion therapy as it is practiced in a major medical center, with guidelines to the use of fresh and freshly frozen components.

(14 minutes) (in color)

2022139

Many NCME programs have self-assessment quizzes, one copy of which will accompany each videocassette. You may duplicate the quiz as your needs require. Upon completion, return the quizzes to NCME, and we will maintain a record of participation (not the score) for each physician. These records are keyed to the physician's Social Security numbers: please take care that the numbers are clearly written. Physicians may request their NCME activity records at any time.

INTERNAL MEDICINE

ACID-BASE IMBALANCE: THREE PROGRAMS.

"For decades, acid-base metabolism with its cabalistic terminology has intrigued and, incidentally, terrorized many clinicians. Actually, the whole subject of acid-base metabolism and its clinical application is just another facet of medical science that, once understood, presents itself in a straightforward, logical manner . . ." Hugh J. Carroll, M.D.

The following three programs were produced in cooperation with the Office of Continuing Education of the State University of New York, Downstate Medical Center, Brooklyn, New York.

ACID-BASE IMBALANCE: PATHOGENESIS, with Hugh J. Carroll, M.D., Associate Professor of Medicine, Director of the Electrolyte and Hypertension Section, Department of Medicine, Downstate Medical Center. A presentation of the primary disturbances in metabolic and respiratory acid-base imbalances, their mechanisms of compensation, and the clinical situations in which they may occur.

(22 minutes) (in color)

0122444

ACID-BASE IMBALANCE: RECOGNITION AND MANAGEMENT, with Hugh J. Carroll, M.D., Associate Professor of Medicine, Director of the Electrolyte and Hypertension Section, Department of Medicine, Downstate Medical Center. When blood gases and other clinical studies confirm the presence of an acid-base disturbance, it is the physician's part to reverse the imbalance directly or to treat the underlying disease so that the patient's own corrective mechanisms can restore the normal state.

(15 minutes) (in color)

0122445

KETOTIC AND NONKETOTIC COMA: MECHANISMS AND TREATMENT, with Hugh J. Carroll, M.D., Associate Professor of Medicine, Director of the Electrolyte and Hypertension Section, Department of Medicine, Downstate Medical Center. Pathophysiology, diagnosis, and management in diabetic ketoacidosis and hyperosmolar, hyperglycemic, nonketotic coma.

(18 minutes) (in color)

1122406

ACUTE REGIONAL ENTERITIS: A CLINICAL PATHOLOGICAL CONFERENCE, with Floyd M. Beman, M.D., Professor of Medicine; J. David Dunbar, M.D., Assistant Professor of Radiology; Dante G. Scarpelli, M.D., Professor of Pathology; and William Pace, M.D., Assistant Dean of the College of Medicine; all from the Ohio State University College of Medicine in Columbus, Ohio. Four physician-educators critically explore a case of severe, progressive regional enteritis.

(23 minutes).

0110703

ADULT DIABETES: OUTGUESSING THE NEXT 24 HOURS, with Leo P. Krall, M.D., Director, Education Division, and Lecturer in Medicine, Joslin Diabetes Foundation, Inc., and New England Deaconess Hospital, and Lecturer, Harvard Medical School, Boston. Management of diabetes mellitus starts with defining treatment goals and understanding why they are often difficult to obtain. Dr. Krall discusses the general management of different types of patients. This program was produced with the cooperation of the Council on Scientific Assembly of the American Medical Association. (25 minutes) (in color)

0123046

APPLICATION OF DIAGNOSTIC CYTOLOGIC TECHNIQUES TO GASTROINTESTINAL ENDOSCOPY AND LIVER BIOPSY, with Sidney J. Winawer, M.D., Director, Diagnostic Gastrointestinal Laboratory, Memorial Sloan-Kettering Cancer Center and Clinical Associate Professor of Medicine, Cornell University Medical College; and Paul Sherlock, M.D., Chief, Gastroenterology Service, Memorial Sloan-Kettering Cancer Center and Associate Professor of Medicine, Cornell University Medical College. Directed brush cytology and directed pulsatile lavage cytology through the upper gastrointestinal Panendoscope and Colonoscope are demonstrated. Pulsatile lavage through the standard sigmoidoscope for rectocolonic cytology is also shown. This presentation was made at the 1973 annual meeting of the American Society for Gastrointestinal Endoscopy. Please inquire for special rental information.

(41 minutes) (in color)

ASGE 2800076

AN ANATOMICAL APPROACH TO LOW BACK PAIN, with Peter Marchisello, M.D., Attending Orthopedic Surgeon. The Hospital for Special Surgery, Cornell University Medical Center, New York City. Modern life seems to breed back pain. As more and more patients come to physicians with this complaint, Dr. Marchisello demonstrates, it becomes increasingly important to review and understand the anatomy of the spine to make differential diagnoses.

(20 minutes) (in color)

0116230

BEDSIDE ROUNDS: EVALUATING THE NEED FOR FLUID THERAPY, with Cecil H. Coggins, M.D., Assistant Professor of Medicine, Harvard Medical School, Boston, Massachusetts.

Recent views and techniques for evaluating the adequacy of the patient's blood volume and his extra cell interfluid volume are presented with the use of case studies.

(20 minutes) (in color)

0212003

CELLULAR DISTURBANCES:
A NEW CONCEPT OF OBESITY

Some extremely obese patients may be incapable of losing weight and maintaining the loss because they may have acquired an excessive number of fat cells early in life. This is one of the findings of Jules Hirsch, M.D., Professor and Senior Physician to The Hospital, Rockefeller University, New York (19 minutes) **0308704**

CLINICAL CLUES FOR EARLY DETECTION OF DIABETES. Normal glucose tolerance test results may not mean the absence of diabetes, but merely the absence of currently detectable diabetes, according to O. Peter Schumacher, M.D., Consultant in Endocrinology and Metabolism, Cleveland Clinic Education Foundation. Dr. Schumacher recommends that in the routine of caring for patients with a family history of diabetes, physicians should continually be on the lookout for clues, such as postprandial reactive hypoglycemia, dermatitis gangrenosa, psoriasis, gout, vaginal moniliasis, renal glycosuria, hyperlipemia retinalis, thyrotoxicosis, and Dupuytren's contracture. (19 minutes). **0306115**

COMPUTER TECHNIQUES AS AN ADJUNCT TO CLINICAL IMPRESSIONS IN THE EVALUATION OF DRUG RESPONSE — PART I — "The First Five Weeks." Burton J. Goldstein, M.D., Chief, Division of Research, Department of Psychiatry, University of Miami School of Medicine, presents the design of a research project and a demonstration of computerized patient tests. (14 minutes). **0302136**

CORTICOSTEROIDS: Rx FOR THREE CONNECTIVE TISSUE DISEASES, with Richard H. Ferguson, M.D., Associate Professor of Medicine and Head of a Section of Rheumatology, The Mayo Clinic and Mayo Foundation, Rochester, Minnesota. Three successful therapeutic plans using corticosteroids to control certain problems in temporal arteritis, polymyositis, and lupus nephritis are outlined. (This program was presented as part of the American Society for Clinical Pharmacology and Therapeutics' Drug Spotlight Program.) (20 minutes) (in color) **0321079**

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CURRENT DIAGNOSTIC AND TREATMENT PROBLEMS IN THYROID DISEASE, with Gerald Burke, M.D., Department of Medicine; Leslie J. DeGroot, M.D., Department of Medicine; Alexander Gottschalk, M.D., Department of Radiology; Edward Paloyan, M.D., Department of Surgery; and Samuel Refetoff, M.D., Department of Medicine, all of the Pritzker School of Medicine of the University of Chicago. In a clinic setting, the panelists discuss diagnostic and therapeutic problems including management of possible thyroid carcinoma, clinical thyrotoxicosis with "normal" lab data, exophthalmos, and congenital goiter. Clinical physiology and related research are emphasized. A Television Clinic of the American College of Physicians, 1973. Please inquire for special rental information. (60 minutes) (in color) **ACP 2827366**

CURRENT MANAGEMENT OF THE ADULT DIABETIC, with Peter H. Forsham, M.D., Director of Metabolic Research Unit, University of California School of Medicine, San Francisco. Dr. Forsham outlines the treatment of adult diabetes. In addition to explaining his use of diet and insulin therapy, he thoroughly examines the oral hypoglycemic agents, including phenformin hydrochloride and the sulfonylureas, explaining how they work, their side-effects, and the most effective regimen. (22 minutes) (in color) **0316673**

DIABETIC ACIDOSIS. Practical rules of thumb for the treatment of diabetic acidosis, with Daniel B. Stone, M.D., and Joseph D. Brown, M.D., Department of Internal Medicine, University Hospital, University of Iowa College of Medicine. (29 minutes). **0400403**

DIAGNOSIS OF OCCULT INTRA-ABDOMINAL NEOPLASMS, with Herbert B. Greenlee, M.D., Department of Surgery, Loyola University of Chicago, Stritch School of Medicine, Maywood, Ill., and Veterans Administration Hospital, Hines, Ill.; Erwin M. Kammerling, M.D., Department of Medicine, University of Health Sciences, The Chicago Medical School, and Louis Weiss Memorial Hospital, Chicago; Sumner C. Kraft, M.D., Department of Medicine, University of Chicago; and Armand Littman, M.D., Department of Medicine, University of Illinois, College of Medicine, Chicago, and Veterans Administration Hospital, Hines, Ill. The panel presents cases illustrating some of the difficulties and solutions involved in tracking down a diagnosis of intra-abdominal neoplasms. Emphasis is given to the tests (some old, some new, some under-utilized) which are helpful in deciding to perform exploratory laparotomy. A Television Clinic of the American College of Physicians, 1973. Please inquire for special rental information. (60 minutes) (in color) **ACP 2847368**

THE DIAGNOSIS OF SYSTEMIC LUPUS ERYTHEMATOSUS, with Naomi Rothfield, M.D., Professor of Medicine, and Chief, Arthritis Section, University of Connecticut School of Medicine, Farmington, Connecticut. Demonstrating the early detection of S.L.E. through clinical and laboratory findings. (19 minutes) (in color) **0419951**

DIAGNOSTIC CUTANEOUS SIGNS OF SYSTEMIC DISEASE, with Denny L. Tuffanelli, M.D., Assistant Clinical Professor of Dermatology, University of California at San Francisco. A noted dermatologist uses 13 examples to show how observation of the skin can lead to diagnosis of severe systemic disease. (19 minutes) (in color) **0413926**

DIGITALIS: FRIEND OR FOE? with James E. Doherty, M.D., Professor of Medicine and Director of Cardiology, University of Arkansas School of Medicine and The Little Rock Veterans Administration Hospital. Dr. Doherty points out the signs and symptoms of digitalis toxicity and provides guidelines for adjusting dosage to provide maximum benefit without adverse reactions. (This program was part of the Drug Spotlight Program of the American Society for Clinical Pharmacology and Therapeutics.) (13 minutes) (in color) **0420152**

ESOPHAGEAL DISORDERS AND CHEST PAIN — (EVALUATION AND MANAGEMENT OF ESOPHAGEAL REFLUX), with Thomas R. Hendrix, M.D., Department of Medicine; Theodore M. Bayless, M.D., Department of Medicine; Martin W. Donner, M.D., Department of Radiology; Francis D. Milligan, M.D., Department of Medicine; and David B. Skinner, M.D., Department of Surgery; all of the Johns Hopkins University School of Medicine. Clinical, radiologic, and special procedures used in evaluation of gastroesophageal reflux are presented, including acid perfusion, esophagoscopy, cine radiology, esophageal motility, and pH probe measurement. The relation of reflux to esophagitis and to reflux symptoms are defined. Among topics discussed: medical therapy for reflux; surgical options; relation of hiatal hernia to reflux; and management of complications of reflux, stricture, and esophageal ulcer. (59 minutes) (in color) **ACP 2817243**

EXCHANGE TRANSFUSION FOR LIVER FAILURE The use of exchange transfusion to reverse the path toward acute hepatic failure is demonstrated by Joseph C. Darin, M.D., Professor of Medicine at Marquette School of Medicine in Milwaukee, Wisconsin. (17 minutes) (in color) **0509813**

THE EYE AND SYSTEMIC DISEASE: AN INTERCHANGE, with Eleanor Faye, M.D., Attending Surgeon, Manhattan Eye, Ear, and Throat Hospital, and Medical Director, Low Vision Clinic, New York Association for the Blind; and Isadore Rossman, M.D., Medical Director, Home Care Department, Montefiore Hospital and Medical Center, and Associate Professor, Albert Einstein Medical College, New York City. Two physicians interact in the management of three patients with vision problems. Focus is on shared responsibility and communication. (13 minutes) (in color) **0521228**

GASTROINTESTINAL CYTOLOGY—

A VALUABLE DIAGNOSTIC PROCEDURE: PART I "Application and Results." Confirming a diagnosis without surgery through the use of Papanicolaou staining of cells from the gastrointestinal tract — with Charles Norland, M.D., Assistant Professor of Medicine, University of Chicago School of Medicine. (16 minutes). **0703303**

GOUT: A CURRENT VIEW, with Stanley L. Wallace, M.D., Associate Director of Medicine, Jewish Hospital and Medical Center of Brooklyn, and Clinical Professor of Medicine, Downstate Medical Center in Brooklyn. Gout is frequently misdiagnosed because the patient does not fit the stereotype — a fat, middle-aged man with a red, swollen big toe. Five important factors to consider in identifying acute gout are carefully detailed — with special emphasis on treatment and prevention of the disease. (18 minutes) (in color) **0714816**

THE HAND AS AN INDICATOR OF SYSTEMIC DISEASE, with Marguerite Lerner, M.D., Clinical Professor of Dermatology, Yale University School of Medicine, New Haven, Connecticut. Doctor Lerner investigates the cause of several hand complaints, including Raynaud's phenomenon, xanthomas, and telangiectasia. (19 minutes) (in color) **0821337**

HEADACHE: MIGRAINE AND HISTAMINIC CEPHALGIA, with William G. Speed, III, M.D., Department of Medicine; and Leonard J. Gallant, M.D., Department of Psychiatry; both of the Johns Hopkins University School of Medicine. This program deals predominantly with the management of the more chronic forms of migraine, emphasizing pharmacotherapeutic techniques and touching on those aspects of psychotherapy that might be useful to internists. Histaminic cephalgia (also known as cluster headache, cycle headache, or migraine variant) and methods of managing it are discussed. Adapted from a Television Hospital Clinic of the American College of Physicians, 1972. Please inquire for special rental information. (60 minutes) (in color) **ACP 2867244**

HOW I DO A BONE MARROW ASPIRATION, with Mortimer J. Lacher, M.D., Assistant Attending Physician, Department of Medicine, Memorial Hospital for Cancer and Allied Diseases, New York City. Another in NCME's new series of demonstrations by experts of how they do practical, frequently performed procedures.

(10 minutes) (In color)

0816322

HOW I DO A BONE MARROW BIOPSY, with Mortimer J. Lacher, M.D., Assistant Attending Physician, Department of Medicine, Memorial Hospital for Cancer and Allied Diseases, New York City. Dr. Lacher describes the necessary equipment and then demonstrates, step-by-step, the procedure for obtaining and preparing a bone marrow specimen. Highlighting the program is Lacher's procedure for quickly and accurately finding the target area for biopsy on the posterior iliac crest.

(9 minutes) (In color)

0816524

HYPERBARIC OXYGEN — A NEW ADJUNCT TO THERAPY. The increased use of hyperbaric oxygen in a variety of diseases and in emergency as well as daily care is discussed by Theobald Reich, M.D., Associate Professor of Clinical Surgery and Director of the Hyperbaric Facility at New York University Medical Center; and Myron Youdin, Research Scientist and Chief Engineer of the Hyperbaric Facility.

(19 minutes).

0806509

HYPERBARIC OXYGEN TOXICITY. Hyperbaric oxygenation is being used more frequently in clinical situations, but its use is restricted by the toxic effects of oxygen itself. Donald R. Sperling, M.D., Assistant Professor of Pediatrics and Head of the Division of Pediatric Cardiology, University of California at Irvine, California College of Medicine, demonstrates studies on the toxicity of oxygen and its prevention under high pressure in newborn and adult mice.

(13 minutes).

0805410

LIPIDS AND DIABETES. An understanding of the variations in the serum lipids can give the physician greater freedom in prescribing for the diabetic patient, according to George F. Cahill, Jr., M.D., Associate Professor of Medicine, Harvard Medical School. Dr. Cahill describes a simple system for separating lipid components in the blood and suggests that fats and carbohydrates need not be eliminated from diabetic diets.

(20 minutes).

1206007

LONG-TERM MANAGEMENT OF S.L.E., with Naomi F. Rothfield, M.D., Professor of Medicine and Chief, Arthritis Division, University of Connecticut School of Medicine, Farmington, Conn. Specific drugs and general life adjustments are important to the treatment course of systemic lupus erythematosus. However, the key to managing S.L.E., demonstrated here, is to identify symptoms and signs of impending flare-ups.

(17 minutes) (In color)

1220019

MALABSORPTION SYNDROME

Victor W. Groisser, M.D., Clinical Professor of Medicine, New Jersey College of Medicine, and Director of Gastroenterology, Mountinside Hospital, Montclair, New Jersey, comments on the frequency of malabsorption syndrome, on the possibility of misdiagnosis and the need for clearing up the confusion surrounding malabsorption.

(19 minutes).

1309602

THE MEDICAL MANAGEMENT OF METASTATIC BREAST CANCER, with Justin J. Stein, M.D., Professor of Radiology, UCLA School of Medicine, and a past President of the American Cancer Society. Advanced breast cancer: a bleak future for the patient and a difficult management problem for the physician. This program provides a step-by-step approach to improve the quality of survival for your patient.

(19 minutes) (In color)

1319953

NEUROMUSCULAR DISORDERS OF INTEREST TO PHYSICIANS, with Andrew G. Engel, M.D., Department of Neurology; Peter James Dyck, M.D., Department of Neurology; and E. H. Lambert, M.D., Department of Medicine, all of the Mayo Clinic, Mayo Graduate School of Medicine, Rochester, Minn. The clinical state of patients with uremic neuropathy, the myasthenic syndrome, and adult acid maltase deficiency is shown and correlated with histologic, physiologic, and biochemical abnormalities. A Television Clinic of The American College of Physicians, 1973. Please inquire for special rental information.

(60 minutes) (In color)

ACP 2817365

NEW I.V. TECHNIQUE FOR TOTAL NUTRITIONAL SUPPORT. Maintaining patients on I.V. feeding for long periods of time with satisfactory results can now be accomplished with an indwelling catheter. The technique and its use on patients are demonstrated by Stanley J. Dudrick, M.D. and Douglas W. Wilmore, M.D., Department of Surgery and Harrison Department of Surgical Research, University of Pennsylvania School of Medicine, Philadelphia, Pa.

(20 minutes).

1406708

RADIOLOGIC DIAGNOSIS OF THE ACUTE ABDOMEN

Several radiologic techniques are available in diagnosing patients presenting with acute abdominal pain. Robert D. Moseley, Jr., M.D., Professor and Chairman of the Department of Radiology, University of Chicago Pritzker School of Medicine, summarizes these techniques and considers their importance in clinical findings.

(15 minutes) (In color)

1808804

RENAL ARTERIAL HYPERTENSION AND TREATMENT, with Albert N. Brest, M.D., Associate Professor of Medicine and Head, Section of Vascular Disease and Renology, Hahnemann Medical College and Hospital.

(12 minutes).

1802609

RETAINED COMMON DUCT STONES. George M. Saypol, M.D., Associate Professor of Clinical Surgery, New York University Medical School, and Director of Surgery, The Long Island Jewish/Queens Hospital Center, discusses the management of stones left in the bile ducts following cholecystectomy.

(19 minutes).

1801117

SKIN TESTING FOR TB, with John A. Crocco, M.D., Director of Pulmonary Disease Section, St. Vincent's Hospital and Medical Center, New York; and Downstate Medical Center, Brooklyn, New York. A demonstration of the correct way to administer two types of TB skin tests, with guidelines for their interpretation.

(12 minutes) (In color)

1920637

THE DIABETES PUZZLE: A PRACTICAL APPROACH, with Rachmiel Levine, M.D., Professor and Chairman of the Department of Medicine at New York Medical College in New York City.

Most of the three million cases of diabetes in the U.S. are considered mild from the metabolic viewpoint. However, because of the link to many forms of cardiovascular, renal and other diseases it becomes important to discover and treat the mild forms. Dr. Levine describes the classical symptoms of diabetes and when to suspect the disease in the absence of the typical signs. He classifies therapy, relates diabetes to other diseases and describes its pathogenesis and inherited factors.

(17 minutes).

0410805

THE DIABETIC IN COMA/BRITTLE DIABETES/ THE YOUNG DIABETIC, with Rachmiel Levine, M.D., Professor and Chairman of the Department of Medicine at New York Medical College in New York City.

Coma may occur in a person with diabetes for the same reasons as it would occur in the non-diabetic. For that reason it is important to differentiate between the two comas. Dr. Levine describes ketoacidosis, hyperglycemic coma, lactic acidosis, hypoglycemia. Dr. Levine also discusses "brittle" diabetes and the prognosis of childhood diabetes.

(20 minutes).

0410904

THE VALUE OF RENAL BIOPSIES IN THE MANAGEMENT OF PATIENTS, with Kent Armbruster, M.D., Department of Medicine, Rush Medical College, Chicago; David P. Earle, M.D., Department of Medicine, Northwestern University Medical School, Chicago; Robert Jennings, M.D., Department of Pathology, Northwestern University Medical School, Chicago; Robert M. Kark, M.D., Department of Medicine, Rush Medical College, Rush-Presbyterian-St. Luke's Medical Center, Chicago; Robert C. Muehrcke, M.D., Department of Medicine, Rush Medical College, Rush-Presbyterian-St. Luke's Medical Center, Chicago; Conrad Pirani, M.D., Department of Pathology, Columbia University College of Physicians and Surgeons, New York City; and Hock H. Yeoh, M.D., Department of Medicine, Northwestern University Medical School, Chicago. To illustrate the usefulness of renal biopsy in the management of certain patients with renal disease, both pathologists and clinicians discuss particular patient problems along with the corresponding history, clinical and laboratory findings, and renal biopsy results for each patient. A Television Clinic of the American College of Physicians, 1973. Please inquire for special rental information.

(60 minutes) (In color)

ACP 2857369

THE TREATMENT OF BRONCHIAL ASTHMA, with Frank Perlman, M.D., Clinical Professor of Medicine, University of Oregon School of Medicine, Portland. How to treat the asthmatic patient early to avoid a potential respiratory crisis.

(16 minutes) (In color)

2020032

TREATMENT OF INSULIN-DEFICIENT DIABETES, with Peter H. Forsham, M.D., Director, Metabolic Research Unit, University of California School of Medicine, San Francisco. Insulin has been available for 50 years, but its use in diabetic therapy can be improved. To achieve better results, says Dr. Forsham, physicians must simulate as closely as possible the release of insulin by normal persons.

(21 minutes) (In color)

2016427

TUBERCULOSIS: A NEW MEDICAL CHALLENGE FOR THE SEVENTIES, with Vernon N. Houk, M.D., and Phyllis Edwards, M.D., of the Tuberculosis Section of the National Communicable Disease Center; and William W. Stead, M.D., Professor of Medicine at Marquette School of Medicine in Milwaukee. TB is frequently diagnosed as pulmonary fibrosis. The epidemiology of the disease in the U.S. today is shown, along with the current approach to its eradication.

(17 minutes) (In color)

2010419

14318 COMPETITIVE PROBLEMS IN THE DRUG INDUSTRY

WHEN SHOULD HYPERTENSION BE TREATED? with Edward Fries, M.D., Senior Medical Investigator, VA Hospital, Washington, D.C.; and Ray W. Gifford, Jr., M.D., Department of Nephrology, Cleveland Clinic. Dr. Fries, winner of the Lasker Award, and Dr. Gifford review, through patient interviews, the recent changes in criteria for intervention in hypertension.

(19 minutes).

2316203

ZOSTER: ITS COURSE AND TREATMENT, with Richard C. Gibbs, M.D., Associate Professor of Clinical Dermatology, and Philip A. Brunell, M.D., Director, Laboratory of Infectious Disease, Pediatrics Department; both of New York University Medical Center in New York City. Recommends treatment for the severe pain of this generally one-time, but unforgettable, illness.

(9 minutes) (in color)

2620201

LEGAL MEDICINE

A FORENSIC AUTOPSY WITH DR. MILTON HELPERN, Chief Medical Examiner for the City of New York, and Professor and Chairman of the Department of Forensic Medicine, New York University School of Medicine; and John F. Devlin, M.D., Deputy Chief Medical Examiner, City of New York, and Associate Professor of Forensic Medicine, New York University School of Medicine. A 32-year-old stockbroker, known to be a heavy drinker, depressed and with a recent prescription for sleeping pills, is found dead in bed. Although he was treated for diabetes in childhood, he has not seen a physician recently. What would you write on the death certificate? Suicide? Accident? Natural causes? Dr. Helpern, the noted forensic pathologist, takes you through the autopsy to determine the cause of death.

(21 minutes) (in color)

0617518

A GUIDELINE FOR CONSENT: THE UNIFORM ANATOMICAL GIFT ACT, with Alfred M. Sadler, Jr., M.D., and Blair Sadler, LL.B., of the National Institutes of Health, the Vanderbilt University School of Law and the Duke University School of Medicine. A thorough and timely discussion of the medicolegal ramifications of organ transplantation is offered by the consultants to the National Conference of Commissioners on Uniform State Laws, which drafted the law. (18 minutes).

0710114

CONCEPTS IN IATROGENIC MEDICINE:

PART I

David M. Spain, M.D., Director of Pathology at the Brookdale Hospital Center in Brooklyn, New York and Clinical Professor of Pathology at Columbia University; and Alan F. Lyon, M.D., Chief of Cardiology and Associate Clinical Professor at the State University of New York Downstate Medical Center in Brooklyn, New York, observe that iatrogenic disorders are increasing as a consequence of the growing complexity of the "Medical Environment." Control, they demonstrate, is absolutely essential because iatrogenesis has reached epidemic proportions.

(18 minutes).

0308740

CONCEPTS IN IATROGENIC MEDICINE:

PART II

David M. Spain, M.D., Director of Pathology at the Brookdale Hospital Center in Brooklyn, New York, and Clinical Professor of Pathology at Columbia University; and Alan F. Lyon, M.D., Chief of Cardiology and Associate Clinical Professor at the State University of New York Downstate Medical Center in Brooklyn, New York, suggest the ease by which physicians can be reduced to "push-button technicians" with the growing number of diagnostic and therapeutic agents and devices. They demonstrate, with specific examples, the ways in which the physician can "become the artful clinical scientist."

(18 minutes).

0308841

COPING WITH THE INCREASED RISK OF PHYSICIAN'S MALPRACTICE LIABILITY, with David S. Rubsamen, M.D., LL.B., Editor, "Professional Liability Newsletter," and lecturer, University of California, San Francisco. The prospects of changes and reforms in legal proceedings involving malpractice are explored in this telecast.

(16 minutes).

0313163

IATROGENIC DRUG PROBLEMS, with Leighton E. Cluff, M.D., Chairman and Professor, Department of Medicine, University of Florida College of Medicine, Gainesville.

Dr. Cluff presents patient cases illustrating common physician errors in drug administration and shows how to avoid them.

(14 minutes) (in color)

0923734

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INFORMED CONSENT: PREVENTING THE MALPRACTICE SUIT, with Henry B. Alsobrook, Jr., general counsel to the Louisiana State Medical Society, affiliated member of the American Medical Association, and senior partner, Adams and Reese, New Orleans; and Alan L. Goldberg, M.D., family physician, Bronx, New York, and member of NCME's Medical Advisory Committee. How much do you have to tell a patient? How can you be sure the patient understands what you've said? How can you protect yourself from a malpractice suit? A clinician and an attorney confront these and other questions surrounding the issue of informed consent.

(15 minutes) (in color)

0922931

LEGAL PROBLEMS IN THE EMERGENCY ROOM. When can a minor be treated without parental consent? What special precautions should be taken with victims of criminal violence? Points to know about the law to protect a patient's rights and safeguard physician liability are discussed by William Mangold, M.D., J.D., resident in surgery at Bexar County Hospital, San Antonio, and member of the Texas bar; and Crawford Morris, Esq., trial lawyer specializing in medical malpractice cases for Arter & Hadden Associates, Cleveland.

(18 minutes) (in color)

SAMA 2811063

LEGAL PROBLEMS ON THE WARDS. What constitutes a proper informed consent for medical treatment? In what circumstances can information be legally withheld from a patient? What are the consequences of altering a patient's medical record? Points to know about the law to protect a patient's rights and safeguard physician liability are discussed by William Mangold, M.D., J.D., resident in surgery at Bexar County Hospital, San Antonio, and columnist for The New Physician; and Crawford Morris, Esq., trial lawyer specializing in medical malpractice cases for Arter & Hadden Associates, Cleveland.

(23 minutes) (in color)

SAMA 2810962

PHYSICIAN'S MALPRACTICE LIABILITY IN THE SOCIAL CONTEXT, with David S. Rubsamen, M.D., LL.B., on the faculty of the University of California, San Diego. Doctors are not being singled out for legal actions; they are being swept up in a social change. This is only one of many conclusions Dr. Rubsamen will make as he describes the dimensions of the malpractice liability problem.

(18 minutes).

1613033

PILLS, PRISONERS AND PROGRESS. In the U.S., much of the controlled study drug research done among "normal" human beings is conducted among prisoner volunteers. Four disparate views of drug research using such human subjects are presented to medical student moderator, John Trowbridge, by: Gilbert McMahon, M.D., head of Therapeutics Section, Department of Medicine, Tulane University Medical School; Mr. Willy Holder, an ex-convict and President of the California Prisoner's Union; Mr. Michael Mills, a research associate for the Center for Criminal Justice at the University of Chicago Law School; and Alan Varley, M.D., Medical Director of the Upjohn Company. (19 minutes) (in color) **SAMA 2811064**

SIMPLIFYING THE MEDICOLEGAL REPORT, with Robert M. Fox, an attorney and author of the book, The Medicolegal Report: Theory and Practice.

This telecast will be helpful to physicians who have problems composing a medical-legal report for attorneys or insurance carriers — particularly when injuries are involved.

(17 minutes) (in color)

1912010

THE GOOD SAMARITAN: RISKS AND RESPONSIBILITIES, with Alfred M. Sadler, Jr., M.D., and Blair Sadler, LL.B., of the National Institutes of Health in Bethesda, Maryland.

How can the physician perform emergency care without facing the danger of law suits? What is the standard of care that is expected of the physician-good samaritan? The answers offered by Dr. Sadler and Mr. Sadler are of importance to every physician in active practice.

(16 minutes).

0710710

THE IMPORTANCE OF PEER REVIEW, with Ralph S. Emerson, M.D., Chairman, Ad Hoc Committee on peer review, Medical Society of the State of New York. Peer review is no longer a professional persuasion, it is a government mandate under the Medicare and Medicaid laws. Dr. Emerson points out the benefits of a properly established and executed peer review committee. He discusses the benefit of review committees to the public and to physicians as an organized voice in policy making. (13 minutes). **0910603**

THE PHYSICIAN AS AN EXPERT WITNESS — PART I. Professor Ronald Carlson, College of Law, Reginald Cooper, Assistant Professor, Robert C. Porter, M.D., Department of Orthopedic Surgery, College of Medicine, University of Iowa and attorneys Wayne C. Collins and Thomas Daley. Re-enactment of actual case with patient, physician, and legal counsel.

(21 minutes).

1601512

THE PHYSICIAN AS AN EXPERT WITNESS — PART II — "The Trial" — with Professor Ronald Carlson, College of Law, Dr. Reginald Cooper, Assistant Professor, Robert C. Porter, M.D., Department of Orthopedic Surgery, College of Medicine, University of Iowa and attorneys Wayne C. Collins and Thomas Daley. Re-enactment of actual case with patient, physician, and legal counsel. (24 minutes). **1601613**

THE PHYSICIAN AS AN EXPERT WITNESS — PART III — "The Conclusion" — with Professor Ronald Carlson, College of Law, Dr. Reginald Cooper, Assistant Professor, Robert C. Porter, M.D., Department of Orthopedic Surgery, College of Medicine, University of Iowa and attorneys Wayne C. Collins and Thomas Daley. Re-enactment of actual case with patient, physician, and legal counsel. (19 minutes). **1601614**

THE UNIFORM DONOR CARD, with Alfred M. Sadler, Jr., M.D., and Blair Sadler, LL.B., of the National Institutes of Health, Bethesda, Maryland. Another NCME program explained how the Uniform Anatomical Gift Act affects the practicing physician. This program shows a related development that has occurred in the form of a newly approved Uniform Donor Card. (9 minutes). **2110502**

MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS

CERVICAL SPINE: DISPLACEMENT OR DISEASE? with P. W. Haake, M.D., Assistant Professor of Orthopedics, University of Rochester School of Medicine and Dentistry, Rochester, New York.

The patient with sudden acute neck pain: Is it a disc—a tumor—arthritis—whiplash? Compare your approach to this common problem with that of an orthopedist. This program was produced with the cooperation of the Council on Scientific Assembly of the American Medical Association. (16 minutes) (in color) **0323891**

CORTICOSTEROIDS: Rx FOR THREE CONNECTIVE TISSUE DISEASES, with Richard H. Ferguson, M.D., Associate Professor of Medicine and Head of a Section of Rheumatology, The Mayo Clinic and Mayo Foundation, Rochester, Minnesota. Three successful therapeutic plans using corticosteroids to control certain problems in temporal arteritis, polymyositis, and lupus nephritis are outlined. (This program was presented as part of the American Society for Clinical Pharmacology and Therapeutics' Drug Spotlight Program.) (20 minutes) (in color) **0321079**

DIAGNOSIS AND TREATMENT OF PAGET'S DISEASE, with John T. Potts, Jr., M.D., Chief of Endocrinology, Massachusetts General Hospital; and Associate Professor of Medicine, Harvard Medical School, Boston. Paget's disease of the bone is seen with increasing frequency in the population over 40. Dr. Potts reviews the present information about the cause of the disease, its pathophysiology and the new approaches to therapy which give promise for controlling the disease. (18 minutes) (in color) **0413124**

THE DIAGNOSIS OF SYSTEMIC LUPUS ERYTHEMATOSUS, with Naomi Rothfield, M.D., Professor of Medicine, and Chief, Arthritis Section, University of Connecticut School of Medicine, Farmington, Connecticut. Demonstrating the early detection of S.L.E. through clinical and laboratory findings. (19 minutes) (in color) **0419951**

"DOCTOR, I PUT MY BACK OUT!": MANIPULATIVE THERAPY, with Philip E. Greenman, D.O., Chairman and Professor, Department of Biomechanics, College of Osteopathic Medicine, Michigan State University, East Lansing, Michigan. Low back pain . . . a common problem seen through the eyes of an osteopathic physician. Evaluation and treatment are demonstrated. (23 minutes) (in color) **0421757**

EARLY SURGERY FOR THE ARTHRITIC HAND, with Alan H. Wilde, M.D., Head of the Rheumatoid Surgery Section, Department of Orthopaedic Surgery, The Cleveland Clinic Foundation. When six months of intensive medical management fail to help the patient with rheumatoid arthritis of the hand, synovectomy may preserve useful function and relieve pain. In this program:

- the rationale for synovectomy;
- the history and physical exam used to disclose indications for surgery; and
- the operative procedure and the postoperative results. (20 minutes) (in color) **0518522**

GROSS SYNOVIAL ANALYSIS, a discussion of joint fluid analysis for the practicing physician, presented by Daniel J. McCarty, M.D., Associate Professor of Medicine, and Head of Rheumatology Section, Hahnemann Medical College and Hospital. (13 minutes). **0700411**

HOME MANAGEMENT OF ARTHRITIS, with John J. Calabro, M.D., Chief of Medicine and Director of Rheumatology, Worcester City Hospital, Worcester, Mass. A rheumatologist demonstrates how patients with arthritis can actively participate in a lifelong program of comprehensive home care. The value of exercises and paraffin treatments are also considered. (16 minutes) (in color) **0820236**

JUVENILE RHEUMATOID ARTHRITIS. A series of patients are presented, and diagnosis and treatment are discussed by staff members at Duke University Medical Center. H. M. Carpenter, M.D., is conference coordinator; Madison Spock, M.D., leads the discussion.

(33 minutes).

SAMA 2800001

LABORATORY STUDIES IN CONNECTIVE TISSUE DISORDERS. PART III in a series with Edward C. Franklin, M.D., Associate Professor of Medicine, New York University Medical Center.

(16 minutes). **1201203**

LONG-TERM MANAGEMENT OF S.L.E., with Naomi F. Rothfield, M.D., Professor of Medicine and Chief, Arthritis Division, University of Connecticut School of Medicine, Farmington, Conn. Specific drugs and general life adjustments are important to the treatment course of systemic lupus erythematosus. However, the key to managing S.L.E., demonstrated here, is to identify symptoms and signs of impending flare-ups.

(17 minutes) (in color)

1220019

MICROSCOPIC SYNOVIAL ANALYSIS, the use of phase microscopy for joint fluid analysis, with Daniel J. McCarty, M.D., Associate Professor of Medicine, and Head of Rheumatology Section, Hahnemann Medical College and Hospital.

(24 minutes).

1300532

SELECTING PATIENTS FOR TOTAL KNEE REPLACEMENT, with John A. Lynch, M.D., Orthopedic Surgeon, Topeka, Kansas, and Associate Professor of Clinical Orthopedics, University of Kansas School of Medicine, Kansas City, Kansas. Which of your patients with arthritic knees is a candidate for a knee prosthesis? Here are the guidelines plus new information on this constantly changing solution to severe knee pain.

(17 minutes) (in color)

1921639

STEROIDS, HORMONES AND INFLAMMATORY DISEASE, with Gerald Weissman, M.D., Associate Professor of Medicine, New York University Medical Center. Steroids, hormones, and chloroquin have been shown to counteract inflammation and tissue injury by virtue of their stabilization of lysosomes. (14 minutes).

1900318

STRUCTURE AND FUNCTION OF IMMUNOGLOBULINS, with Edward C. Franklin, M.D., Assistant Professor of Medicine, New York University Medical Center. (15 minutes).

1900915

THE TEAM APPROACH TO CHRONIC PAIN, from the Pain Control Center of Temple University Hospital, Philadelphia. With Mary E. Moore, M.D., Ph.D., Assistant Professor of Medicine, Section of Rheumatology, and psychologist; Edward J. Resnick, M.D., Associate Professor of Orthopedic Surgery, and coordinator, Pain Control Center; Richard Eller, M.D., Associate Professor of Anesthesiology; Shavarsh Chrissian, M.D., Assistant Professor of Rehabilitation Medicine; and Marc Flitter, M.D., Assistant Professor of Neurosurgery.

Current theories of pain are leading to new methods for treatment. The techniques demonstrated here can work for you and your patients. This program was produced with the cooperation of the Department of Continuing Medical Education, Temple University.

(16 minutes) (in color)

2023841

THE FIVE-MINUTE JOINT EXAM, with John J. Calabro, M.D., Chief of Rheumatology, Worcester City Hospital, and Professor of Medicine, University of Massachusetts Medical School, Worcester, Massachusetts. Here's a five-minute joint exam, with pointers on how to distinguish degenerative joint disease from such other conditions as ankylosing spondylitis and rheumatoid arthritis.

(17 minutes) (in color)

0619721

THE PROBLEM OF POLYARTHRITIS, with Mary Betty Stevens, M.D., Department of Medicine; Martin W. Donner, M.D., Department of Radiology; Lawrence E. Shulman, M.D., Department of Medicine; Alexander S. Townes, M.D., Department of Medicine; and Thomas M. Zizic, M.D., Department of Medicine; all of the Johns Hopkins University School of Medicine. A presentation—with patients—of clinical and laboratory features of significance to the differential diagnosis of acute polyarthritis. The value and limitations of serologic findings, synovial fluid analysis, and radiographic findings, are emphasized, and the role of arthrography in diagnosis and management is evaluated. Also discussed are management programs and problems relating to rheumatoid arthritis and its variants: ankylosing spondylitis, microcrystalline synovitis, and articular sepsis.

A Television Hospital Clinic of The American College of Physicians, 1972. Please inquire for special rental information.

(60 minutes) (in color)

ACP 2847246

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SYSTEMIC LUPUS ERYTHEMATOSUS, with Werner F. Barth, M.D., Department of Medicine; and Harry M. Robinson, M.D., Department of Dermatology; both of University of Maryland School of Medicine; and Donald T. Lewers, M.D., Division of Nephrology, Maryland General Hospital.

Three patients illustrate the clinical variability of systemic lupus erythematosus, as well as differences in therapy. The immunopathology is discussed, with particular attention to recent concepts of pathogenesis. Factors adversely affecting prognosis and those warranting more aggressive therapy are underscored. Also discussed are recent developments using immunofluorescent examination of skin biopsy to distinguish systemic lupus erythematosus from discoid lupus and other connective tissue diseases. A Television Hospital Clinic of the American College of Physicians, 1972. Please inquire for special rental information.

(60 minutes) (in color)

ACP 2837247

THREE ORTHOPEDIC EXAMINATIONS FOR NON-ORTHOPEDISTS

HOW I EXAMINE THE SPINE

(19 minutes) (in color) **0822742**

HOW I EXAMINE THE HIP

(15 minutes) (in color) **0822641**

HOW I EXAMINE THE KNEE

(16 minutes) (in color) **0822540**

With A. Graham Apley, F.R.C.S., Honorary Director of the Department of Orthopedics, St. Thomas' Hospital, London; and Consulting Orthopedic Surgeon, Rowley-Bristow Orthopedic Hospital, Pyrford, England; Visiting Professor of Orthopedics, Albert Einstein Hospital in New York City. Authoritative demonstrations of normal and abnormal findings in three orthopedic problem areas—for the generalist. These programs were produced in cooperation with the Department of Orthopedic Surgery and the Office of Continuing Medical Education, Albert Einstein College of Medicine in New York City.

TREATMENT OF RHEUMATOID ARTHRITIS: WHEN ASPIRIN FAILS, with Charles M. Plotz, M.D., Professor of Medicine, and Director, Section on Rheumatic Diseases, Downstate Medical Center, Brooklyn, N.Y.

Demonstration of a simple evaluation routine for arthritis patients when aspirin is no longer effective. How to select the best therapy, with precautions to remember about corticosteroids, cytotoxic and immunologic agents.

(20 minutes) (in color)

2017428

NEPHROLOGY

BEDSIDE ROUNDS: DIAGNOSTIC TECHNIQUES IN ACUTE RENAL FAILURE, with Cecil H. Coggin, M.D., Assistant Professor of Medicine, Harvard Medical School.

This telecast aims to provide the primary care physician with a practical approach to speedy detection of the underlying cause of renal failure.

(18 minutes) (in color)

0211902

CLINICAL PHARMACOLOGY OF DIURETIC DRUGS, with Albert N. Brest, M.D., Associate Professor of Medicine and Head, Section of Vascular Disease and Renology, Hahnemann Medical College and Hospital.

(15 minutes).

0302726

HEMATURIA: DON'T STOP THE WORKUP TOO SOON, with Vincent J. O'Connor, Jr., M.D., Chairman of the Department of Urology at Northwestern Memorial Hospital, and Professor of Urology at Northwestern University Medical School, Chicago. A urologist shows his method of evaluating patients with hematuria which is always a danger signal of underlying urologic or renal disease. (16 minutes) (in color)

0821938

KIDNEY TRANSPLANTATION

The following physicians from Cedars-Sinai Medical Center in Los Angeles, Calif., discuss renal transplantation with the general physician in mind: Stanley S. Franklin, M.D., Medical Director of the Transplantation Program; Charles R. Klee-man, M.D., Director of Medicine; Morton H. Maxwell, M.D., Chief of Nephrology and Hypertension Service; Paul Teraski, M.D., Professor of Surgery at the UCLA School of Medicine; Richard L. Treiman, M.D., and Harold G. Kudish, M.D., both vascular surgeons.

(19 minutes) (in color)

1109003

RENAL ARTERIAL HYPERTENSION AND TREATMENT, with Albert N. Brest, M.D., Head, Section of Vascular Disease and Renology, Hahnemann Medical College and Hospital.

(11 minutes).

1802609

RENAL BIOPSY: WHEN WILL IT HELP THE CHILD? with Shane Roy, III, M.D., pediatric nephrologist and Associate Professor of Pediatrics, University of Tennessee College of Medicine, Memphis. Using four detailed patient cases, Doctor Roy illustrates the use of renal biopsy. The program includes an actual biopsy procedure. (15 minutes) (in color)

1820830

SELECTIVE RENAL ARTERIOGRAPHY: PART I
The technique for visualizing the intrarenal vascular system, utilizing the opaque catheter and serial roentgenography is demonstrated by Klaus Ranniger, M.D., Associate Professor of Radiology, University of Chicago School of Medicine.
(17 minutes). **1903802**

SELECTIVE RENAL ARTERIOGRAPHY: PART II
Klaus Ranniger, M.D., Associate Professor of Radiology, University of Chicago School of Medicine, demonstrates a technique for examining the intrarenal vascular system using the opaque catheter and serial roentgenography.
(11 minutes). **1904703**

THE VALUE OF RENAL BIOPSIES IN THE MANAGEMENT OF PATIENTS, with Kent Armbruster, M.D., Department of Medicine, Rush Medical College, Chicago; David P. Earle, M.D., Department of Medicine, Northwestern University Medical School, Chicago; Robert Jennings, M.D., Department of Pathology, Northwestern University Medical School, Chicago; Robert M. Kark, M.D., Department of Medicine, Rush Medical College, Rush-Presbyterian-St. Luke's Medical Center, Chicago; Robert C. Muehrcke, M.D., Department of Medicine, Rush Medical College, Rush-Presbyterian-St. Luke's Medical Center, Chicago; Conrad Pirani, M.D., Department of Pathology, Columbia University College of Physicians and Surgeons, New York City; and Hock H. Yeoh, M.D., Department of Medicine, Northwestern University Medical School, Chicago. To illustrate the usefulness of renal biopsy in the management of certain patients with renal disease, both pathologists and clinicians discuss particular patient problems along with the corresponding history, clinical and laboratory findings, and renal biopsy results for each patient. A Television Clinic of the American College of Physicians, 1973. Please inquire for special rental information. (60 minutes) (in color) **ACP 2857369**

**TREATMENT OF CHRONIC UREMIA:
CONSERVATIVE THERAPY**

This is the second program on kidney disease produced at the Cedars-Sinai Medical Center in Los Angeles, Calif., with Morton H. Maxwell, M.D., Director of the Kidney and Hypertension Service; Charles R. Kleeman, M.D., Director of Medicine; Arthur Gordon, M.D., Assistant Chief of the Kidney and Hypertension Service; and Stanley S. Franklin, M.D., Medical Director of the Transplantation Program. (20 minutes). **2010012**

**TREATMENT OF CHRONIC UREMIA:
HEMODIALYSIS**

This program was produced at the Cedars-Sinai Medical Center in Los Angeles, Calif., with Morton H. Maxwell, M.D., Director of the Kidney and Hypertension Service; Arthur Gordon, M.D., Assistant Chief of the Kidney and Hypertension Service; John R. DePalma, M.D., Director of Hemodialysis; and Thomas R. Grai, M.D., Associate Director of Hemodialysis. They describe the relatively new modality of therapy for patients with the types of uremia that were formerly terminal. (18 minutes). **2009913**

NEUROLOGY

AN ANATOMICAL APPROACH TO LOW BACK PAIN: SPONDYLOLISTHESIS AND ANKYLOSING SPONDYLITIS, with Peter Marchisello, M.D., Attending Orthopedic Surgeon, The Hospital for Special Surgery, Cornell University Medical Center, New York City. A firm review of the anatomy, backed by x-rays and physical examination, is essential to arrive at a definite diagnosis of the cause of low back pain. Dr. Marchisello defines anatomical deviation in two patients, only one of whom may benefit from surgery.
(18 minutes) (in color) **0116331**

A SINGLE PATIENT-ORIENTED NEUROPSYCHOPHARMACOLOGY. An objective method of evaluating the effects of drug therapy in neuropsychiatric disease is demonstrated by Walter Knopp, M.D., Associate Professor of Psychiatry, Ohio State University College of Medicine. In his discussion of Gilles de la Tourette's disease, Dr. Knopp gives particular emphasis to symptomatic treatment of a neuropsychiatric disorder.
(18 minutes). **1906511**

A TELEVISION DISCUSSION OF THE NEUROLOGICAL EXAMINATION. Conducting the program, which includes questions from the studio audience, are Wilson E. Hunt, M.D., Professor of Surgery, and W. C. Wiederholt, M.D., Assistant Professor of Medicine, Ohio State University College of Medicine. The program, telecast to 12 Ohio hospitals, was produced by the Ohio Medical Education Network.
(56 minutes). **2800004**

CARPAL TUNNEL SYNDROME, with Frank M. Howard, M.D., Neurologist, Mayo School of Medicine, Rochester, Minn. During this program, you'll follow a patient's complaint of tingling hand to the diagnosis of carpal tunnel syndrome, and find out how to determine whether this is a primary or secondary condition.
(17 minutes) (in color) **0319578**

14324 COMPETITIVE PROBLEMS IN THE DRUG INDUSTRY

CEREBRO-VASCULAR INSUFFICIENCY — DIAGNOSIS AND MANAGEMENT. The diagnostic workup of the patient with evidence of cerebrovascular insufficiency as well as medical management of this individual is demonstrated in PART I of this two-part series. The second program concerns itself with indications for surgical referral for transient ischemic attacks, with a discussion of risks and results. Charles A. Kane, M.D., Chief, Division of Neurology, The Permanente Medical Group, Hayward, California, emphasizes diagnostic considerations and medical management, while Edwin J. Wylie, M.D., Professor of Surgery, University of California Medical Center, San Francisco, focuses on surgical problems. The exchange between the authorities provides an opportunity to examine the multifaceted sides of this common clinical problem.

(PART I: 18 minutes).

0307805

(PART II: 18 minutes).

0307806

CLINICAL PROBLEMS IN NEUROLOGY: PARALYTIC BRACHIAL NEURITIS AND CARPAL TUNNEL SYNDROME, with Gene K. Lasater, M.D.; Michael Cherington, M.D.; and Sidney Duman, M.D.; all neurologists from the Department of Medicine at the University of Colorado Medical Center. This telecast highlights several cases of paralytic brachial neuritis and carpal tunnel syndrome originally presented at the 52nd annual session of the American College of Physicians.

(20 minutes) (in color)

0314368

CLINICAL PROBLEMS IN NEUROLOGY: THORACIC OUTLET SYNDROME AND CERVICAL ROOT LESION, with Gene K. Lasater, M.D.; Michael Cherington, M.D.; and Sidney Duman, M.D.; all neurologists from the Department of Medicine at the University of Colorado Medical Center. Three neurologists presented several cases of thoracic outlet syndrome and cervical root lesions at the 52nd annual session of the American College of Physicians. This telecast highlights their presentation. (20 minutes) (in color)

0314267

THE COMATOSE PATIENT: IMMEDIATE MANAGEMENT AND EVALUATION, with Jerome S. Resnick, M.D., Director of Neurology, Stamford Hospital, Stamford, Connecticut, and Clinical Associate Professor of Neurology, New York Medical College.

Problem: coma. History: unknown. Dr. Resnick shows how to find the cause of coma using your eyes and nose, a flashlight, ophthalmoscope, pin and blood pressure cuff. This program was produced in cooperation with the Department of Continuing Medical Education, New York Medical College.

(16 minutes) (in color)

0323990

THE COMATOSE PATIENT: PATHOPHYSIOLOGY, with Jerome S. Resnick, M.D., Director of Neurology, Stamford Hospital, Stamford, Connecticut, and Clinical Associate Professor of Neurology, New York Medical College.

Definition, etiologies, and mechanisms of prolonged unconsciousness, presented in cogent, organized and practical style. This program was produced with the cooperation of the Department of Continuing Medical Education, New York Medical College. (16 minutes) (in color)

0323889

COMPUTER ANALYSIS OF THE ELECTROENCEPHALOGRAPH

Demonstrating the unique suitability of the computer for quantitating the large amount of information recorded by the electroencephalograph and for comparing findings and removing artifacts — with Julius Korien, M.D., Assistant Professor of Neurology, New York University Medical Center and Bellevue Hospital Center.

(16 minutes).

0303333

CURRENT MANAGEMENT OF PARKINSONISM AND OTHER MOVEMENT DISORDERS, with George C. Cotzias, M.D., Medical Department, Brookhaven National Laboratories, Upton, Long Island, New York and Fletcher H. McDowell, M.D.; Fred Plum, M.D., and Richard D. Sweet, M.D., all of the Department of Neurology, Cornell University Medical College, New York City. Recent approaches to management of Parkinson's disease include use of Dopa decarboxylase inhibitors, apomorphine, and piribidil as alternatives to L-Dopa. These are discussed, together with possible future therapies involving polypeptides with dopamine-like effects. Use of propranolol for essential tremors and catecholamine antagonists for chorea, torticollis, oral facial dyskinesia, and tics are also considered. A Television Clinic of the American College of Physicians, 1974. Please inquire for special rental information.

(60 minutes) (in color)

ACP 2827478

DEALING WITH EPILEPSY: THE SOCIAL PROBLEM, with Mary Louise Scholl, M.D., Associate Pediatrician, Massachusetts General Hospital, and Assistant Professor of Pediatrics, Harvard Medical School, Boston, Massachusetts. With proper physician guidance, epileptics can live nearly normal lives — Dr. Scholl reviews typical problems with three patients and explains what physicians can do to help.

(21 minutes) (in color)

0415130

DETECTION AND DIAGNOSIS OF EDUCATIONALLY/NEUROLOGICALLY HANDICAPPED CHILDREN, with Henry S. Richanbach, M.D., Assistant Clinical Professor of Pediatrics at Stanford University School of Medicine.

Millions of children cannot succeed in school despite adequate intelligence and eagerness to learn. By evaluating the variations of their behavior and their ability to perform, these children can have a good chance in fulfilling their learning potential.

Dr. Richanbach demonstrates basic office procedures for detecting, diagnosing and treating school failure in children before the children are caught up in a cycle of failure.

The telecast concentrates on the effort of the individual general physician, and not the multi-discipline approach.

(17 minutes) (in color)

0412702

DIAGNOSIS AND DIFFERENTIAL DIAGNOSIS OF MIGRAINE AND MUSCLE CONTRACTION HEADACHES — PART I — "The Migraine Headache" — with Arnold P. Friedman, M.D., Associate Clinical Professor of Neurology and Director, Headache Unit, Montefiore Hospital.

(11 minutes).

0402706

DIAGNOSIS AND DIFFERENTIAL DIAGNOSIS OF MIGRAINE AND MUSCLE CONTRACTION HEADACHES — PART II — "Muscle Contraction and Other Headaches that Mimic Migraine" — with Arnold P. Friedman, M.D., Associate Clinical Professor of Neurology and Director, Headache Unit, Montefiore Hospital. (14 minutes).

0402907

DIAGNOSIS AND MANAGEMENT OF HUNTINGTON'S CHOREA, with Charles Markham, M.D., Professor of Neurology, University of California, Los Angeles School of Medicine, and Milton Wexler, Ph.D., President, California Chapter of The Committee to Combat Huntington's Disease. Huntington's Chorea — an invariably fatal disorder — is transmitted by a dominant gene; thus the carriers' children have a 50 percent chance of inheriting it. There are thought to be more than 100,000 people afflicted with Huntington's Chorea in the U.S. and Canada — most of them undiagnosed or mis-diagnosed. Unless physicians can detect the disease in these unknown thousands and effectively counsel them, a genetic time-bomb is being fused against future generations. (17 minutes) (in color)

0415331

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THE DIAGNOSTIC CHALLENGE OF CHEST PAIN, with moderator Alfred Soffer, M.D., Professor of Cardiology at the University of Health Sciences—Chicago, Medical School, Chicago, and Editor-in-Chief of *Chest*, the Journal of the American College of Chest Physicians. Participants are: R. D. Henderson, M.B., F.R.C.S. (C.), Staff Surgeon, Toronto General Hospital and Assistant Professor of the Department of Surgery at the University of Toronto, Canada; Barry William Levine, M.D., Assistant Professor of Medicine, Harvard Medical School, and Chief, Outpatient Pulmonary Services, Massachusetts General Hospital, Boston; Linda D. Lewis, M.D., Assistant Professor of Neurology, College of Physicians and Surgeons of Columbia University, and Chief of the Neurology Clinic, Neurological Institute of Columbia Presbyterian Medical Center, New York City; Morton E. Tavel, M.D., Associate Professor of Medicine at the Indiana University School of Medicine, Indianapolis.

Pinpointing the cause of your patient's chest pain poses an urgent diagnostic challenge. Join Dr. Soffer and four specialists on these clinical grand rounds as they reach a diagnosis on five patients. (32 minutes) (in color)

0423362

DIZZINESS AND VERTIGO. The differential diagnosis of these common presenting complaints is demonstrated by Alfred D. Weiss, M.D., Departments of Neurology and Otolaryngology, Massachusetts General Hospital and Massachusetts Eye and Ear Infirmary.

(18 minutes).

0408318

ECHOENCEPHALOGRAPHY: A NEW, SAFE, SIMPLE, AND PRACTICAL DIAGNOSIS AID

William M. McKinney, M.D., of the Department of Neurology, Bowman Gray School of Medicine and North Carolina Baptist Hospital in Winston-Salem, North Carolina, and Frederick L. Thurstone, Ph.D., of the Biomedical Engineering Department of Duke University, Durham, North Carolina, illustrate the unique value of echoencephalography in determining brain pathology. (15 minutes).

0509403

HEADACHE: MIGRAINE AND HISTAMINIC CEPHALGIA, with William G. Speed, III, M.D., Department of Medicine; and Leonard J. Gallant, M.D., Department of Psychiatry; both of the Johns Hopkins University School of Medicine. This program deals predominantly with the management of the more chronic forms of migraine, emphasizing pharmacotherapeutic techniques and touching on those aspects of psychotherapy that might be useful to internists. Histaminic Cephalgia (also known as cluster headache, cycle headache, or migraine variant) and methods of managing it are discussed. Adapted from a Television Hospital Clinic of the American College of Physicians, 1972. Please inquire for special rental information.

(60 minutes) (in color)

ACP 2867244

14326 COMPETITIVE PROBLEMS IN THE DRUG INDUSTRY

HOW I DO A LUMBAR PUNCTURE, with Jerome Posner, M.D., Chief of Neuropsychiatry, Memorial Hospital for Cancer & Allied Diseases, New York City. One of an NCME series of demonstrations by experts of practical, every-day procedures in medicine.

(12 minutes) (In color)

0816221

INTRACTABLE PAIN: SURGICAL RELIEF THROUGH STEREO-TAXIC CORDOTOMY

A stereo-taxic cordotomy is demonstrated in detail by James A. Taren, M.D., Professor of Surgery, Section of Neurosurgery, University of Michigan Medical Center.

(23 minutes) (In color)

0909510

IRREVERSIBLE COMA. The increased frequency of transplantation raises the question: Is heart beat, alone, sufficient grounds for defining death, or should the parameters of clinical death be expanded? This topic is discussed by Robert S. Schwab, M.D., Director, Brain Wave Laboratory, Massachusetts General Hospital, and Associate Clinical Professor of Neurology, Harvard Medical School, and Robert R. Young, M.D., Associate Director, Brain Wave Laboratory and Associate Professor of Neurology, Massachusetts General Hospital. (16 minutes).

0906914

LABORATORY PARAMETERS OF MUSCLE DISEASE. Laboratory studies can help the physician to differentiate subtle patterns of muscular weakness. Raymond D. Adams, M.D., Bullard Professor of Neuropathology, Harvard Medical School, and Chief of the Neurology Service, Massachusetts General Hospital, explores disease states that may be uncovered through biochemical tests. The use of the electromyograph, which offers a more sophisticated measure of muscle response through electrical activity, is demonstrated by Robert R. Young, M.D., Associate Director, Brain Wave Laboratory and Associate Professor of Neurology, Massachusetts General Hospital.

(16 minutes).

1206202

B: L-DOPA, with Melvin D. Yahr, M.D., Professor of Neurology, Columbia University College of Physicians & Surgeons, Columbia Presbyterian Medical Center, New York City, and Executive Director, Parkinson's Disease Foundation; and Fletcher McDowell, M.D., Professor of Neurology and Associate Dean, Cornell University Medical College, New York City.

For the first time since Parkinson's disease was described more than 150 years ago, a substantial number of Parkinsonism patients can be effectively treated by a drug.

The drug gives functional improvement and practical relief in a majority of Parkinson cases.

L-DOPA is described in terms of its effectiveness, side effects and indicated dosages.

(19 minutes).

1811624

MANAGEMENT OF ACUTE HEAD INJURIES, with William E. Hunt, M.D., Professor and Director of the Division of Neurosurgery; and W. George Bingham, Jr., M.D., Assistant Professor, Division of Neurosurgery, both with the Ohio State University College of Medicine, in Columbus. Two neurosurgeons demonstrate the diagnostic procedure they follow in cases of acute head injuries. They also show the complications that can arise during the hours immediately after the injuries, and the neurosurgical emergencies that can develop. (15 minutes).

1314140

MANAGEMENT OF ACUTE SPINAL INJURIES, with William E. Hunt, M.D., Professor and Director of the Division of Neurosurgery; W. George Bingham, Jr., M.D., Assistant Professor, Division of Neurosurgery; and Stephen Natelson, M.D., Senior Resident in Neurosurgery; all with the Ohio State University College of Medicine in Columbus. Three specialists describe the precautions that are necessary in handling patients with spinal injuries through the stages in the emergency room, in radiology and during the period of rehabilitation. (18 minutes) (In color)

1314038

MANAGEMENT OF STROKE — PART I. Rudolph Kaelbling, M.D., Associate professor of Psychiatry, Ohio State University College of Medicine, examines the common types of stroke and their effects on consciousness, mental acuity, speech, and physical coordination, as well as the impact of stroke on the patient's family. Rehabilitation is discussed also, and a speech therapist is shown working with patients.

(14 minutes).

1305506

MANAGEMENT OF STROKE — PART II. The physical rehabilitation of the stroke patient — including rehabilitative appliances, exercise, and physiotherapy — is discussed and demonstrated by Ernest W. Johnson, M.D., Chairman, Department of Physical Medicine; Ohio State University College of Medicine. (17 minutes).

1305607

MANAGING THE HYPERACTIVE CHILD, with Gerald Erenberg, M.D., Pediatric Neurologist, Montefiore Medical Center and Morrisania Hospital, Bronx, N. Y. Amphetamines are no panacea, nor need they be your first plan of attack. A structured approach to treatment is outlined and illustrated. (12 minutes) (In color)

1318651

MECHANISMS OF TREMORS AND FITS, with John N. Meagner, M.D., Associate Professor of Neurosurgery; and George W. Paulson, M.D., Associate Professor of Neurology; both of the Ohio State University College of Medicine in Columbus, Ohio. A variety of common and uncommon tremors and fits are vividly demonstrated. The emphasis of this program is on causes and diagnoses.

(17 minutes).

1310420

MENIERE'S DISEASE: DIFFERENTIAL Dx, with James R. Tabor, M.D., Otolologist and Assistant Professor of Surgery, University of Colorado Medical Center, Denver. By comparing two patients, an otologist demonstrates how to recognize the patient with Meniere's disease, and how to rule out other disorders.

(16 minutes) (in color)

1322356

MIGRAINE: DIFFERENTIAL DIAGNOSIS, with Arnold Friedman, M.D., Clinical Professor of Neurology, Columbia University College of Physicians and Surgeons, Physician in Charge of Headache Unit, Montefiore Hospital and Medical Center, Consultant to National Institute of Neurological Diseases, Division of National Institutes of Health. At least nine disorders, some of them potentially fatal, may mimic migraine. Dr. Friedman demonstrates anatomical clues to their differential diagnosis.

(12 minutes) (in color).

1314743

MIGRAINE: ITS DIAGNOSIS AND TREATMENT, with Arnold Friedman, M.D., Clinical Professor of Neurology, Columbia University College of Physicians and Surgeons; Physician in Charge, The Headache Unit, Montefiore Hospital and Medical Center; and Consultant to the National Institute of Neurological Disease and Stroke of the National Institutes of Health.

Dr. Friedman presents a highly visual and practical approach to diagnosing the five common types of migraine and how best to treat them. Heavy emphasis is placed on the individuality of migraine patients.

(17 minutes) (in color).

1314642

NEUROMUSCULAR DISORDERS OF INTEREST TO PHYSICIANS, with Andrew G. Engel, M.D., Department of Neurology; Peter James Dyck, M.D., Department of Neurology; and E. H. Lambert, M.D., Department of Medicine, all of the Mayo Clinic, Mayo Graduate School of Medicine, Rochester, Minn. The clinical state of patients with uremic neuropathy, the myasthenic syndrome, and adult acid maltase deficiency is shown and correlated with histologic, physiologic, and biochemical abnormalities. A Television Clinic of The American College of Physicians, 1973. Please inquire for special rental information. (60 minutes) (in color)

ACP 2817365

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PEDIATRIC NEUROMUSCULAR PROBLEMS. Determining the existence and extent of brain damage in the very young child requires not only attention to every movement and response made by the child, but a knowledge of how to interpret them for treatment. Examination of the hypotonic infant as well as observation of the abnormalities associated with cerebral palsy are explored, using actual child patients, by William C. Earl, M.D., Assistant Professor, Department of Physical Medicine, and Robert A. Wehe, M.D., Instructor, Department of Pediatrics, Ohio State University College of Medicine.

(17 minutes).

1607606

PEDIATRIC PROGRESS: SUBDURAL FLUID COLLECTIONS, with Richard J. Pellegrino, M.D., Director of Pediatric Neurology, University of Nebraska Medical Center, Omaha.

Subdural fluid collection in a very young child is not the same problem encountered in older children and adults. Here are the differences in signs and symptoms, diagnosis and treatment.

(15 minutes) (in color)

1623651

PHENOMENA OF CLINICAL MYOLOGY. Much information about a patient's muscle fiber can be elicited by a thorough examination of each muscle group, from head to toe. Raymond D. Adams, M.D., Chief of Neurology Service, Massachusetts General Hospital, and Bullard Professor of Neuropathology, Harvard Medical School, demonstrates the systematic examination of a dystrophic patient.

(16 minutes).

1606111

SCANNING THE BRAIN IN CROSS SECTION, with Paul F. J. New, M.D., Chief of Neuroradiology at Massachusetts General Hospital and Associate Professor of Radiology at Harvard Medical School. Demonstration of the new radiological technique of computerized tomography, a non-invasive method of investigating and analyzing the brain in detail that may be the most important single advance in radiological diagnosis in 50 years. (16 minutes) (in color)

1920435

SCOLIOSIS: SIGNIFICANCE OF EARLY DETECTION, with Hugo A. Keim, M.D., Director of the Scoliosis Clinic, New York Orthopaedic Hospital; and David B. Levine, M.D., Associate Attending Orthopaedic Surgeon, Hospital for Special Surgery, and Clinical Associate Professor, Cornell University Medical College, New York City.

Approximately one adolescent in 10 has idiopathic scoliosis, which too often is not recognized until the curvature has become debilitating. Two orthopedists show what to look for on x-rays and how to conduct a simple office examination that makes earlier diagnosis and treatment easier. (15 minutes) (in color)

1914726

SCREENING PRE-SCHOOLERS FOR NEUROLOGICAL DEFICITS, with N. Paul Rosman, M.D., Professor of Pediatrics and Neurology, and Director of Pediatric Neurology at Boston University School of Medicine, and Boston City Hospital. A 15-minute exam can head off possible learning difficulties. Dr. Rosman tests an apparently normal five-year-old for neurological problems and analyzes his results.

(20 minutes) (in color)

1918443

SENSORY FEEDBACK THERAPY, with Joseph Brudny, M.D., Project Director, Sensory Feedback Unit, Institute for Crippled and Disabled (I.C.D.), Bellevue Hospital Center; Julius Korein, M.D., Professor of Neurology, New York University Medical Center; Bruce Grynbaum, M.D., Professor of Rehabilitation Medicine, NYU Medical Center; Lawrence W. Friedman, M.D., Medical Director, I.C.D., Bellevue Hospital Center; and Ms. Lucie Levidow, Research Assistant, I.C.D., all in New York City. "Biofeedback" techniques have been applied to diverse medical, psychological, and functional conditions. One therapeutic application, shown on this program, offers no-risk help for certain neuromuscular disorders.

(18 minutes) (in color)

1920232

SNAKEBITE, with Findlay E. Russell, M.D., Ph.D., Professor of Neurology, Physiology and Biology, and Director, Laboratory of Neurological Research, University of Southern California School of Medicine, Los Angeles. How to distinguish the dangerous bites, recommend first aid, and apply emergency and supportive treatment.

(24 minutes) (in color)

1920636

SOME PATHOLOGIES OF SLEEP, with Julius Segal, Ph.D., of the National Institute for Mental Health, and Professor of Psychology, George Washington University, Washington, D.C. Dr. Segal describes the various stages of normal sleep and then relates disorders in REM and deep sleep to enuresis, somnambulism, night terrors and other patient problems. Special emphasis is given to the diagnosis and treatment of narcolepsy, which affects half a million people in the U.S.

(19 minutes) (in color)

1917729

SORTING OUT SEIZURES IN CHILDREN, with Gilbert H. Glaser, M.D., Chairman and Professor, Department of Neurology, Yale University School of Medicine, New Haven, Connecticut, and President of the American Academy of Neurology. This program provides a quick and thorough evaluation of the seizure patient from initial observation to mandatory laboratory and radiologic tests for a prompt diagnosis.

(16 minutes) (in color)

1920334

SPHINGOLIPIDOSIS: GENETICS

The increasing incidence of sphingolipid disease, such as Tay-Sachs, Gaucher's, and Niemann-Pick, is examined genetically by Stanley M. Aronson, M.D., Professor of Pathology, State University of New York Downstate Medical Center, and Attending Neuropathologist, Isaac Albert Research Institute, Jewish Chronic Disease Hospital, Brooklyn. (15 minutes).

1904914

SPHINGOLIPIDOSIS — PART I — BIOCHEMICAL ASPECTS. The chemical compositions of gangliosides, sphingomyelins, sulfatides, glycolipids, and cerebroside, as they are found in the various sphingolipid diseases, are analyzed by Abraham Saifer, Ph.D., Chief of the Biochemistry Department, Isaac Albert Research Institute of the Jewish Chronic Disease Hospital, Brooklyn. (21 minutes).

1905015

SPHINGOLIPIDOSIS — PART II — PATHOLOGY Several pathologic manifestations — such as amaurotic family idiocy (Tay-Sachs disease), hepatosplenomegaly (Niemann-Pick disease), and others — grouped under the general category of sphingolipidosis, are examined and defined by Bruno W. Volk, M.D., Director of the Isaac Albert Research Institute, of the Jewish Chronic Disease Hospital, and Clinical Professor of Pathology, State University of New York Downstate Medical Center, Brooklyn. (21 minutes).

1905016

SPHINGOLIPIDOSIS — PART III — CLINICAL ASPECTS. The specific physiologic manifestations of the Tay-Sachs and Niemann-Pick diseases and amaurotic idiocy — such as cherry red macula, clonus, severe contractions, the "frog" position of the legs, and lack of macrocephaly — are demonstrated with young patients by Larry Schneck, M.D., of the Isaac Albert Research Institute of the Jewish Chronic Disease Hospital, Downstate Medical Center, Brooklyn, New York. (13 minutes).

1905217

THE TEAM APPROACH TO CHRONIC PAIN, from the Pain Control Center of Temple University Hospital, Philadelphia. With Mary E. Moore, M.D., Ph.D., Assistant Professor of Medicine, Section of Rheumatology, and psychologist; Edward J. Resnick, M.D., Associate Professor of Orthopedic Surgery, and coordinator, Pain Control Center; Richard Eller, M.D., Associate Professor of Anesthesiology; Shavarsh Chrissian, M.D., Assistant Professor of Rehabilitation Medicine; and Marc Flitter, M.D., Assistant Professor of Neurosurgery.

Current theories of pain are leading to new methods for treatment. The techniques demonstrated here can work for you and your patients. This program was produced with the cooperation of the Department of Continuing Medical Education, Temple University.

(16 minutes) (in color)

2023841

THE DIFFERENTIAL DIAGNOSIS OF DIZZINESS, with Rosalie Burns, M.D., Professor and Head of the Department of Neurology; and Robert Wolfson, M.D., Professor and Head of the Division of Otolaryngology, The Medical College of Pennsylvania, Philadelphia. The patient who complains of dizziness may be suffering from one of many maladies. Two experts, presenting three such patients, demonstrate how the primary care physician can question and examine his way to a conclusive diagnosis.

(20 minutes) (in color)

0418344

THE HYPERACTIVE CHILD: FINDING THE CAUSE, with Gerald Erenberg, M.D., Pediatric Neurologist, Montefiore and Morrisania Hospitals, Bronx, N. Y. The child is out of control at school or at home. You are asked to diagnose or rule out minimal brain damage. This program shows you how — simply and quickly.

(18 minutes) (in color)

0818532

THE NEUROLOGICAL EXAMINATION. Careful analysis of the subjective complaints of the patient is the key in the neurological examination where the doctor will never have an "inside view." Diagnosis of central nervous system complaints and demonstrations of the most helpful procedures are done by William E. Hunt, M.D., Professor of Surgery and Director, Division of Neurological Surgery, and W. C. Wiederholt, M.D., Assistant Professor of Medicine, Division of Neurology, Ohio State University College of Medicine. (16 minutes).

1407803

THE NEUROLOGICAL EXAMINATION FOR THE NEWBORN, with N. Paul Rosman, M.D., Professor of Pediatrics and Neurology and Director of Pediatric Neurology, Boston University School of Medicine. Here are Dr. Rosman's reasons and techniques for this exam — an important few minutes in the first days of a newborn's life.

(19 minutes) (in color)

1418131

TRANSIENT ISCHEMIC ATTACK: PART I — THE HISTORY

(13 minutes) (in color)

2018829

TRANSIENT ISCHEMIC ATTACK: PART II — THE PHYSICAL, with Clark H. Millikan, M.D., Senior Consultant and Professor of Neurology, The Mayo Clinic, Rochester, Minn. During this two-part program, you'll take a close look at how to make a diagnosis of TIA . . . an important challenge, as three of five major strokes may be preventable through proper diagnosis of TIA's and their subsequent treatment.

(21 minutes) (in color)

2018830

A TELEVISION DISCUSSION OF THE MANAGEMENT OF STROKE PATIENTS. From the Ohio Medical Education Network, the etiology and management of stroke is covered in a discussion led by Rudolph Kaelbling, M.D., Assistant Professor of Psychiatry, and Ernest W. Johnson, Chairman, Department of Physical Medicine, Ohio State University College of Medicine.

(50 minutes).

2800005

TREATING EDUCATIONALLY/NEUROLOGICALLY HANDICAPPED CHILDREN, with Henry S. Richanbach, M.D., Assistant Clinical Professor of Pediatrics, Stanford University School of Medicine; and Lester Tarnapol, ScD., Past President of the California Association for Neurologically Handicapped — both from Stanford, California.

The general physician will learn about the drugs that are being administered cautiously to educationally handicapped children, and the special educational programs that have been developed to assist them in daily living.

(17 minutes) (in color)

2012811

WHAT CAROTID ARTERIOGRAPHY CAN TELL YOU, with Michael D. F. Deck, M.D., Associate Attending Radiologist, Memorial Sloan-Kettering Cancer Center, and Associate Professor of Radiology, Cornell University Medical Center, New York City. Skull films and brain scans show bone metastases in a patient with inoperable lung cancer. Following irradiation, she has progressively severe headaches and slight dementia. Does she have additional metastases in the brain? Should she have more irradiation? With this patient, Dr. Deck demonstrates carotid arteriography and the value of the procedure.

(17 minutes) (in color)

2318909

NURSING AND PARAMEDICAL

A DREAM COME TRUE. This program for recruiting nurses shows the areas of responsibility filled by the R.N. and the student nurse. From the University of Mississippi Medical Center.

(16 minutes).

2800003

BASIC TERMINOLOGY FOR REHABILITATION APPLIANCES. Produced by the Institute of Physical Medicine and Rehabilitation. A unique demonstration of basic rehabilitation appliances and how they can be utilized.

(24 minutes).

2700701

CARDIO-RESPIRATORY RESUSCITATION — R.N.-M.D. COOPERATION. The critical need for continuous surveillance and expeditious deployment of personnel and equipment in cases of cardiac or respiratory arrest underscores the interdependence of the nurse and physician. Grace Davidson, R.N., Director of Nursing, New York University Medical Center, discusses the nurse's responsibilities and opportunities.

The uses of 24-hour EKG monitoring and specialized resuscitatory equipment are demonstrated by Stephen Wittenberg, M.D., Instructor in Medicine, and Roger Hand, M.D., Chief Medical Resident, New York University Medical Center. Airway team procedures, the components of the airway cart, and results obtained through their effective use are demonstrated and discussed by Noel Cohen, M.D., Assistant Professor of Otolaryngology. (22 minutes). **2701418**

DEVELOPING A PLAN FOR NURSING CARE — PART I AND PART II. How a plan for nursing care is evolved when the patient first enters the hospital. Emphasis is on the nurse's activities and the knowledge that she must employ. Participants include Gladys Sorenson, Professor of Nursing; Betsy Linn Ray and Donna M. Knapp, Instructors; and others from the staff and student body of the University of Arizona College of Nursing.

(PART I: 25 minutes).

2700207

(PART II: 16 minutes).

2700308

HEART TRANSPLANTS AND THE OPERATING ROOM NURSE. Five key participants in major heart transplant operations describe their experiences. Each explains the part she played during surgery, how it differed from a normal surgical schedule, advance preparations needed, and the extra precautions taken.

The nurses: Ludmila Davis, R.N., Director of the OR, and Peggy Ann Hartin, R.N., Assistant Head Nurse, Palo Alto-Stanford Hospital; Grace M. Ray, R.N., Supervisor of the OR, and Enid E. Collymore, R.N., OR Staff Nurse, Maimonides Hospital, Brooklyn, N. Y.; and Peggy Jordaen, Senior Theatre Sister in charge of the Cardio-thoracic Unit, Groote Schuur Hospital, Capetown, South Africa. Moderator: Kathryn L. O'Donnell, R.N., Overlook Thoracic Clinic, Boston.

(24 minutes).

2701515

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NEUROSURGICAL INTENSIVE CARE. A specially designed five-patient neurosurgical intensive care unit is providing a new kind of acute care for patients with central nervous system disorders. Patients are admitted to the unit prior to surgery and returned there postoperatively — a geographical convenience that has proven of great value both to patients and staff.

The important role of the unit in in-service training is described by Joseph Ransohoff, M.D., Professor and Chairman, Department of Neurosurgery, New York University-Bellevue Medical Center. Demonstrating the special equipment in the unit, Dr. Ransohoff also takes note of its limitations: Even highly sophisticated monitoring devices cannot replace the continuity of care that can be provided by a well-trained staff.

(26 minutes).

2701525

NURSING ASPECTS OF CONSTANT CORONARY CARE UNITS — PART I. The expanding use of electronic and mechanical equipment in the hospital and in medicine generally is having an increasing impact on the nursing profession.

Diane Eddy, R.N., Head Nurse, Constant Coronary Care Unit, Fairview General Hospital, Cleveland, Ohio, discusses current technology from the nurse's point of view and demonstrates modern electronic devices, including the EKG monitor and defibrillator. (22 minutes). **2700319**

NURSING ASPECTS OF CONSTANT CORONARY CARE — PART II. An illustration of the nurse's role in coronary care. Unique admission procedures such as placing leads on the coronary patient and taking an EKG strip are shown. Diane Eddy, R.N., Head Nurse, Constant Coronary Care Unit at Fairview General Hospital, Cleveland, Ohio, shows how to recognize changes in a patient's condition, employ emergency equipment, and assist the physician in an emergency. Moving the patient to the "step down unit" and educating his family for home care are also discussed. (19 minutes). **2700420**

NURSING'S ROLE IN PATIENT AND FAMILY ANXIETY. Responding to a real need to ease the anxiety of the patient and his family upon coming into the hospital, a special program has been organized at Memorial Hospital of Long Beach.

In this presentation, Cille Gunter, R.N., Staff Assistant, Department of Nursing, demonstrates how communication by the nurse of a personal interest in the patient and his fears can help ease him through even the most critical situations. Explaining their own roles in the program are Senior Clinical Nurse Karen Sorensen, R.N., Staff Nurses Bronwyn Jones, R.N., and Eleanor Barr, R.N., and Clinical Nurse Jean Maffel, R.N. (29 minutes). **2701623**

THE PEDIATRIC NURSE PRACTITIONER: AN EVOLVING ROLE IN PATIENT CARE, with Henry K. Silver, M.D., Professor of Pediatrics, University of Colorado Medical Center, Denver; and Loretta C. Ford, R.N., Ed.D., Professor and Chairman of Community Health Nursing, University of Colorado School of Nursing, Denver. If your pediatric practice is about one-half well-child supervision and one-fifth minor respiratory infections management, then your office could be a candidate for a pediatric nurse practitioner (PNP). A group with six years' experience in the PNP program helps you understand this new role and the PNP-doctor relationship with vignettes of a PNP on-the-job. Although this telecast concerns pediatric practice, other physicians, too, can benefit from this look at the PNP experience.

(20 minutes) (in color)

1614535

THE PEDIATRIC NURSE PRACTITIONER IN YOUR OFFICE, with Henry K. Silver, M.D., Professor of Pediatrics, University of Colorado Medical Center, Denver; Donald Cook, M.D., Lewis R. Day, M.D., and Robert Schiff, M.D., all pediatricians practicing with PNPs; and Loretta C. Ford, R.N., Ed.D., Professor and Chairman of Community Health Nursing, University Colorado School of Nursing, Denver.

In six years' experience with over 80 PNPs, there have been no legal problems. Three physicians and their PNP associates describe their own enthusiastic reactions and those of their colleagues to this innovative, patient-accepted program that provides security and a lighter work load for physicians as well as professional gratification for PNPs.

(18 minutes) (in color)

1614636

PSYCHODRAMA — THE PROLOGUE — PART I. This workshop in psychodrama, with patients and staff of the Hennepin County General Hospital, demonstrates the methods used to initiate and stage psychodrama. Presented by James Ennels, Director of Psychodrama, St. Elizabeth's Hospital and U.S. Department of Health, Education, and Welfare. (26 minutes). **2700829**

PSYCHODRAMA — THE PLAY — PART II. In this section of a special three-part series, psychiatric patients at Hennepin County General Hospital participate in an actual psychodrama, conducted by James Ennels, Psychodramatist from St. Elizabeth's Hospital, Washington, D.C. The patients act out inner conflicts, impossible to express in their daily lives, and the reactions of the other patients in the audience are shown.

(29 minutes).

2701130

PSYCHODRAMA — THE CRITIQUE — PART III. Members of the medical and nursing staffs discuss their impressions after having observed and participated in a psychodrama. Conducting the critique is James Ennels, Supervisory Psychodramatist, St. Elizabeth's Hospital, Washington, D.C. (14 minutes). **2701231**

SKELETAL TRACTION — THE TEAM APPROACH — PART I — ADMISSION AND EMERGENCY CARE. The emergency management of a fractured femur is demonstrated by William McCloud, M.D., Resident in Orthopedic Surgery, Ohio State University Center for Continuing Medical Education, for his departmental team, which includes an R.N., orthopedic orderly, physiotherapist, and occupational therapist. Discussing the rationale for the procedures, he reviews the structure of the femur and the surrounding muscles and how the anatomy and type of fracture dictate the appropriate management. (25 minutes). **2701332**

SKELETAL TRACTION — THE TEAM APPROACH — PART II — IN TRACTION. How the patient in traction benefits from the attention of a well-organized team of specialists is demonstrated by William McCloud, M.D., Resident in Orthopedic Surgery, Ohio State University Center for Continuing Medical Education, and a departmental team caring for a patient with a fractured femur.

The occupational therapist helps the patient to adjust to the discomfort and anxiety of prolonged hospitalization and to prepare for limitations of activity during home convalescence. The physiotherapist shows the kinds of exercises best suited to the patient in leg traction. The orthopedic nurse evaluates the patient's condition; particularly skin color, circulation in the fractured leg, and any signs of infection. The importance of hygiene is stressed as she demonstrates the proper method for bathing the patient in skeletal traction. (24 minutes). **2701433**

STROKE — FOCUS ON INDEPENDENCE. Helping the stroke patient to become self-sufficient poses a challenge to the nurse in the general hospital. Elizabeth Pliskoff, R.N., works with stroke patients at Good Samaritan Hospital in Phoenix, Arizona, and demonstrates how patients can be taught self-exercise, feeding themselves, and the nature of their illness.

(30 minutes).

2701028

THE CLINICAL NURSING SPECIALIST. This new approach frees the nurse from a structural assignment and allows her to work anytime and anywhere in the hospital, depending on the status of her patient. She follows the patient from admission through post-operative care and is trained to deal with emotional and cultural factors as well as the physical and medical requirements of her patient. Presenting this concept are Miss Laura L. Simms, R.N., Department Head of Surgical Nursing, and Miss Virginia Dericks, R.N., Clinical Nursing Specialist and Associate Professor of Nursing Education, Cornell University, New York Hospital.

(30 minutes).

2702002

THE HEAD NURSE — HER ROLE AS A CLINICAL RESOURCE PERSON. The head nurse can serve as a key person in creating a therapeutic environment for patient care. As a clinical resource person, she creates a setting of continuing education and communication within the hospital. Miss Grace Davidson, Director of Nursing, New York University Medical Center, illustrates the role of the head nurse in giving priority and focus to individual nursing care, problem solving, and the needs of patients. The point is made that the head nurse, in guiding her staff to initiate and obtain goals of nursing care, must rely on self-perception, a philosophy of nursing, and her hospital's organizational structure.

(26 minutes).

2701814

THE IMPACT OF TECHNOLOGY IN THE NURSING PROFESSION — Program 2. "Nursing Aspects of Constant Coronary Care Units — Part I." A discussion and demonstration of modern electronic equipment including the EKG monitor and defibrillator — from the nurse's point of view. With Diane Eddy, R.N., Head Nurse, Constant Coronary Care Unit, Fairview General Hospital, Cleveland, Ohio. (22 minutes).

2700309

THE IMPACT OF TECHNOLOGY IN THE NURSING PROFESSION — Program 3. "Nursing Aspects of Constant Coronary Care Units — Part II." A presentation of the nurse's duties and responsibilities in a constant coronary monitoring unit — from the time of patient admission to transfer to the "step down unit" to "patient education at discharge." With Diane Eddy, R.N., Head Nurse, Constant Coronary Care Unit, Fairview General Hospital, Cleveland, Ohio.

(19 minutes).

2700410

THE IMPACT OF TECHNOLOGY IN THE OPERATING ROOM — "CRYOSURGERY." Dorothy Paulson, R.N., Operating Room Supervisor, and Patricia Partridge, R.N., St. Barnabas Medical Center, Livingston, New Jersey, discuss the technological changes now taking place in the operating room and explain the nurse's responsibilities for cryosurgical equipment during both setup and surgery. Gerald Fonda, M.D., Director, Ophthalmology Division, demonstrates cataract cryosurgery and Sidney Lefkovic, Chief, Section of Obstetrics and Gynecology, shows how cryosurgery is utilized in a gynecologic procedure.

(36 minutes).

2700117

THE NURSE — HER EXPANDED ROLE IN CHILD CARE. Nurses can provide comprehensive well-child care and identify, appraise and temporarily manage some acute and chronic childhood conditions.

Henry K. Silver, M.D., Professor of Pediatrics, University of Colorado Medical Center, describes how the Pediatric Nurse-Practitioner Program at Colorado prepares nurses to assume this increased role in total child health care. Developed with the cooperation of Loretta C. Ford, R.N., Ed.D., Department of Nursing, the program has resulted in a realignment of functions performed by physicians and nurses so that each can assume those aspects of child care he can perform best. The result is improved patient care and more effective use of the skills and time of both physicians and nurse.

(21 minutes).

2701826

THE NURSING TEAM CONFERENCE — PART I. A concise explanation of the theory and makeup of the nursing team conference, utilizing an actual team conference to illustrate the principles involved. Participants include Eleanor C. Lambertsen, R. N., Ed.D., Professor of Nursing Education and Director, Division of Nursing Education, Teachers College, Columbia University; Ellen Fahy, R.N., Ed.D., Associate Professor of Nursing Education, Teachers College, Columbia University; Barbara Friedman, R.N., Team Leader, and members of the Mount Sinai Hospital Nursing staff. (30 minutes).

2700421

THE NURSING TEAM CONFERENCE — PART II. "Practice" demonstrates how the nursing team conference operates to provide a working tool for greatly improved patient care. Participants include Eleanor C. Lambertsen, R.N., Ed.D., Professor of Nursing Education, Teachers College, Columbia University; Ellen Fahy, R.N., Ed.D., Associate Professor of Nursing Education, Teachers College, Columbia University; Barbara Friedman, R.N., Team Leader, and members of the Mount Sinai Hospital Nursing Staff.

(30 minutes).

2700522

THE PROBLEM-ORIENTED MEDICAL RECORD. with Paul Y. Ertel, M.D., Associate Professor of Pediatrics, Ohio State University College of Medicine, Columbus, Ohio. This Special Workshop offers a comprehensive picture of what physicians and other health professionals need to know to initiate and maintain Problem-Oriented Medical Records. This unique interactive Workshop combines television instruction and workbooks which include POMR forms for the participants to use as they work along with the videotape. Please inquire for special rental information. (50 minutes) (in color) **2800048**

THE USE OF COMPUTERS IN A GENERAL HOSPITAL. Dean J. Clyde, Ph.D., Director of the Bio-Metrics Laboratory at the University of Miami, demonstrates and discusses how a computer records patient history and retrieves the data, monitors various aspects of the patient's condition, and performs bookkeeping. This use of computers in a general hospital frees nurses, paramedical personnel, and administrators for more effective use of skills and time. (15 minutes). **2700906**

UNIT DOSE. A revised system of dispensing drugs in the hospital — transferring certain responsibilities from the nursing staff to the pharmacy — has been implemented at the University of Kentucky Medical Center. By way of comparison, the system of drug distribution currently practiced in most hospitals is reviewed, emphasizing those places where errors are most likely to occur. Revising such a system requires, of course, that a number of modifications be made in equipment and packaging; how these alterations have been made and integrated into the new system at the University is demonstrated. (30 minutes). **2701005**

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NUTRITIONAL AND METABOLIC DISORDERS

ACID-BASE IMBALANCE: THREE PROGRAMS. "For decades, acid-base metabolism with its cabalistic terminology has intrigued and, incidentally, terrorized many clinicians. Actually, the whole subject of acid-base metabolism and its clinical application is just another facet of medical science that, once understood, presents itself in a straightforward, logical manner . . ." Hugh J. Carroll, M.D.

The following three programs were produced in cooperation with the Office of Continuing Education of the State University of New York, Downstate Medical Center, Brooklyn, New York.

ACID-BASE IMBALANCE: PATHOGENESIS, with Hugh J. Carroll, M.D., Associate Professor of Medicine, Director of the Electrolyte and Hypertension Section, Department of Medicine, Downstate Medical Center. A presentation of the primary disturbances in metabolic and respiratory acid-base imbalances, their mechanisms of compensation, and the clinical situations in which they may occur. (22 minutes) (in color) **0122444**

ACID-BASE IMBALANCE: RECOGNITION AND MANAGEMENT, with Hugh J. Carroll, M.D., Associate Professor of Medicine, Director of the Electrolyte and Hypertension Section, Department of Medicine, Downstate Medical Center. When blood gases and other clinical studies confirm the presence of an acid-base disturbance, it is the physician's part to reverse the imbalance directly or to treat the underlying disease so that the patient's own corrective mechanisms can restore the normal state. (15 minutes) (in color) **0122445**

KETOTIC AND NONKETOTIC COMA: MECHANISMS AND TREATMENT, with Hugh J. Carroll, M.D., Associate Professor of Medicine, Director of the Electrolyte and Hypertension Section, Department of Medicine, Downstate Medical Center. Pathophysiology, diagnosis, and management in diabetic ketoacidosis and hyperosmolar, hyperglycemic, nonketotic coma. (18 minutes) (in color) **1122406**

ADULT DIABETES: OUTGUESSING THE NEXT 24 HOURS, with Leo P. Krall, M.D., Director, Education Division, and Lecturer in Medicine, Joslin Diabetes Foundation, Inc., and New England Deaconess Hospital, and Lecturer, Harvard Medical School, Boston. Management of diabetes mellitus starts with defining treatment goals and understanding why they are often difficult to obtain. Dr. Krall discusses the general management of different types of patients. This program was produced with the cooperation of the Council on Scientific Assembly of the American Medical Association. (25 minutes) (in color) **0123046**

CAN YOU TREAT OBESITY IN CHILDREN? with Platon J. Collipp, M.D., Chief Pediatrician, Nassau County Medical Center, and Professor of Pediatrics, State University of New York, Stony Brook, Long Island, N.Y.

Long-standing obesity, a health hazard in later life, can be stemmed in childhood and adolescence. Dr. Collipp shows how diet, group treatment, challenge and support have successfully removed "60 tons of Long Island baby fat."

(18 minutes) (in color)

0318076

CURRENT MANAGEMENT OF THE ADULT DIABETIC, with Peter H. Forsham, M.D., Director of Metabolic Research Unit, University of California School of Medicine, San Francisco.

Dr. Forsham outlines the treatment of adult diabetes. In addition to explaining his use of diet and insulin therapy, he thoroughly examines the oral hypoglycemic agents, including phenformin hydrochloride and the sulfonylureas, explaining how they work, their side-effects, and the most effective regimen.

(22 minutes) (in color)

0316673

THE DIABETES PUZZLE: A PRACTICAL APPROACH, with Rachmiel Levine, M.D., Professor and Chairman of the Department of Medicine at New York Medical College in New York City.

Most of the three million cases of diabetes in the U.S. are considered mild from the metabolic viewpoint. However, because of the link to many forms of cardiovascular, renal and other diseases it becomes important to discover and treat the mild forms. Dr. Levine describes the classical symptoms of diabetes and when to suspect the disease in the absence of the typical signs. He classifies therapy, relates diabetes to other diseases and describes its pathogenesis and inherited factors. (17 minutes) **0410805**

THE DIABETIC IN COMA/BRITTLE DIABETES/ THE YOUNG DIABETIC, with Rachmiel Levine, M.D., Professor and Chairman of the Department of Medicine at New York Medical College in New York City.

Coma may occur in a person with diabetes for the same reasons as it would occur in the non-diabetic. For that reason it is important to differentiate between the two comas. Dr. Levine describes ketoacidosis, hyperglycemic coma, lactic acidosis, hypoglycemia. Dr. Levine also discusses "brittle" diabetes and the prognosis of childhood diabetes. (20 minutes) **0410904**

HYPERCALCEMIA: A DIFFERENTIAL DIAGNOSIS, with John T. Potts, Jr., M.D., Chief of Endocrinology, Massachusetts General Hospital, and Associate Professor of Medicine, Harvard Medical School, Boston, Massachusetts. Hypercalcemia can be a life-threatening situation. Dr. Potts will show how a diagnosis of hypercalcemia can be established, and what action can be taken for the various possible causes.

(16 minutes) (in color)

0813218

RECOGNIZING ROLES IN JUVENILE DIABETES, with Donnell D. Etzwiler, M.D., Director, Diabetes Education Center, and Pediatrician, St. Louis Park Medical Center, Minneapolis. A pediatrician gives guidelines for early diagnosis and management of juvenile diabetes and shows which responsibilities of good control should be assigned to physician, health professional, and patient. This presentation was produced with the cooperation of the Council on Scientific Assembly of the American Medical Association.

(16 minutes) (in color)

1822934

SOME ORGANIC CAUSES OF CHILDHOOD OBESITY, with Platon J. Collipp, M.D., Chief of Pediatrics, Nassau County Medical Center, and Professor of Pediatrics, State University of New York, Stony Brook, Long Island, N.Y. Don't discount "glandular" causes of obesity without a long, hard look. Dr. Collipp presents patients with the more common of these rare diseases associated with overweight.

(15 minutes) (in color)

1518209

TREATMENT OF INSULIN-DEFICIENT DIABETES, with Peter H. Forsham, M.D., Director, Metabolic Research Unit, University of California School of Medicine, San Francisco. Insulin has been available for 50 years, but its use in diabetic therapy can be improved. To achieve better results, says Dr. Forsham, physicians must simulate as closely as possible the release of insulin by normal persons. (21 minutes) (in color) **2016427**

OBSTETRICS AND GYNECOLOGY

AFTER THE SPONTANEOUS ABORTION: COUNSELING BY THE FAMILY PHYSICIAN, with William C. Rigsby, M.D., Assistant Professor, Department of Obstetrics and Gynecology, and Adolph Hass, M.D., Clinical Associate Professor, Department of Psychiatry, Ohio State University School of Medicine. Using an actual case of spontaneous abortion in a much wanted pregnancy, Drs. Rigsby and Hass — and the patient in question—delineate areas in which the physician can support and reassure his patient in the time of crisis.

(19 minutes) (in color)

0116129

ALCOHOL IN PREVENTION OF PREMATURE DELIVERY. The premature baby is generally better off in utero than he would be if born. Fritz Fuchs, M.D., Professor of Obstetrics and Gynecology, Cornell Medical College, and Anna-Riitta Fuchs, Research Associate, The Population Council, describe how the infusion of alcohol can be used to delay premature delivery.

(20 minutes).

0106608

BIOMEDICAL ANALYSIS: SPEED, ACCURACY, SENSITIVITY

The uses of gas chromatography in the analysis of anesthetic effects, in blood studies and in obstetrics is shown by Harold B. White, Ph.D., Professor of Biochemistry; Leonard Fabian, M.D., Chairman, Department of Anesthesiology; and Winfred L. Wiser, M.D., Professor of Obstetrics and Gynecology, University of Mississippi Medical Center, Jackson, Miss.

(18 minutes).

0208405

THE BREAST EXAMINATION, with Angelo J. DePalo, M.D., Assistant Attending Surgeon, Memorial Hospital for Cancer and Allied Diseases, New York City. Earlier detection of breast tumors through a complete and simple breast exam. (21 minutes) (in color)

0219818

CESAREAN BIRTH

Delivery by Cesarean Section — with Stanley H. Tischler, M.D., Associate Obstetrician and Gynecologist of The Jewish Hospital of Brooklyn.

(8 minutes).

0303201

CLINICAL MANAGEMENT OF HUMAN REPRODUCTIVE PROBLEMS: PART I. Alvin F. Goldfarb, M.D., Assistant Professor of Obstetrics and Gynecology, Jefferson Medical College and Hospital, presents "Evaluating the Infertile Couple."

(19 minutes).

0303118

CLINICAL MANAGEMENT OF HUMAN REPRODUCTIVE PROBLEMS: PART II

"The Physio-Anatomic Basis of Fallopian Tube Function." The second program in a series — with Luigi Mastroianni, Jr., M.D., Professor of Obstetrics and Gynecology, University of Pennsylvania School of Medicine.

(17 minutes).

0303319

CLINICAL MANAGEMENT OF HUMAN REPRODUCTIVE PROBLEMS: PART III

"Tubal Factor Treatment." Correcting distortion of the tubal ovarian relationships. With Celso-Ramon Garcia, M.D., Associate Professor of Obstetrics and Gynecology, University of Pennsylvania School of Medicine.

(16 minutes).

0303620

CLINICAL MANAGEMENT OF HUMAN REPRODUCTIVE PROBLEMS: PART IV

"The Cervix in Infertility." Evaluation of the cervical factor in cases of female infertility — with Kamran S. Moghissi, M.D., Associate Professor of Obstetrics and Gynecology, Wayne State University School of Medicine.

(17 minutes).

0304421

CLINICAL MANAGEMENT OF HUMAN REPRODUCTIVE PROBLEMS: PART V

"New Research," a discussion and demonstration of the use of frozen sperm for artificial insemination; immunologic aspects of infertility; and new laparoscopic techniques.

(18 minutes).

0304622

CLINICAL MANAGEMENT OF HUMAN REPRODUCTIVE PROBLEMS: PART VI—INDICES OF OVULATION

The tests which are available to determine the absence or occurrence of ovulation are described by Howard Balin, M. D., Chief, Gynecic Research Unit, Pennsylvania Hospital, Philadelphia.

(26 minutes).

0304923

CLINICAL MANAGEMENT OF HUMAN REPRODUCTIVE PROBLEMS — PART VII — INDUCTION OF OVULATION. The several methods available for treating the anovulatory, infertile female are evaluated by Alvin F. Goldfarb, M.D., Assistant Professor of Obstetrics and Gynecology, and Abraham E. Rakoff, M.D., Professor of Obstetrics and Gynecology, Jefferson Medical College and Hospital, and Howard Balin, M.D., Chief, Gynecic Research Unit, Pennsylvania Hospital. (15 minutes).

0305024

CLINICAL MANAGEMENT OF HUMAN REPRODUCTIVE PROBLEMS — FINAL PROGRAM — THE SUMMATION. Alvin F. Goldfarb, M.D., Assistant Professor of Obstetrics and Gynecology, Jefferson Medical College and Hospital, presents a review and a summation of the seven programs in the series on human reproductive problems. (20 minutes).

0305325

COUNSELING FOR VOLUNTARY STERILIZATION: TUBAL LIGATION, with Ronald J. Pion, M.D., Associate Professor of Obstetrics and Gynecology, University of Washington, Seattle.

Sterilization as a form of birth control was rarely performed in this country. Now it is increasing with growing concern toward "the pill," increasing interest in overpopulation and changing sexual attitudes. Dr. Pion is seen with several couples who have decided on sterilization for the wife, and their reasons and attitudes are explored. (17 minutes) (in color) **0312352**

COUNSELING THE CANDIDATE FOR ABORTION, with Ronald J. Pion, M.D., Associate Professor of Obstetrics and Gynecology, and Director of Division of Family Planning, University of Washington School of Medicine, Seattle.

Dr. Pion interviews 3 patients. In each conversation, he concentrates on providing the patient seeking a termination to her pregnancy with options and alternatives to reach a rational decision to her crisis. (17 minutes) (in color) **0312454**

COUNSELING THE POST-ABORTION PATIENT, with Ronald J. Pion, M.D., Associate Professor, Department of Obstetrics and Gynecology, and Director of the Division of Family Planning; and Nathaniel N. Wagner, Ph.D., Associate Professor of Psychiatry and Obstetrics and Gynecology, both from the University of Washington School of Medicine, Seattle, Washington.

Post-abortion patients are interviewed in an attempt to show physicians the opportunities that exist for helping patients beyond a period of crisis. (18 minutes) (in color) **0312555**

CRYOSURGERY

A demonstration of the treatment of chronic endocervicitis with cryosurgery, and a discussion of its advantages in other gynecologic procedures. With Sidney Lefkovich, M.D., Chief, Section of Obstetrics and Gynecology, St. Barnabas Hospital, Livingston, New Jersey. (16 minutes). **0303556**

DIAGNOSTIC ULTRASOUND—PART II—CLINICAL ULTRASONOGRAPHY IN OBSTETRICS AND GYNECOLOGY. The use of sound waves to monitor the fetus in utero is illustrated by Horace E. Thompson, M.D., Associate Professor of Obstetrics and Gynecology, University of Colorado Medical Center, Denver, Colorado. (16 minutes). **0408211**

DIFFERENTIAL DIAGNOSIS OF EARLY CERVICAL LESIONS, with Albert B. Lorincz, M.D., Professor of Obstetrics and Gynecology; George L. Weid, M.D., Professor of Obstetrics and Gynecology and Director of the School of Cytotechnology; and Lester D. O'Dell, M.D., Clinical Associate in Obstetrics and Gynecology. All are affiliated with the University of Chicago Pritzker School of Medicine and the Chicago Lying-In Hospital.

These three physicians resolve some of the problems of evaluating borderline cervical smears and offer guidance to the timeliness of surgery. They also discuss colposcopy and offer alternatives to the physician who does not have access to a colposcope. (19 minutes) (in color) **0410816**

DIFFERENTIAL DIAGNOSIS OF PELVIC INFLAMMATORY DISEASE, with Charles H. Debrovner, M.D., Director of Obstetrics and Gynecology, French and Polyclinic Medical School and Medical Center, New York City. The acute abdomen as seen from the special viewpoint of an expert on pelvic inflammatory processes. (20 minutes) (in color) **0421556**

EGG TRANSPORT IN MAMMALS, with Richard J. Blandau, M.D., Professor of Biological Structures, University of Washington School of Medicine. Discussion and cinemicrographic visualization of egg transport in rabbits, rats, and humans. (15 minutes). **0501404**

ENDOAMNIOSCOPY: INSIDE THE FUTURE, with Carlo Valenti, M.D., Professor of Obstetrics and Gynecology, Downstate Medical Center of the State University of New York, Brooklyn. An experimental technique, demonstrated on this program, allows you to see the fetus and offers a host of therapeutic possibilities, from transfusion to correcting birth defects under direct vision, *in utero*. (9 minutes) (in color) **0518521**

EPIDURAL BLOCK. Utilization of this procedure on a patient about to undergo cesarean section is demonstrated by Irving M. Pallin, M.D., Director of Anesthesiology, The Jewish Hospital of Brooklyn, New York. (17 minutes). **0502911**

EXTRACORPOREAL CIRCULATION IN THE HUMAN PLACENTA, with Kermit Krantz, M.D., Professor of Obstetrics and Gynecology, University of Kansas School of Medicine. A presentation of human placenta research and some clinical applications. (24 minutes). **0501414**

FEEDBACK: SEX EDUCATION. The provocative subject of "Sex Education" is introduced by Alvin F. Goldfarb, M.D., Assistant Professor of Obstetrics and Gynecology, Jefferson Medical College and Hospital, Philadelphia. Participants in the panel are: Moderator: Hubert L. Allen, M.D., Instructor in Clinical Obstetrics and Gynecology, Washington University School of Medicine, St. Louis, Missouri. Clay Burchell, M.D., Associate Professor of Obstetrics and Gynecology, University of Illinois College of Medicine, Chicago. John W. Huffman, M.D., Professor of Obstetrics and Gynecology, Northwestern University Medical School, Chicago. Capt. James P. Semmens, MC, USN, Chief of Obstetrics and Gynecology, U.S. Naval Hospital, Oakland, California. Don W. Oakes, A.B., M.A., Director of Secondary Education, Hayward Unified School District, Hayward, California.

(50 minutes).

0604001

FITTING A DIAPHRAGM — ARE YOU MAKING ANY MISTAKES? with Alfred Tanz, M.D., Attending Physician in Obstetrics and Gynecology, Lenox Hill Hospital, and Assistant Clinical Professor of Obstetrics and Gynecology, New York Medical College, New York City. The failure rate with diaphragms is not always patient error, asserts Dr. Tanz who demonstrates proper fitting techniques and patient instructions.

(9 minutes) (in color)

0616916

GONORRHEA: ELUSIVE EPIDEMIC, with Frank M. Calia, M.D., Chief of Infectious Diseases, Loch Raven Veterans Administration Hospital, and Associate Professor of Medicine, University of Maryland School of Medicine, Baltimore, Maryland. An aggressive approach to this seemingly unbeatable venereal disease. Shows screening procedure for catching the silent carrier, and how to handle new oriental strains of GC.

(20 minutes) (in color)

0717417

HOW I DO A COMPLETE CERVICAL BIOPSY, with Ralph M. Richart, M.D., Director of Ob-Gyn Pathology, Columbia University College of Physicians and Surgeons, New York City. Dr. Richart demonstrates techniques for endocervical curettage and punch biopsy. He points out how to locate the transformation zone from which all punch biopsy specimens should be taken, thus avoiding any need to biopsy all four quadrants.

11 minutes (in color)

0816625

HOW I DO A PAP SMEAR, with Ralph Richart, M.D., Director of Ob-Gyn Pathology, Columbia University College of Physicians and Surgeons. Another in NCME's current series of demonstrations by experts of practical, day-to-day procedures in medicine. Dr. Richart outlines steps which will make taking a Pap smear more efficient and the results more reliable.

8 minutes (in color)

0816423

HOW I DO ELECTROCAUTERY OF THE CERVIX, with Ralph M. Richart, M.D., Director of Ob-Gyn Pathology, Columbia University College of Physicians and Surgeons, New York City. Dr. Richart demonstrates electrocoagulation of the cervix, points out the pitfalls to be avoided in performing the technique and presents advice on follow-up patient counseling.

(8 minutes) (in color)

0816726

HOW I INSERT AN IUD, with Alfred Tanz, M.D., Attending Physician in Obstetrics and Gynecology, Lenox Hill Hospital, and Assistant Clinical Professor of Obstetrics and Gynecology, New York Medical College, New York City. Indications and contraindications for the IUD are reviewed and the proper procedure for inserting the device is shown.

(10 minutes) (in color)

0817028

LAPAROSCOPIC STERILIZATION, with Thomas F. Dillon, M.D., Director of Obstetrics and Gynecology, Roosevelt Hospital, and Professor of Obstetrics and Gynecology, Columbia University College of Physicians and Surgeons, New York City. Endoscopic film sequences taken during laparoscopic tubal sterilization accompany a demonstration of the procedure.

(20 minutes) (in color)

1218817

LARGE SCALE PREGNANCY TESTING FOR THE '70s, with Elizabeth Connell, M.D., Associate Professor of Obstetrics and Gynecology, College of Physicians and Surgeons, Columbia University in New York, and Director, Family Life Services, International Institute for Study of Human Reproduction; Ralph W. Gause, M.D., Obstetrical Consultant, National Foundation-March of Dimes; and Donald P. Swartz, M.D., Clinical Professor of Obstetrics and Gynecology, College of Physicians and Surgeons and Director of Obstetrics and Gynecology, Harlem Hospital in New York. Three physicians demonstrate the ease of administration and reliability of new inexpensive pregnancy tests. The doctors also identify situations in which wider pregnancy testing may now be indicated, and consider issues raised by the simplicity and accessibility of pregnancy testing kits.

(19 minutes) (in color)

1213914

MANAGEMENT OF THE PATIENT WITH AN INTRAUTERINE DEVICE, with Don Sloan, M.D., Assistant Clinical Professor and Director, Division of Psychosomatic Medicine, Dept. of Obstetrics and Gynecology, New York Medical College. The intrauterine device is now established as a standard contraceptive option. By means of typical patient interviews, Dr. Sloan reviews indications for prescribing the IUD and outlines points to be made in counselling the patient at time of insertion.

(17 minutes) (in color)

1315645

THE MEDICAL MANAGEMENT OF METASTATIC BREAST CANCER, with Justin J. Stein, M.D., Professor of Radiology, UCLA School of Medicine, and a past President of the American Cancer Society. Advanced breast cancer: a bleak future for the patient and a difficult management problem for the physician. This program provides a step-by-step approach to improve the quality of survival for your patient.

(19 minutes) (in color)

1319953

NATURAL CHILDBIRTH: THE PHYSICIAN'S ROLE, with Alfred Tanz, M.D., obstetrician and gynecologist, Lenox Hill Hospital, and Assistant Clinical Professor of Obstetrics and Gynecology, New York Medical College, New York City. Far from relieving the physician of his responsibility in childbirth, this increasingly popular approach to labor and delivery emphasizes his role at the times he is really needed.

(15 minutes) (in color)

1418932

A NEW APPROACH TO THE PELVIC EXAM, with Philip Sarrel, M.D., Associate Professor of Obstetrics and Gynecology at the Yale University Medical School and Co-director of the Human Sexuality Program at Yale University, New Haven, Connecticut. A method is shown which will enable you to examine the "atypical" patient (the anxious, the arthritic, the obese, the bedridden) and which will also make your examination of the typical patient more comfortable and informative.

(19 minutes) (in color)

1420735

NEW GENETIC COUNSELING FOR THE '70s, with Carlo Valenti, M.D., Associate Professor, Department of Obstetrics and Gynecology, Downstate Medical Center in Brooklyn, New York.

New uses in amniocentesis give the physician greater opportunities for genetic counseling. Dr. Valenti shows how the procedure can be used to define chromosomal aberrations, effects of drugs—specifically LSD—and how it can be employed to identify sex and define fetal maturity.

(17 minutes) (in color)

1410806

NEW TECHNIQUES IN AMNIOCENTESIS, with Carlo Valenti, M.D., Associate Professor, Department of Obstetrics and Gynecology, State University of New York, Downstate Medical Center in Brooklyn, New York.

Removing amniotic fluid from a pregnant woman to determine Rh abnormalities is one of the major advances in obstetrics and gynecology during the past 10 years. Amniocentesis is now successfully used at early stages of pregnancy to predict other fetal anomalies. The procedure, with sonograms and instruments, is illustrated in detail.

(16 minutes) (in color)

1410728

OFFICE APPROACH TO DELAYED MENARCHE, with Paul G. McDonough, M.D., Associate Professor of Obstetrics and Gynecology, and Chief of the Reproductive-Endocrine-Genetics Unit, the Medical College of Georgia, Augusta, Georgia. The office management of delayed menarche carries with it physical or psychiatric hazard. Dr. McDonough demonstrates how to avoid pitfalls in anatomic and endocrine amenorrhea, and gives advice on handling the "late bloomer" and her mother.

(15 minutes) (in color)

1515507

PEDIATRIC GYNECOLOGY. John W. Huffman, M.D., Professor of Obstetrics and Gynecology, Northwestern University Medical School, and Dorothy M. Barbo, M.D., Instructor of Obstetrics and Gynecology, Marquette University School of Medicine, discuss obstetric problems in children and demonstrate special instruments made for the young patient.

(15 minutes)

1601405

THE PILL AND THE INFORMED PATIENT, with Louis M. Hellman, M.D., Deputy Assistant Secretary for Population Affairs, U. S. Department of Health, Education and Welfare, Washington, D. C., Professor and Chairman Emeritus, Department of Obstetrics and Gynecology, State University of New York Downstate Medical Center, in New York City. An update on oral contraceptives and how to counsel patients for informed consent. Dr. Hellman interviews a healthy young patient, beginning contraception, and an older patient with complications related to oral contraceptive drugs. This program is presented as part of the American Society for Clinical Pharmacology and Therapeutics Drug Spotlight Program.

(29 minutes) (in color)

1623450

PRENATAL DIAGNOSIS OF HEREDITARY DISORDERS, with Carlo Valenti, M.D., Professor of Obstetrics and Gynecology, State University of New York, Downstate Medical Center, Brooklyn, New York. A practical look at the indications for amniocentesis. Dr. Valenti demonstrates the procedure, which many primary care physicians are performing themselves.

(21 minutes) (in color)

1617942

RESPIRATORY DISTRESS IN THE NEWBORN: MEDICAL CONDITIONS, with Alexander J. Schaffer, M.D., Associate Professor Emeritus of Pediatrics, Johns Hopkins University School of Medicine, and Assistant Commissioner of Health of the City of Baltimore, Md. Indications of respiratory distress in the newborn can be detected prior to labor, in labor and in delivery. The alerting signs are clearly illustrated. Dr. Schaffer also summarizes the general principles of treatment.

(22 minutes) (in color)

1810415

RH DISEASE — PART I — PREVENTION. Anti D gamma globulin, an antigen which has proved successful in preventing Rh sensitization in pregnant women, is described by Edward T. Bowe, M.D., Instructor, Obstetrics and Gynecology, College of Physicians and Surgeons, Columbia University, New York.

(15 minutes).

1805618

RH DISEASE — PART II — MANAGEMENT — AMNIOCENTESIS. Edward T. Bowe, M.D., Instructor, Obstetrics and Gynecology, College of Physicians and Surgeons, Columbia University, discusses the etiology, incidence, and diagnosis of Rh immunization, with particular emphasis on the usefulness of amniocentesis in management of the disease. (15 minutes) **1805719**

RH DISEASE — PART III — MANAGEMENT — INTRAUTERINE TRANSFUSION. The intraperitoneal infusion of O neg. red cells to an Rh positive fetus is "not an occasional procedure" and demands an obstetric team skilled in the technique, according to Edward T. Bowe, M.D., Instructor, Obstetrics and Gynecology, College of Physicians and Surgeons, Columbia University. The intrauterine procedure is demonstrated in this telecast, and Dr. Bowe also covers the criteria for selecting patients, the risk to the fetus, and the over-all rates of success of the procedure compiled from several U.S. hospitals. (10 minutes).

1805820

RUBELLA. Albert McKee, M.D., Department of Microbiology, University of Iowa School of Medicine, discusses the isolation of the rubella virus and the problems that the disease causes in pregnancy. (25 minutes) **2800002**

SEX IN AGING AND DISEASE. with Philip A. Sarrel, M.D., Associate Professor of Obstetrics and Gynecology at Yale University Medical School; and Lorna Sarrel, Co-Director of the Human Sexuality Program at the Yale University Student Mental Hygiene Department in New Haven, Connecticut. Sexual development of healthy aging persons, as well as patients with the more common geriatric disorders, is discussed. (19 minutes) (in color) **1921438**

TECHNIQUES OF FETAL MONITORING. Pointing up the need for a more rational approach to the management of fetal distress, Edward T. Bowe, M.D., Assistant Professor of Obstetrics and Gynecology, and John C. Sinclair, M.D., Assistant Professor of Pediatrics, Columbia Presbyterian Medical Center, New York, demonstrate a special test for mothers and babies at risk.

(18 minutes).

2008003

THE LACTATING MOTHER. with J. Douglas Veach, M.D., Clinical Instructor, Department of Obstetrics and Gynecology; Willard B. Fernold, M.D., Clinical Associate Professor of Pediatrics; James G. Good, M.D., Clinical Instructor, Department of Preventive Medicine, all of Ohio State University College of Medicine, Columbus. How and when to acquaint expectant mothers with the rationale for breast-feeding; demonstration of proper care of the breasts before and after baby has begun to nurse; diagnosis and treatment of infection in the lactating breast.

(16 minutes) (in color)

1215815

THE PILL: CLINICAL ASPECTS. Perhaps no other group of drugs has elicited such continuing concern on the part of physicians and patients as have the oral contraceptives. In this presentation, all available data on the organic effects of the pill are brought together by Celso Ramon Garcia, M.D., Professor of Obstetrics and Gynecology, Edward E. Wallach, M.D., Assistant Professor of Obstetrics and Gynecology, and Harold I. Lief, M.D., Professor of Psychiatry, University of Pennsylvania School of Medicine. In spite of possible risks associated with the pill, they point out that physicians must consider it in the light of fear of pregnancy, of unwanted pregnancy or of illegal abortion.

(21 minutes).

1607517

THE PILL: COUNSELING FOR AND AGAINST ITS USE. with Don Sloan, M.D., Assistant Clinical Professor and Director, Division of Psychosomatic Medicine, Department of Obstetrics and Gynecology, New York Medical College, New York, N.Y. One patient wants the pill and shouldn't have it, another wants an I.U.D. but should use the pill. Dr. Sloan, in interviews with teaching-assistant "patients," demonstrates how to obtain relevant information about medical history and sexual activity, and how to steer the patient toward the appropriate contraceptive.

(15 minutes) (in color)

1615739

TREATING THE INFERTILE COUPLE: INITIAL WORKUP AND DETERMINATION OF OVULATION. with Melvin R. Cohen, M.D., of the Michael Reese Hospital and Medical Center and the Chicago Fertility Institute, Chicago, Ill. Dr. Cohen conducts an interview with an infertile couple to demonstrate the gathering of a marital and medical history, to ascertain abnormalities in the wife and to determine the fertility of the husband.

(16 minutes) (in color)

2013220

TREATING THE INFERTILE COUPLE: DIFFICULT DIAGNOSES AND MANAGEMENT, with Melvin R. Cohen, M.D., of the Michael Reese Hospital and Medical Center and the Chicago Fertility Institute, Chicago, Ill. When medical and marital histories, interviews and fertility tests fail to reveal the reasons for infertility, a series of sophisticated tests can be performed. Such techniques as the Rubin Gas Test or hysterosalpingography, culdoscopy and laparoscopy are among those that Dr. Cohen describes during this program. (17 minutes) (in color) **2013821**

THE VAGINA AND FEMALE SEXUAL DYSFUNCTION, with Philip A. Sarrel, M.D., Associate Professor of Obstetrics and Gynecology at Yale University Medical School; and Lorna Sarrel, Co-Director of the Human Sexuality Program at the Yale University Student Mental Hygiene Department, in New Haven, Connecticut. Vaginitis and the resulting vaginismus are diagnosed and treated. Medical and sex-counseling protocols are set forth. (18 minutes) (in color) **222802**

WHAT MAMMOGRAPHY CAN TELL YOU, with Ruth Snyder, M.D., Associate Radiologist, Memorial Sloan-Kettering Cancer Center, and Clinical Assistant Professor of Radiology, Cornell University Medical Center, New York City. Mammography detects early cancerous changes in the breast: should it be done as routinely as a Pap smear? Dr. Snyder explains the indications and demonstrates what the technique reveals. (17 minutes) (in color) **2318007**

WHO SPEAKS FOR THE BABY? A baby is born mongoloid, with a defective heart and duodenal atresia. The parents, with three other children at home, ask that lifesaving intestinal surgery not be performed. The pediatrician, trained to preserve life, seeks a court order to operate. Is such a decision within the physician's province? Should this child live or die? A presentation by physicians and medical students of points of view on infant euthanasia. (20 minutes) (in color) **SAMA 2810352**

ONCOLOGY

ACUTE MYELOGENOUS LEUKEMIA: THE DIAGNOSIS, with Monroe Dowling, Jr., M.D., Assistant Attending Physician, Hematology Service, Memorial Sloan-Kettering Cancer Center, New York City. Tips for making an earlier diagnosis in patients suspected of having acute leukemia. (13 minutes) (in color) **0121941**

ACUTE MYELOGENOUS LEUKEMIA: THE TREATMENT, with Monroe Dowling, Jr., M.D., Assistant Attending Physician, Hematology Service, Memorial Sloan-Kettering Cancer Center, New York City. Treating the patient with acute leukemia can be difficult and dangerous. To enable you to handle your patients more safely, Doctor Dowling outlines the principles and precautions of the management of this disease. (21 minutes) (in color) **0121942**

BONE NEOPLASMS IN CHILDREN: EARLY DETECTION, with Joseph H. Kushner, M.D., pediatrician and Co-Chairman of the Department of Pediatric Oncology, University of California, San Francisco. Three symptomatic patients. Is the lesion benign or malignant? Here, concisely, are keys to accurate—and early—diagnosis. (17 minutes) (in color) **0223520**

THE BREAST EXAMINATION, with Angelo J. DePalo, M.D., Assistant Attending Surgeon, Memorial Hospital for Cancer and Allied Diseases, New York City. Earlier detection of breast tumors through a complete and simple breast exam. (21 minutes) (in color) **0219818**

CANCER MANAGEMENT: THE FUTURE OF CEA, with E. Douglas Holyoke, M.D., Chief of the General Surgery Service at Roswell Park Hospital, Buffalo, N. Y., interviewed by Alan L. Goldberg, M.D., family physician in private practice in the Bronx, N. Y. A look at the possible future of carcinoembryonic antigen as a diagnostic aid, a prognostic indicator, and as a monitoring test for patients with cancer. Dr. Holyoke uses case histories to illustrate the various uses of the antigen. (18 minutes) (in color) **0317875**

CONVERSATION WITH GEORGES MATHÉ: BONE-MARROW TRANSPLANT, with Professor Georges Mathé, Directeur, Institut de Cancérologie et d'Immunogénétique, Hôpital Paul-Brousse, Villejuif, France; and Ernest H. Rosenbaum, M.D., Director, Medical Cancer Service, and Director, Immunological Research of Mt. Zion Hospital in San Francisco. Prof. Mathé will offer the current indications for successful marrow transplantation. Prof. Mathé performed the first successful bone-marrow transplantation in man in 1958. (13 minutes) **0313062**

CONVERSATION WITH GEORGES MATHÉ: CANCER CHEMOTHERAPY, with Professeur Georges Mathé, Directeur, Institut de Cancérologie et d'Immunogénétique, Hôpital Paul-Brousse, Villejuif, France; and Ernest H. Rosenbaum, M.D., Director, Medical Cancer Service, and Director, Immunological Research of Mt. Zion Hospital, San Francisco. Professor Mathé, who is one of the pioneers in the field, concisely sets forth an approach to understanding the relatively new modality of cancer chemotherapy. (17 minutes) **0315271**

CONVERSATION WITH GEORGES MATHÉ: IMMUNOLOGICAL APPROACH TO THE TREATMENT OF LEUKEMIA, with Professor Georges Mathé, Director, Institut de Cancérologie et d'Immunogénétique, Hôpital Paul-Brousse, Villejuif, France; and Ernest H. Rosenbaum, M.D., Director Medical Cancer Service, and Director, Immunological Research of Mt. Zion Hospital in San Francisco.

NCME has videotaped several hours of candid conversation with French professor Georges Mathé, noted for his innovations in treating leukemia. Professor Mathé describes how his active immunotherapy differs from conventional leukemic therapy. (17 minutes). **0312948**

CONVERSATION WITH GEORGES MATHÉ: TREATMENT OF HODGKIN'S DISEASE, with Professor Georges Mathé, Director, Institut de Cancérologie et d'Immunogénétique, Hôpital Paul-Brousse, Villejuif, France; and Ernest H. Rosenbaum, M.D., Director, Medical Cancer Service, and Director, Immunological Research of Mt. Zion Hospital in San Francisco. Prof. Mathé, known internationally for his work in cancer therapy, offers a candid view of current treatment of Hodgkin's Disease. (13 minutes). **0313966**

CURRENT DIAGNOSTIC AND TREATMENT PROBLEMS IN THYROID DISEASE, with Gerald Burke, M.D., Department of Medicine; Leslie J. DeGroot, M.D., Department of Medicine; Alexander Gottschalk, M.D., Department of Radiology; Edward Paloyan, M.D., Department of Surgery; and Samuel Refetoff, M.D., Department of Medicine, all of the Pritzker School of Medicine of the University of Chicago. In a clinic setting, the panelists discuss diagnostic and therapeutic problems including management of possible thyroid carcinoma, clinical thyrotoxicosis with "normal" lab data, exophthalmos, and congenital goiter. Clinical physiology and related research are emphasized. A Television Clinic of the American College of Physicians, 1973. Please inquire for special rental information. (60 minutes) (in color) **ACP 2827366**

CUTANEOUS SIGNS OF INTERNAL MALIGNANCY, with Irwin M. Braverman, M.D., Professor of Dermatology, Yale University School of Medicine, New Haven, Connecticut.

The signs can help—if you can read them. A dermatologist demonstrates the workup for a patient with a suspected underlying malignancy. (16 minutes) (in color) **0323586**

DIAGNOSING COMMON SMALL SKIN LESIONS, with Robert Auerbach, M.D., Assistant Clinical Professor of Dermatology, New York University School of Medicine, New York City. Before the biopsy Dr. Auerbach shows you the subtle clinical differences between nevi and melanomas, and helps you sort out benign seborrheic keratoses, pre-malignant keratoses, and carcinoma. (16 minutes) (in color) **0418345**

DIAGNOSIS OF OCCULT INTRA-ABDOMINAL NEOPLASMS, with Herbert B. Greenlee, M.D., Department of Surgery, Loyola University of Chicago, Stritch School of Medicine, Maywood, Ill.; and Veterans Administration Hospital, Hines, Ill.; Erwin M. Kammerling, M.D., Department of Medicine, University of Health Sciences, The Chicago Medical School, and Louis Weiss Memorial Hospital, Chicago; Sumner C. Kraft, M.D., Department of Medicine, University of Chicago; and Armand Littman, M.D., Department of Medicine, University of Illinois, College of Medicine, Chicago, and Veterans Administration Hospital, Hines, Ill. The panel presents cases illustrating some of the difficulties and solutions involved in tracking down a diagnosis of intra-abdominal neoplasms. Emphasis is given to the tests (some old, some new, some under-utilized) which are helpful in deciding to perform exploratory laparotomy. A Television Clinic of the American College of Physicians, 1973. Please inquire for special rental information. (60 minutes) (in color) **ACP 2847368**

DIFFERENTIAL DIAGNOSIS OF EARLY CERVICAL LESIONS, with Albert B. Lorincz, M.D., Professor of Obstetrics and Gynecology; George L. Weid, M.D., Professor of Obstetrics and Gynecology and Director of the School of Cytopathology; and Lester D. O'Dell, M.D., Clinical Associate in Obstetrics and Gynecology. All are affiliated with the University of Chicago Pritzker School of Medicine and the Chicago Lying-In Hospital.

These three physicians resolve some of the problems of evaluating borderline cervical smears and offer guidance to the timeliness of surgery. They also discuss colposcopy and offer alternatives to the physician who does not have access to a colposcope. (19 minutes) (in color) **0410816**

EWING'S SARCOMA. Case presentations of unsuspected Ewing's Sarcoma, their diagnosis and prognosis, with Gordon B. McFarland, Jr., M.D., Tulane University and Mary Sherman Orthopedic Laboratories, Alton Ochsner Medical Foundation. (10 minutes). **0501212**

GUIDELINES FOR STAGING AND MANAGEMENT OF HODGKIN'S DISEASE, with Mortimer J. Lacher, M.D., Assistant Attending Physician, Medical Oncology Service, Department of Medicine, Memorial Hospital, New York City. *The Promise:* Longer survival for most Hodgkin's disease patients. Here are the latest recommendations for the staging of Hodgkin's disease and the current treatment plan that fulfills that promise. (18 minutes) (in color) **0718118**

HOW I DO A BONE MARROW ASPIRATION, with Mortimer J. Lacher, M.D., Assistant Attending Physician, Department of Medicine, Memorial Hospital for Cancer and Allied Diseases, New York City. Another in NCME's new series of demonstrations by experts of how they do practical, frequently performed procedures.

(10 minutes) (In color)

0816322

HOW I DO A BONE MARROW BIOPSY, with Mortimer J. Lacher, M.D., Assistant Attending Physician, Department of Medicine, Memorial Hospital for Cancer and Allied Diseases, New York City. Dr. Lacher describes the necessary equipment and then demonstrates, step-by-step, the procedure for obtaining and preparing a bone marrow specimen. Highlighting the program is Lacher's procedure for quickly and accurately finding the target area for biopsy on the posterior iliac crest.

(9 minutes) (In color)

0816524

HOW I DO A COMPLETE CERVICAL BIOPSY, with Ralph M. Richart, M.D., Director of Ob-Gyn Pathology, Columbia University College of Physicians and Surgeons, New York City. Dr. Richart demonstrates techniques for endocervical curettage and punch biopsy. He points out how to locate the transformation zone from which all punch biopsy specimens should be taken, thus avoiding any need to biopsy all four quadrants.

(11 minutes) (In color)

0816625

ILIAIC MARROW ASPIRATION, with Mortimer J. Lacher, M.D., Assistant Attending Medical Oncologist, Memorial Hospital for Cancer and Allied Diseases, New York City. Dr. Lacher demonstrates the procedure for obtaining and preparing a bone marrow specimen from the posterior iliac crest.

(9 minutes) (In color)

0917123

IMMUNOLOGY: FRONTIERS OF THERAPY, with Robert A. Good, M.D., Ph.D., Professor and Head, Department of Pathology, University of Minnesota School of Medicine, Minneapolis. Research meets clinical medicine as Dr. Good explains a "new kind of cellular engineering." The application of this new therapy is demonstrated in patients, and, in a look at the future, Good speaks of giving cancer patients "an improved immunity system" to help the "host look at cancer as the foreigner it really is."

(22 minutes) (In color)

0916519

IMMUNOLOGY: THE FUTURE, with Robert A. Good, M.D., Ph.D., Professor and Head, Department of Pathology, University of Minnesota School of Medicine, Minneapolis. "The next few years are really bright for immunobiology," says Dr. Good. He and his colleagues review the information already in hand which will eventually open the doors to the transplantation era and facilitate treatment and prevention of cancer. The program's emphasis is on coming immunologic tools for the clinician.

(19 minutes) (In color)

0916621

IMMUNOLOGY: THE NEW PATHOLOGY, with Robert Good, M.D., Professor and Head, Department of Pathology, University of Minnesota School of Medicine. In a wide-ranging discussion of recent discoveries in immunology, Dr. Good describes the function of T-cell and beta-cell systems and their meaning for clinicians.

(19 minutes) (In color)

0916418

LYMPHANGIOGRAPHY IN DIAGNOSIS AND THERAPY, with Robin Caird Watson, M.D., Chairman of the Department of Diagnostic Radiology, Memorial Sloan-Kettering Cancer Center, and Associate Professor of Radiology, Cornell University Medical Center, New York City. When is lymphangiography useful? What happens to your patient when you order it? The technique and the interpretation of several lymphangiograms illustrate the procedure's place in your practice.

(17 minutes) (In color)

1219218

MEDIASTINOSCOPY IN STAGING CARCINOMA OF THE LUNG, with Edward M. Goldberg, M.D., Department of Surgery and Oncology Council, Michael Reese Hospital and Medical Center, Chicago, Illinois.

Lung cancer can be the most frustrating problem for a physician. Techniques are available for a definite diagnosis, but uncertainty exists on how to proceed with the patient. Thoracotomies have high operative mortality and extensive morbidity. In addition, the procedure proves to be unnecessary in about 50 per cent of the cases. Through the use of the mediastinoscope, it is possible to view and photograph the mediastinum. This has resulted in a new method of staging lung cancer, and an improved approach to treatment. A mediastinoscopy is demonstrated, and the staging method is shown in detail.

(14 minutes) (In color)

1312021

THE MEDICAL MANAGEMENT OF METASTATIC BREAST CANCER, with Justin J. Stein, M.D., Professor of Radiology, UCLA School of Medicine, and a past President of the American Cancer Society. Advanced breast cancer: a bleak future for the patient and a difficult management problem for the physician. This program provides a step-by-step approach to improve the quality of survival for your patient.

(19 minutes) (In color)

1319953

MULTIPLE MYELOMA: A CONTROLLABLE DISEASE with Raymond Alexanian, M.D., Associate Professor of Medicine, University of Texas, M.D. Anderson Hospital and Tumor Institute, Houston. In three patients, Doctor Alexanian points out the clinical and laboratory abnormalities in multiple myeloma along with the tests needed to confirm the diagnosis.

(17 minutes) (In color)

1322055

OFFICE TREATMENT OF SKIN CANCER, with Rex A. Amonette, M.D., Chemosurgeon, Department of Dermatology, University of Tennessee College of Medicine, Memphis. Diagnosis and treatment of potential malignancy and skin cancer are demonstrated. Includes the use of fluorouracil, biopsy, curettage and electrodesiccation, total excision, cryosurgery, irradiation, and chemosurgery. (19 minutes) (in color) **1521010**

PROSTATE CANCER: CHOOSE YOUR WEAPONS, with Harry Grabstald, M.D., Urologic Surgeon; Basil S. Hilaris, M.D., Radiologist; and Charles W. Young, M.D., Medical Oncologist; all from Memorial Hospital for Cancer and Allied Diseases, New York City. What happens after the primary care physician and the hospital pathologist diagnose prostate cancer? Drs. Grabstald, Hilaris and Young discuss the effective treatment alternatives and the grading and staging involved in therapeutic decisions. A look at the therapeutic alternatives and the controversies surrounding this common and often curable form of cancer. (20 minutes) (in color) **1617241**

RADIOCURABLE CANCERS IN ADULTS — PART I. The principal group of tumors known to be curable by radiotherapy is demonstrated by Sir Brian Windeyer, F.R.C.P., F.R.C.S., Professor of Therapeutic Radiology, The Middlesex Hospital, University of London, England. (12 minutes) **1806201**

RADIOCURABLE CANCERS IN ADULTS — PART II. Selecting the most effective treatment for a cancer patient is a constant problem. In this presentation, Sir Bryan Windeyer, F.R.C.P., F.R.C.S., Professor of Therapeutic Radiology, The Middlesex Hospital, University of London, England, evaluates the alternatives of surgery or radiation therapy—or a combination of both—in squamous cell carcinoma of the tongue, cancer of the larynx, and breast cancer. (14 minutes) **1806302**

RADIOLOGIC MANAGEMENT OF EARLY CANCER OF THE LARYNX, with Alexander D. Crosett, M.D., Director, Radiation Therapy and Nuclear Medicine, and Charles E. Langgaard, M.D., otolaryngologist, both at Overlook Hospital, Summit, N. J. How the radiation department of a community hospital approaches early laryngeal cancer and provides the patient with an excellent prognosis. (12 minutes) (in color) **1818928**

WHAT MAMMOGRAPHY CAN TELL YOU, with Ruth Snyder, M.D., Associate Radiologist, Memorial Sloan-Kettering Cancer Center, and Clinical Assistant Professor of Radiology, Cornell University Medical Center, New York City. Mammography detects early cancerous changes in the breast: should it be done as routinely as a Pap smear? Dr. Snyder explains the indications and demonstrates what the technique reveals. (17 minutes) (in color) **2318007**

OPHTHALMOLOGY

CHILDHOOD STRABISMUS: AN APPROACH FOR NON-OPHTHALMOLOGISTS, with Virginia Lubkin, M.D., Assistant Clinical Professor and Head of the Ophthalmic Plastic Surgery Clinic, Mount Sinai School of Medicine, and Attending Ophthalmologist at the New York Eye and Ear Infirmary. Monocular vision . . . absence of depth perception . . . and a cosmetic defect—consequences of a missed strabismus. Here are eight tests, performable in 10 minutes, to screen for eye muscle imbalance. Both normal and abnormal test responses are demonstrated. (23 minutes) (in color) **0319177**

CLINICAL APPLICATIONS OF ELECTRICAL ACTIVITY OF THE RETINA AND VISUAL CORTEX, presented by Jerry Hart Jacobson, M.D., Clinical Assistant Professor of Surgery (Ophthalmology), Cornell University — New York Hospital — Cornell Medical Center. (18 minutes) **0300914**

CRYOSURGERY, A CATARACT PROCEDURE. The special indications and technique for utilizing the cryostylet in cataract surgery are demonstrated and discussed by Gerald Fonda, M.D., Director, Ophthalmology Division, Department of Medicine, St. Barnabas Medical Center, Livingston, New Jersey. (13 minutes) **0303957**

DIABETIC RETINOPATHY: ATTEMPTS TO HOLD THE IMAGE, with Raymond Pilkerton, M.D., Associate Professor of Ophthalmology and Director, Retina Service, Georgetown University Medical Center, Washington, D.C. The relationship between the duration of diabetes and the stages of diabetic retinopathy. How treatment may temporarily stop the advance of this complication. This presentation was produced in cooperation with the Council on Scientific Assembly of the American Medical Association. (16 minutes) (in color) **0423160**

DIAGNOSING COMMON EYE INFLAMMATIONS, with Virginia Lubkin, M.D., attending ophthalmologist at New York Eye and Ear Infirmary, and Clinical Assistant Professor of Ophthalmology, Mt. Sinai School of Medicine, New York City. On this program . . . valuable diagnostic clues to help save the vision of patients with eye inflammations. Dr. Lubkin demonstrates a quick and thorough examination of the eye to differentiate among conjunctivitis, herpes simplex, iridocyclitis and acute glaucoma. (15 minutes) (in color) **0419247**

ELECTRICAL ACTIVITY OF THE RETINA AND VISUAL CORTEX, presented by Jerry Hart Jacobson, M.D., Clinical Assistant Professor of Surgery (Ophthalmology), Cornell University — New York Hospital — Cornell Medical Center. (16 minutes) **0500805**

14344 COMPETITIVE PROBLEMS IN THE DRUG INDUSTRY

THE EYE AND SYSTEMIC DISEASE: AN INTERCHANGE, with Eleanor Faye, M.D., Attending Surgeon, Manhattan Eye, Ear, and Throat Hospital, and Medical Director, Low Vision Clinic, New York Association for the Blind; and Isadore Rossman, M.D., Medical Director, Home Care Department, Montefiore Hospital and Medical Center, and Associate Professor, Albert Einstein Medical College, New York City. Two physicians interact in the management of three patients with vision problems. Focus is on shared responsibility and communication.

(13 minutes) (in color)

0521228

FLASHES AND FLOATERS: SUSPECT A RETINAL TEAR, with Morton L. Rosenthal, M.D., Surgeon-Director and Director of the Retina Service, New York Eye and Ear Infirmary, New York City. How to diagnose tears in the retina before retinal detachment occurs, when the damage can be repaired without major surgery.

(14 minutes) (in color)

0622123

GLAUCOMA DETECTION IN THE NON-OPHTHALMOLOGIST'S OFFICE, with Jerome N. Goldman, M.D., Attending Ophthalmologist at the Washington Hospital Center, and Clinical Assistant Professor of Ophthalmology at Howard University Medical School, Washington, D.C. Not all ocular hypertensives lose their sight or need treatment. So, when does a patient have glaucoma? High ocular pressure in combination with certain changes in the optic disc demonstrated in this program will help you reach a firm diagnosis. (17 minutes) (in color)

0719719

GLAUCOMA — SCREENING, DIAGNOSIS, MEDICAL MANAGEMENT. Drug therapy or corrective surgery can arrest or eliminate the effects of glaucoma. This is possible when an early diagnosis is made. Dan M. Gordon, M.D., F.A.C.S., of New York Hospital-Cornell Medical Center, New York, demonstrates tonometry in diagnosing glaucoma and discusses the types of therapy available in correcting the condition.

(16 minutes).

0708208

HOW TO APPROACH THE EYE

Dan M. Gordon, M.D., of New York Hospital-Cornell University Medical Center in New York discusses and describes the instruments, the procedures and the medications that a general physician can use in treating ocular emergencies. Dr. Gordon shows — with great detail — the techniques of evert and controlling the eye for examination and removing foreign bodies from the eyelid and the cornea. His basic message in the telecast is that many ocular problems can be managed or classified by the non-ophthalmologist who learns a few simple procedures and is not afraid to apply them.

(18 minutes) (in color)

0808506

THE IRRITATED EYE, with Jerome N. Goldman, M.D., Attending Ophthalmologist, Washington Hospital Center, Washington, D.C. How far to go and how much to do in diagnosing and treating an eye that hurts or has the "foreign body sensation." (18 minutes) (in color)

0920027

THE LASER IN OPHTHALMOLOGY . . . AND BEYOND. Film of the actual effects of laser beams on mice melanoma, as well as demonstrations of its use in various eye conditions in humans, is presented by Frances A. L'Esperance, M.D., Associate in Ophthalmology, Eye Institute, Columbia Presbyterian Medical Center, New York.

(17 minutes) (in color)

1207706

THERAPEUTIC LAMELLAR KERATOPLASTY, with A. Benedict Rizzuti, M.D., Director of Corneal Service, Brooklyn Eye and Ear Hospital. A demonstration of specialized corneal surgery.

(15 minutes).

2003005

ORTHOPEDICS

AN ANATOMICAL APPROACH TO LOW BACK PAIN: SPONDYLOLISTHESIS AND ANKYLOSING SPONDYLITIS, with Peter Marchisello, M.D., Attending Orthopedic Surgeon, The Hospital for Special Surgery, Cornell University Medical Center, New York City. A firm review of the anatomy, backed by x-rays and physical examination, is essential to arrive at a definitive diagnosis of the cause of low back pain. Dr. Marchisello defines anatomical deviations in two patients, only one of whom may benefit from surgery. (18 minutes) (in color)

0116331

AN ANATOMICAL APPROACH TO LOW BACK PAIN: POSTURAL PAIN AND HERNIATED DISC, with Peter Marchisello, M.D., Attending Orthopedic Surgeon, The Hospital for Special Surgery, Cornell University Medical Center, New York City. Modern life seems to breed back pain. As more and more patients come to physicians with this complaint, Dr. Marchisello demonstrates, it becomes increasingly important to review and understand the anatomy of the spine to make differential diagnoses.

(20 minutes) (in color)

0116230

ARTHRITIS: SURGICAL INDICATIONS, PART I — EARLY, PROPHYLACTIC

John L. Sbarbaro, Jr., M.D., Assistant Professor of Orthopedic Surgery at the University of Pennsylvania School of Medicine in Philadelphia, Pa., indicates that if suppressive drugs and physical therapy cannot control advancing arthritis, extirpation might. (19 minutes) (in color)

0108416

ARTHRITIS: SURGICAL INDICATIONS, PART II — LATE, RECONSTRUCTIVE

The development of non-reactive metals, improved design of molds and prosthesis and improved surgical techniques have caused a recent resurgence of interest in the surgical reconstruction of deformed arthritic joints. John L. Sbarbaro, Jr., M.D., Assistant Professor of Orthopedic Surgery, University of Pennsylvania School of Medicine, demonstrate some of the new techniques and shows the results of surgical repair.

(16 minutes) (In color)

0108517

ATHLETIC INJURIES: DIAGNOSIS WITHOUT DELAY

with Robert E. Leach, M.D., Professor and Chairman, Department of Orthopaedic Surgery, Boston University Medical Center, and Consultant, Boston Celtics basketball team, Boston. Dr. Letch emphasizes on-the-spot diagnosis of knee and ankle injuries and demonstrates diagnostic tests which can help you pinpoint the extent of injury quickly, thus avoiding delay in rehabilitation.

(19 minutes) (In color)

0117132

CERVICAL SPINE: DISPLACEMENT OR DISEASE?

with P. W. Haake, M.D., Assistant Professor of Orthopedics, University of Rochester School of Medicine and Dentistry, Rochester, New York.

The patient with sudden acute neck pain: Is it a disc—a tumor—arthritis—whiplash? Compare your approach to this common problem with that of an orthopedist. This program was produced with the cooperation of the Council on Scientific Assembly of the American Medical Association.

(16 minutes) (In color)

0323891

COMMON COMPLICATIONS OF FRACTURES:

MALUNIONS, VASCULAR AND NEURAL, with Paul H. Curtiss, M.D., Professor and Director of the Division of Orthopedics, Department of Surgery; and Paul R. Miller, M.D., Clinical Associate Professor of Orthopedic Surgery, both at Ohio State University College of Medicine, Columbus, Ohio.

How to avoid fracture complications, and how to treat them when they arise are discussed and demonstrated. Complications in both children and adults are considered with numerous case studies.

(17 minutes)

0311829

COMMON COMPLICATIONS OF FRACTURES:

SOFT TISSUE, with Paul H. Curtiss, Jr., M.D., Professor and Director of the Division of Orthopedics, Department of Surgery; and Paul R. Miller, M.D., Clinical Associate Professor of Orthopedic Surgery, both at Ohio State University College of Medicine.

Several patients and a number of X-rays are used to describe common fracture complications and the course of treatment followed in each instance.

(15 minutes)

0311628

COMMON PROFESSIONAL FOOTBALL INJURIES, MECHANICS AND EFFECTS, with James A. Nicholas, M.D., Associate Professor of Clinical Surgery (Orthopedic), Cornell University Medical College and Team Physician, the New York Jets.

(18 minutes)

0302330

CONGENITAL HIP DISLOCATION IN CHILDREN

— **PART I**. Cases of congenital dislocation of the hip have the most successful outcome if diagnosis and treatment are done before the child has learned to walk (or before two years of age). Paul H. Curtis, Jr., M.D., Professor of Surgery, Department of Orthopedics, Ohio State University College of Medicine, demonstrates some of the simple diagnostic procedures for infants with hip dislocation. These include abduction of the hips, observation of the skin folds of the thigh, and the placing together and flexion of the legs. These procedures, aided by x-rays, and the subsequent application of the proper cast, usually will restore proper hip function without resorting to an operation.

(9 minutes)

0305243

CONGENITAL HIP DISLOCATION IN CHILDREN

— **PART II — SURGICAL CORRECTION**. The operative techniques available to restore hip function are presented by Henry B. Lacey, M.D., Clinical Associate Professor, Division of Orthopedics, Ohio State University College of Medicine, using patients who were not diagnosed until after the age of two years.

(13 minutes)

0305344

DIAGNOSIS AND TREATMENT OF PAGET'S DISEASE

with John T. Potts, Jr., M.D., Chief of Endocrinology, Massachusetts General Hospital; and Associate Professor of Medicine, Harvard Medical School, Boston. Paget's Disease of the bone is seen with increasing frequency in the population over 40. Dr. Potts reviews the present information about the cause of the disease, its patho-physiology and the new approaches to therapy which give promise for controlling the disease.

(18 minutes) (In color)

0413124

"DOCTOR, I PUT MY BACK OUT!": MANIPULATIVE THERAPY, with Philip E. Greenman, D.O., Chairman and Professor, Department of Biomechanics, College of Osteopathic Medicine, Michigan State University, East Lansing Michigan. Low back pain . . . a common problem seen through the eyes of an osteopathic physician. Evaluation and treatment are demonstrated.

(23 minutes) (In color)

0421757

EARLY PROSTHETIC FITTING FOR CONGENITAL DEFECTS OF THE EXTREMITIES, with Charles H. Epps, Jr., M.D., Department of Orthopedics, Howard University School of Medicine, and Chief, Juvenile Amputee Clinic, D.C. General Hospital, Washington, D.C. Several patients from the Juvenile Amputee Clinic demonstrate differences between early and late prosthetic fitting for congenital extremity defects. Which conditions require surgical amputation and early prosthetic fitting? How do you approach parents of children with congenital defects? Epps answers these questions. (14 minutes) (in color) **0521027**

EARLY SURGERY FOR THE ARTHRITIC HAND, with Alan H. Wilde, M.D., Head of the Rheumatoid Surgery Section, Department of Orthopaedic Surgery, The Cleveland Clinic Foundation. When six months of intensive medical management fail to help the patient with rheumatoid arthritis of the hand, synovectomy may preserve useful function and relieve pain. In this program:

- the rationale for synovectomy;
- the history and physical exam used to disclose indications for surgery; and
- the operative procedure and the postoperative results. (20 minutes) (in color) **0518522**

ELECTRICITY AND BONE HEALING, with Leroy S. Lavine, M.D., Professor and Head of the Division of Orthopedic Surgery, Downstate Medical Center, Brooklyn, N.Y., and Attending in Charge of Orthopedic Surgery, Long Island Jewish Medical Center, New Hyde Park, N.Y. Congenital pseudoarthrosis of the tibia failed to respond to conventional treatment, but when electric current was passed across the defect, beginning bone union was apparent after four months. Dr. Lavine briefly reviews the attendant biophysical phenomena and illustrates the highlights of his case. (15 minutes) (in color) **0515718**

EMERGENCY ORTHOPEDIC MANAGEMENT. Paul R. Meyer, Jr., M.D., Department of Orthopedics, Tulane University School of Medicine, demonstrates emergency splinting at the scene of an accident. (7 minutes). **0501308**

EWING'S SARCOMA. Case presentations of unsuspected Ewing's Sarcoma, their diagnosis and prognosis, with Gordon B. McFarland, Jr., M.D., Tulane University and Mary Sherman Orthopedic Laboratories, Alton Ochsner Medical Foundation. (10 minutes). **0501212**

THE FIVE-MINUTE JOINT EXAM, with John J. Calabro, M.D., Chief of Rheumatology, Worcester City Hospital, and Professor of Medicine, University of Massachusetts Medical School, Worcester, Massachusetts. Here's a five-minute joint exam, with pointers on how to distinguish degenerative joint disease from such other conditions as ankylosing spondylitis and rheumatoid arthritis. (17 minutes) (in color) **0619721**

FOR THE NEWBORN: A MINUTE'S WORTH OF ORTHOPAEDICS, with Robert S. Siffert, M.D., Professor and Chairman, Department of Orthopaedics, Mount Sinai School of Medicine of City University of New York, and Orthopaedic Surgeon and Chief, Mount Sinai Hospital, New York City. Is the baby abnormal, or has the intrauterine position caused a defect which is only temporary? Dr. Siffert offers a checklist examination for the newborn, which can be completed in about a minute, and which should give you the answer. (24 minutes) (in color) **0617117**

FRACTURES OF THE LOWER EXTREMITIES. Selected cases and principles of management of lower extremity fractures are presented by Edward J. Eyring, M.D., Assistant Professor of Orthopedics and Physiological Chemistry, and John B. Roberts, M.D., Assistant Professor of Orthopedics, Ohio State University College of Medicine. (14 minutes). **0607510**

FUNCTIONAL EXAMINATION OF THE LOCOMOTOR SYSTEM, with Denys Jobin, M.D., of the Faculté de Médecine, Université Laval, Québec, P.Q.

Dr. Jobin demonstrates a number of tests which can offer clues to muscular and skeletal apparatus problems. The tests can be performed quickly and simply. These tests are not meant to produce exhaustive information. Rather, they are valuable as an initial diagnosis in more than 80 per cent of the cases examined.

(14 minutes) (in color) **0612112**

GOOD TENNIS IS GOOD MEDICINE, with Robert Nirschl, M.D., Chairman, Committee on Medical Aspects of Sports of the Medical Society of Virginia; and Chief, Orthopedic Surgery, Northern Virginia Doctors Hospital, Arlington, Virginia. Epicondylitis, a common complaint of tennis players, and ordinary folk, is analyzed and treated with practical methods.

(15 minutes) (in color) **0720420**

MANAGEMENT OF ACUTE SPINAL INJURIES, with William E. Hunt, M.D., Professor and Director of the Division of Neurosurgery; W. George Bingham, Jr., M.D., Assistant Professor, Division of Neurosurgery; and Stephen Natelson, M.D., Senior Resident in Neurosurgery; all with the Ohio State University College of Medicine in Columbus. Three specialists describe the precautions that are necessary in handling patients with spinal injuries through the stages in the emergency room, in radiology and during the period of rehabilitation. (18 minutes) (in color) **1314038**

MANAGEMENT OF AMPUTEES: PROSTHESIS, with Ernest W. Johnson, M.D., Professor and Chairman of Physical Medicine; and William G. Pace, M.D., Professor of Surgery and Assistant Dean of Ohio State University College of Medicine.

There is a great variety of prosthetic devices available today. The range of devices — for infants through geriatric patients — is illustrated with emphasis on their habilitative and rehabilitative effects. (15 minutes). **1311305**

MEDICAL PROBLEMS ENCOUNTERED WITH BASEBALL PLAYERS, with Joseph T. Coyle, M.D., Clinical Associate, Bone and Joint Surgery, Stritch School of Medicine, Loyola University and Team Physician, the Chicago White Sox. (14 minutes). **1302426**

OFFICE ORTHOPAEDICS: AFTER THE FALL, with Robert E. Leach, M.D., Professor and Chairman, Department of Orthopaedic Surgery, Boston University Medical Center, Boston. Dr. Leach demonstrates casting and wrapping procedures for common orthopaedic injuries — dislocated shoulder, tibia and fibula fractures, ankle sprains and fractures. (18 minutes) (in color) **1517208**

ORTHOPEDIC INJURIES AND THEIR TREATMENT. Paul R. Meyer, Jr., M.D., Department of Orthopedics, Tulane University School of Medicine, presents a series of patients with uncommon orthopedic injuries including a surgical repair of torn ligaments. (15 minutes). **1501303**

PROBLEMS IN THE MANAGEMENT OF AMPUTEES, with Ernest W. Johnson, M.D., Professor and Chairman of the Department of Physical Medicine; and William G. Pace, M.D., Professor of Surgery and Assistant Dean of the College of Medicine, Ohio State University, Columbus, Ohio. Current surgical techniques both for above-knee and below-knee amputations are shown and discussed. Also, part of this telecast is devoted to a technique for immediate post-operative fitting of a prosthetic leg after above-knee amputation. (16 minutes). **1611224**

RECONSTRUCTIVE HAND SURGERY, with Leo A. Keoshian, M.D., Clinical Instructor of Surgery, Stanford University School of Medicine, Stanford, California.

Highlights of surgical procedures carried out in Viet Nam are detailed. The reconstructive hand surgery necessitated by war injuries is related to similar civilian injuries (ie., a firecracker injury). (21 minutes) (in color) **1811707**

ROTARY INSTABILITY OF THE KNEE: PART I

A new diagnostic technique for rotary knee instability is demonstrated by Donald B. Slocum, M.D., and Robert L. Larson, M.D., Department of Orthopaedics, Sacred Heart General Hospital, Eugene, Ore. (17 minutes) (in color) **1808421**

ROTARY INSTABILITY OF THE KNEE: PART II — REHABILITATION AND MANAGEMENT

In this telecast, Donald B. Slocum, M.D., and Robert L. Larson, M.D., Department of Orthopaedics, Sacred Heart General Hospital, Eugene, Ore., continue their discussion by showing corrective surgery and demonstrating the therapeutic programs that follow.

(18 minutes) (in color)

1808522

SCOLIOSIS: SIGNIFICANCE OF EARLY DETECTION, with Hugo A. Keim, M.D., Director of the Scoliosis Clinic, New York Orthopaedic Hospital; and David B. Levine, M.D., Associate Attending Orthopaedic Surgeon, Hospital for Special Surgery, and Clinical Associate Professor, Cornell University Medical College, New York City.

Approximately one adolescent in 10 has idiopathic scoliosis, which too often is not recognized until the curvature has become debilitating. Two orthopaedists show what to look for on x-rays and how to conduct a simple office examination that makes earlier diagnosis and treatment easier. (15 minutes) (in color) **1914726**

SCOLIOSIS: WHEN TO OPERATE, with Hugo A. Keim, M.D., Director of the Scoliosis Clinic, New York Orthopaedic Hospital of the Columbia University Medical Center; and David B. Levine, M.D., Associate Attending Orthopaedic Surgeon, Hospital for Special Surgery, and Clinical Associate Professor, Cornell University Medical College, New York City. The choice between bracing and surgery for scoliosis may pose a dilemma. Doctors Levine and Keim demonstrate when surgery is indicated, and offer the referring physician insight into the whys and the hows of current surgical and bracing techniques. (15 minutes) (in color) **1914827**

SELECTING PATIENTS FOR TOTAL KNEE REPLACEMENT, with John A. Lynch, M.D., Orthopaedic Surgeon, Topeka, Kansas, and Associate Professor of Clinical Orthopedics, University of Kansas School of Medicine, Kansas City, Kansas. Which of your patients with arthritic knees is a candidate for a knee prosthesis? Here are the guidelines plus new information on this constantly changing solution to severe knee pain. (17 minutes) (in color) **1921639**

THE LOWER BACK PAIN SYNDROME — PART I. The physical findings in a typical L-5 disc protrusion, and the pathological anatomical mechanisms for these findings, are examined by James O. Johnston, M.D., Chief of Orthopedics, Kaiser Foundation Hospital of Oakland, California. The various types of lumbar disc syndromes are illustrated by Dr. Johnston, to help to correlate the classical neurologic deficits found in route compression disorders. (19 minutes). **1208008**

THE LOWER BACK PAIN SYNDROME — PART II. The most effective management of low back pain is considered by James O. Johnston, M.D., Chief of Orthopedics, Kaiser Foundation Hospital, Oakland, California. Dr. Johnston estimates that some 95 percent of these patients recover with an uncomplicated treatment program highlighted by rest and moist heat. (19 minutes). **1208109**

THE MILITARY DOCTOR, with Commander Richard M. Escajeda, M.D. Report from Vietnam on military and civilian care. (21 minutes). **1302133**

THREE ORTHOPEDIC EXAMINATIONS FOR NON-ORTHOPEDISTS

HOW I EXAMINE THE SPINE
(19 minutes) (in color) **0822742**

HOW I EXAMINE THE HIP
(15 minutes) (in color) **0822641**

HOW I EXAMINE THE KNEE
(16 minutes) (in color) **0822540**

With A. Graham Apley, F.R.C.S., Honorary Director of the Department of Orthopedics, St. Thomas' Hospital, London; and Consulting Orthopedic Surgeon, Rowley-Bristow Orthopedic Hospital, Pyrford, England; Visiting Professor of Orthopedics, Albert Einstein Hospital in New York City. Authoritative demonstrations of normal and abnormal findings in three orthopedic problem areas—for the generalist. These programs were produced in cooperation with the Department of Orthopedic Surgery and the Office of Continuing Medical Education, Albert Einstein College of Medicine in New York City.

TOTAL HIP REPLACEMENT, with John J. Garland, M.D., James Edwards Professor of Orthopaedic Surgery, Jefferson Medical College of Thomas Jefferson University, Philadelphia, Pennsylvania. Since the mid-sixties thousands of American men and women have obtained relief from crippling hip disease through the implantation of total hip arthroplasties. Dr. Garland employs the technique advanced by Charnley and Muller to replace the right hip of a middle-aged man who had his left hip similarly replaced five months previously. (19 minutes) (in color) **2015126**

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OTOLARYNGOLOGY

THE DIFFERENTIAL DIAGNOSIS OF DIZZINESS, with Rosalie Burns, M.D., Professor and Head of the Department of Neurology; and Robert Wolfson, M.D., Professor and Head of the Division of Otolaryngology, The Medical College of Pennsylvania, Philadelphia. The patient who complains of dizziness may be suffering from one of many maladies. Two experts, presenting three such patients, demonstrate how the primary care physician can question and examine his way to a conclusive diagnosis. (20 minutes) (in color) **0418344**

DIFFERENTIAL DIAGNOSIS OF HOARSENESS. Treatment of hoarseness without determining its cause can result in the dangerous masking of a common signal to problems. In this presentation, Dr. Wilbur J. Gould, Director of Otolaryngology, Lehigh Hill Hospital, New York, demonstrates the value of special testing in early identification and treatment of disorders of the larynx. (15 minutes). **0408217**

EARLY DETECTION OF ACOUSTIC NEUROMAS. Newly developed surgical procedures for removing acoustic neuromas have produced good results. Alfred Weiss, M.D., Director of Otononeurology, Massachusetts Eye and Ear Infirmary, and Instructor in Otolaryngology, Harvard Medical School, emphasizes the need and discusses the techniques of early diagnosis. (20 minutes). **0508501**

FINDING AND RECOGNIZING ORAL LESIONS, with Elliot W. Strong, M.D., Chief of the Head and Neck Service, Memorial Sloan-Kettering Cancer Center, New York City. Dr. Strong demonstrates how to convert a routine oral cavity examination into a procedure with better identification of early, curable lesions. (19 minutes) (in color) **0618019**

HEARING LOSS: A THREAT AT ANY AGE, with Merrill Goodman, M.D., Director of Otolaryngology, Long Island Jewish-Hillside Medical Center, and Medical Director, Long Island Hearing and Speech Center, New Hyde Park, Long Island, New York. 20 million Americans have an undiscovered but measurable hearing loss. Here's how you can uncover and often treat hearing loss in children and adults. (18 minutes) (in color) **0819034**

IS IT SINUSITIS? with Melvin E. Sigel, M.D., Clinical Associate Professor of Otolaryngology, University of Minnesota Medical School, and Assistant Chief, Department of Otolaryngology, Hennepin County General Hospital, Minneapolis. Physical examination and x-ray pointers for distinguishing sinusitis, an easy "wastebasket" diagnosis, from other diseases. (13 minutes) (in color) **0919826**

LARYNGOGRAPHY: PART I

"Procedures and Normal Findings." A demonstration of the technique for performing the laryngogram, and a discussion of the normal structures of the larynx — with George Stassa, M.D., Assistant Professor of Radiology, New York Hospital-Cornell Medical Center.

(18 minutes)

1203704

LARYNGOGRAPHY: PART II

"Some Abnormal Findings." Contrast laryngography enables the radiologist to evaluate the various disease processes occurring in the larynx. George Stassa, M.D., Assistant Professor of Radiology, New York Hospital-Cornell Medical Center, reviews the abnormal findings that might be detected with this technique.

(14 minutes)

1203905

MENIERE'S DISEASE: DIFFERENTIAL Dx, with James R. Tabor, M.D., Otologist and Assistant Professor of Surgery, University of Colorado Medical Center, Denver. By comparing two patients, an otologist demonstrates how to recognize the patient with Meniere's disease, and how to rule out other disorders.

(16 minutes) (in color)

1322356

RADIOLOGIC MANAGEMENT OF EARLY CANCER OF THE LARYNX, with Alexander D. Crosett, M.D., Director, Radiation Therapy and Nuclear Medicine, and Charles E. Langgaard, M.D., otolaryngologist, both at Overlook Hospital, Summit, N. J. How the radiation department of a community hospital approaches early laryngeal cancer and provides the patient with an excellent prognosis. (12 minutes) (in color)

1818928

T & A: PANACEA OR PLACEBO?, with Melvin E. Sigel, M.D., Clinical Associate Professor, Department of Otolaryngology, University of Minnesota Medical School, Minneapolis. The oldest surgical therapy still in use . . . when is it in order today? (16 minutes) (in color)

2022038

Each program is accompanied by a review card. NCME asks that the person for whom the program was ordered fill out and return this card. Because reevaluation of Master Library videocassettes is a continual process, return of the program review card is essential in helping NCME determine which programs remain useful as resources for continuing medical education.

PATHOLOGY

A FORENSIC AUTOPSY WITH DR. MILTON HELPERN, Chief Medical Examiner for the City of New York, and Professor and Chairman of the Department of Forensic Medicine, New York University School of Medicine; and John F. Devlin, M.D., Deputy Chief Medical Examiner, City of New York, and Associate Professor of Forensic Medicine, New York University School of Medicine. A 32-year-old stockbroker, known to be a heavy drinker, depressed and with a recent prescription for sleeping pills, is found dead in bed. Although he was treated for diabetes in childhood, he has not seen a physician recently. What would you write on the death certificate? Suicide? Accident? Natural causes? Dr. Helpern, the noted forensic pathologist, takes you through the autopsy to determine the cause of death.

(21 minutes) (in color)

0617518

ACUTE REGIONAL ENTERITIS: A CLINICAL PATHOLOGICAL CONFERENCE, with Floyd M. Bernan, M.D., Professor of Medicine; J. David Dunbar, M.D., Assistant Professor of Radiology; Dante G. Scarpelli, M.D., Professor of Pathology; and William Pace, M.D., Assistant Dean of the College of Medicine; all from the Ohio State University College of Medicine in Columbus, Ohio.

Four physician-educators critically explore a case of severe, progressive regional enteritis.

(23 minutes)

0110703

CLINICAL LABORATORIES: PHYSICIAN EVALUATION AND UTILIZATION, with Randolph M. Chase, Jr., M.D., Director, Microbiology Department, New York University Hospital; Joseph H. Boutwell, M.D., Chief of Licensure and Development Branch, Laboratory Division of the National Communicable Disease Center in Atlanta, Georgia; and Edward Cavanaugh, M.D., Chief of Laboratory Training Section of the NCDC. An overview of clinical laboratories in the U.S. today, including costs, range of tests, quality of work and selecting a lab, is presented in this program produced at the National Communicable Disease Center.

(17 minutes) (in color)

0310717

CONGESTIVE HEART FAILURE — PATHOPHYSIOLOGY AND TREATMENT, with Albert N. Brest, M.D., Head, Section of Vascular Disease and Renology, Hahnemann Medical College and Hospital. (15 minutes)

0302545

EXTRACORPOREAL CIRCULATION IN THE HUMAN PLACENTA, with Kermit Krantz, M.D., Professor of Obstetrics and Gynecology, University of Kansas School of Medicine. A presentation of human placenta research and some clinical applications. (24 minutes)

0501414

GASTROINTESTINAL CYTOLOGY: PART I — A VALUABLE DIAGNOSTIC PROCEDURE
 "Application and Results." Confirming a diagnosis without surgery through the use of Papanicolaou staining of cells from the gastrointestinal tract — with Charles Norland, M.D., Assistant Professor of Medicine, University of Chicago School of Medicine. (16 minutes). **0703303**

GASTROINTESTINAL CYTOLOGY: PART II
 "Techniques and Methods of Interpretation." Demonstration of the techniques of tubular intubation, stomach washing, and slide staining utilized in this diagnostic procedure — with Charles Norland, M.D., Assistant Professor of Medicine, and Director, Gastrointestinal Cytology Laboratory, University of Chicago School of Medicine. (17 minutes). **0703404**

GROSS SYNOVIAL ANALYSIS, a discussion of joint fluid analysis for the practicing physician, presented by Daniel J. McCarty, M.D., Associate Professor of Medicine, and Head of Rheumatology Section, Hahnemann Medical College and Hospital. (13 minutes). **0700411**

MICROSCOPIC SYNOVIAL ANALYSIS, the use of phase microscopy for joint fluid analysis, with Daniel J. McCarty, M.D., Associate Professor of Medicine and Head of Rheumatology Section, Hahnemann Medical College and Hospital. (24 minutes). **1300532**

SPHINGOLIPIDOSIS: GENETICS

The increasing incidence of sphingolipid disease, such as Tay-Sachs, Gaucher's, and Niemann-Pick, is examined genetically by Stanley M. Aronson, M.D., Professor of Pathology, State University of New York Downstate Medical Center, and Attending Neuropathologist, Isaac Albert Research Institute, Jewish Chronic Disease Hospital, Brooklyn. (15 minutes). **1904914**

SPHINGOLIPIDOSIS — PART I — BIOCHEMICAL ASPECTS. The chemical compositions of gangliosides, sphingomyelins, sulfatides, glycolipids, and cerebroside, as they are found in the various sphingolipid diseases, are analyzed by Abraham Saifer, Ph.D., Chief of the Biochemistry Department, Isaac Albert Research Institute of the Jewish Chronic Disease Hospital, Brooklyn. (21 minutes). **1905015**

SPHINGOLIPIDOSIS — PART II — PATHOLOGY. Several pathologic manifestations — such as amaurotic family idiocy (Tay-Sachs disease), hepatosplenomegaly (Niemann-Pick disease), and others — grouped under the general category of sphingolipidosis, are examined and defined by Bruno W. Volk, M.D., Director of the Isaac Albert Research Institute, of the Jewish Chronic Disease Hospital, and Clinical Professor of Pathology, State University of New York Downstate Medical Center, Brooklyn. (21 minutes). **1905016**

SPHINGOLIPIDOSIS — PART III — CLINICAL ASPECTS. The specific physiologic manifestations of the Tay-Sachs and Niemann-Pick diseases and amaurotic idiocy — such as cherry red macula, clonus, severe contractions, the "frog" position of the legs, and lack of macrocephaly — are demonstrated with young patients by Larry Schneck, M.D., of the Albert Isaac Research Institute of the Jewish Chronic Disease Hospital, Downstate Medical Center, Brooklyn, New York. (13 minutes). **1905217**

STEROIDS, HORMONES AND INFLAMMATORY DISEASE, with Gerald Weissman, M.D., Associate Professor of Medicine, New York University Medical Center. Steroids, hormones, and chloroquin have been shown to counteract inflammation and tissue injury by virtue of their stabilization of lysosomes. (14 minutes). **1900318**

THE LABORATORY IN DIAGNOSIS OF PNEUMONIA. Pneumonia continues to account for 45,000 deaths each year. Treating a patient with drugs which may suppress but fail to eradicate the infecting organism may place him in jeopardy, and provides less than optimal care. Discovery of the etiologic agent is determined in the laboratory by such efforts as microscopic, cultural, serological and antimicrobial sensitivity tests, according to Robert Austrian, M.D., John Herr Musser Professor and Chairman, Department of Research Medicine, University of Pennsylvania School of Medicine. (16 minutes). **1207201**

PEDIATRICS

ABNORMAL SEX DIFFERENTIATION, with Maurice D. Kogut, M.D., Director, Clinical Research Center; and Jordan J. Weltzman, M.D., pediatric surgeon, both of Children's Hospital of Los Angeles.

The factors of determining sexual ambiguities in the newborn are clearly demonstrated in this telecast. Emphasis is also placed on early treatment and establishing an unambiguous sex of rearing. (17 minutes) (In color) **0111601**

A PRACTICAL APPROACH TO ALLERGIC DERMATOSIS IN CHILDREN, with Vincent J. Fontana, M.D., Professor of Clinical Pediatrics, New York University College of Medicine, New York City. Dr. Fontana demonstrates ways in which the general physician can arrive at positive diagnoses of both common and less-frequently encountered allergic dermatoses in children. He follows each diagnosis with its recommended treatment. (18 minutes) (In color) **1614937**

BABY . . . ARE YOU MINE? ARE YOU REALLY ALIVE? Medical treatment was successful, but the mother couldn't care for her premature baby. Why? Did hospital care interfere with the mother's attachment to her baby?

Marshall H. Klaus, M.D., Professor of Pediatrics and Director of the Neonatal Nurseries at Case Western Reserve University of Medicine in Cleveland, Ohio, presents the highlights of studies on maternal attachment. In addition, there are positive clinical hints on how to strengthen and support parental attachment.

(26 minutes) (in color)

SAMA 2811774

BONE NEOPLASMS IN CHILDREN: EARLY DETECTION, with Joseph H. Kushner, M.D., pediatrician and Co-Chairman of the Department of Pediatric Oncology, University of California, San Francisco.

Three symptomatic patients. Is the lesion benign or malignant? Here, concisely, are keys to accurate—and early—diagnosis.

(17 minutes) (in color)

0223520

CAN YOU TREAT OBESITY IN CHILDREN? with Platon J. Collipp, M.D., Chief Pediatrician, Nassau County Medical Center, and Professor of Pediatrics, State University of New York, Stony Brook, Long Island, N. Y. Long-standing obesity, a health hazard in later life, can be stemmed in childhood and adolescence. Dr. Collipp shows how diet, group treatment, challenge and support have successfully removed "60 tons of Long Island baby fat."

(18 minutes) (in color)

0318076

CHILD DEVELOPMENT PROBLEMS, with Pearl L. Rosser, M.D., Director, Child Development Center, Department of Pediatrics, Howard University School of Medicine, Washington, D. C. Developmental differences in children are not always benign. Dr. Rosser outlines ways to differentiate problems of socioeconomic origin from those which are clinically significant.

(15 minutes) (in color)

0323284

CHILDHOOD ALLERGY: THE GREAT MASQUERADER, with Roland B. Scott, M.D., Professor of Pediatrics and Child Health, Howard University School of Medicine, Washington, D.C. Demonstration of the subtle early signs and symptoms of allergy which may eventually lead to serious, debilitating disease. Emphasis is on the child with "too many colds."

(20 minutes) (in color)

0321280

CHILDHOOD STRABISMUS: AN APPROACH FOR NON-OPHTHALMOLOGISTS, with Virginia Lubkin, M.D., Assistant Clinical Professor and Head of the Ophthalmic Plastic Surgery Clinic, Mount Sinai School of Medicine, and Attending Ophthalmologist at the New York Eye and Ear Infirmary. Monocular vision . . . absence of depth perception . . . and a cosmetic defect—consequences of a missed strabismus. Here are eight tests, performable in 10 minutes, to screen for eye muscle imbalance. Both normal and abnormal test responses are demonstrated.

(23 minutes) (in color)

0319177

COMMON SKIN DISORDERS IN THE FIRST YEAR OF LIFE, with David L. Cram, M.D., Chief of the Dermatology Clinic, University of California at San Francisco. How to distinguish among the variety of skin eruptions you may see in infants.

(15 minutes) (in color)

0322383

CONGENITAL HIP DISLOCATION IN CHILDREN — PART I. Cases of congenital dislocation of the hip have the most successful outcome if diagnosis and treatment are done before the child has learned to walk (or before two years of age). Paul H. Curtiss, Jr., M.D., Professor of Surgery, Department of Orthopedics, Ohio State University College of Medicine, demonstrates some of the simple diagnostic procedures for infants with hip dislocation. These include abduction of the hips, observation of the skin folds of the thigh, and the placing together and flexion of the legs. These procedures, aided by x-rays, and the subsequent application of the proper cast, usually will restore proper hip function without resorting to an operation. (9 minutes).

0305243

CONGENITAL HIP DISLOCATION IN CHILDREN — PART II — SURGICAL CORRECTION. The operative techniques available to restore hip function are presented by Henry B. Lacey, M.D., Clinical Associate Professor, Division of Orthopedics, Ohio State University College of Medicine, using patients who were not diagnosed until after the age of two years. (13 minutes).

0305344

CYSTIC FIBROSIS: DIAGNOSIS AND MANAGEMENT, with Paul R. Patterson, M.D., Director, Cystic Fibrosis Unit, Albany Medical Center, Albany Medical College, Union University, New York.

Attention is drawn to cystic fibrosis as a model genetic disease. Dr. Patterson describes, with many examples, C/F's mode of inheritance, incidence, symptoms, differential diagnosis, detection of carrier state, current status of manageability and prospects for palliative or corrective therapy. (19 minutes) (in color)

0310961

14352 COMPETITIVE PROBLEMS IN THE DRUG INDUSTRY

DEALING WITH EPILEPSY: THE SOCIAL PROBLEM, with Mary Louise Scholl, M.D., Associate Pediatrician, Massachusetts General Hospital, and Assistant Professor of Pediatrics, Harvard Medical School, Boston, Massachusetts. With proper physician guidance, epileptics can live nearly normal lives — Dr. Scholl reviews typical problems with three patients and explains what physicians can do to help.

(21 minutes) (in color)

0415130

DEATH OF A SIBLING, with Thomas S. Morse, M.D., Associate Professor, Surgery, Ohio State University College of Medicine, and Thomas E. Schaffer, M.D., Professor of Pediatrics, Ohio State University College of Medicine.

In a time of crisis for parents and surviving children, the family physician can assume an essential role in support of both. Drs. Morse and Schaffer focus on specific problems that result from the death of a sibling: questions to expect, points to emphasize; emotions to look for; how to use your medical authority to smooth the way. (19 minutes) (in color)

0416035

DETECTION AND DIAGNOSIS OF EDUCATIONALLY/NEUROLOGICALLY HANDICAPPED CHILDREN, with Henry S. Richanbach, M.D., Assistant Clinical Professor of Pediatrics at Stanford University School of Medicine.

Millions of children cannot succeed in school despite adequate intelligence and eagerness to learn. By evaluating the variations of their behavior and their ability to perform, these children can have a good chance in fulfilling their learning potential.

Dr. Richanbach demonstrates basic office procedures for detecting, diagnosing and treating school failure in children before the children are caught up in a cycle of failure.

The program concentrates on the effort of the individual general physician, and not the multidisciplinary approach.

(17 minutes) (in color)

0412702

DEVELOPMENTAL DISABILITY AND THE GENERAL PRACTITIONER, with Geoffrey Woo-ming, M.D., Chief of Pediatrics, Ohio State University Center for Mental Retardation, and Assistant Professor of Pediatrics, OSU College of Medicine; Marian Chase, M.A., Chief of Physical Therapy, OSU Center for Mental Retardation, and Assistant Professor of Physical Therapy, School of Allied Medical Professions, OSU College of Medicine; and Henry Leland, Ph.D., Chief of Psychology, OSU Center for Mental Retardation, and Associate Professor of Psychology, College of Social and Behavioral Sciences, OSU, Columbus Ohio. A multidisciplinary approach is used on this telecast to show the general physician how he can help families with mentally retarded children.

(15 minutes)

0414228

DIAGNOSING THE MALTREATMENT SYNDROME IN CHILDREN, with Vincent J. Fontana, M.D., Director of the Department of Pediatrics, St. Vincent's Hospital; and Medical Director, New York Foundling Hospital, both in New York City. In full agreement with a JAMA editorial stating that the "maltreated or battered child could be the leading cause of death in infants and children," Dr. Fontana describes the presenting signs that should make any physician suspect battered child or maltreatment syndrome — a diagnosis that may prevent future trauma to the child and may even save its life. (14 minutes) (in color)

0414329

DIAGNOSIS OF LEARNING DISABILITIES, with Dorothy L. DeBoer, Ph.D., Director, Learning Disabilities Center, Mercy Hospital and Medical Center, Chicago; and Lowell M. Zollar, M.D., Pediatrician and Pediatric Consultant to the Learning Disabilities Center, Mercy Hospital and Medical Center, Chicago. What is the best way to care for the patient with a specific learning disability? This program follows a child through a learning disabilities center, and shows not only how to recognize these patients, but what can be done to help them.

(16 minutes) (in color)

0421154

EARLY PROSTHETIC FITTING FOR CONGENITAL DEFECTS OF THE EXTREMITIES, with Charles H. Epps, Jr., M.D., Department of Orthopedics, Howard University School of Medicine, and Chief, Juvenile Amputee Clinic, D.C. General Hospital, Washington, D.C. Several patients from the Juvenile Amputee Clinic demonstrate differences between early and late prosthetic fitting for congenital extremity defects. Which conditions require surgical amputation and early prosthetic fitting? How do you approach parents of children with congenital defects? Epps answers these questions. (14 minutes) (in color)

0521027

FAILURE TO THRIVE, with Aaron R. Rausen, M.D., Director of Pediatrics, Beth Israel Medical Center, and Professor of Pediatrics, Mount Sinai School of Medicine, New York City. Suddenly, or gradually, the child fails to thrive. There's no obvious cause. Here's how to examine your patient systematically, to sift through hundreds of possible clues and to solve this massive medical mystery.

(16 minutes) (in color)

0619420

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FOR THE NEWBORN: A MINUTE'S WORTH OF ORTHOPAEDICS, with Robert S. Siffert, M.D., Professor and Chairman, Department of Orthopaedics, Mount Sinai School of Medicine of City University of New York, and Orthopaedic Surgeon and Chief, Mount Sinai Hospital, New York City.

Is the baby abnormal, or has the intrauterine position caused a defect which is only temporary? Dr. Siffert offers a checklist examination for the newborn, which can be completed in about a minute and which should give you the answer. (24 minutes) (in color) **0617117**

HEXACHLOROPHENE: OPEN TO DEBATE, with Harold C. Neu, M.D., Associate Professor of Medicine and Chief, Division of Infectious Diseases; Stanley James, M.D., Professor of Pediatrics and Chairman of the American Academy of Pediatrics Committee on the Fetus and Newborn; Carl Nelson, M.D., Professor of Dermatology and President of the American Dermatological Association. All of the participants are on the faculty of the Columbia University College of Physicians and Surgeons, New York City. Since December 15, 1971 bathing newborns with hexachlorophene, routine in most nurseries, has been banned by the F.D.A. and the American Academy of Pediatrics—or has it? Our panel looks at this new problem from several angles and comes up with some interesting conclusions.

(16 minutes) (in color) **0815520**

HOME TRANSFUSION FOR HEMOPHILIA PATIENTS, with S. Frederick Rabiner, M.D., Director of the Clinical Hematology Unit, Michael Reese Hospital and Medical Center, Chicago; and Associate Professor of Medicine at the University of Chicago Pritzker School of Medicine. Hemophilia patients can be administered anti-hemophilic factor by trained relatives in the home, on vacation — almost anywhere. This is the experience of a three-year program at Michael Reese Hospital. The program, the training for relatives and the results are discussed and shown in this telecast. (20 minutes) (in color) **0813117**

HYPERBARIC OXYGEN TOXICITY. Hyperbaric oxygenation is being used more frequently in clinical situations, but its use is restricted by the toxic effects of oxygen itself. Donald R. Sperling, M.D., Assistant Professor of Pediatrics and Head of the Division of Pediatric Cardiology, University of California at Irvine, California College of Medicine, demonstrates studies on the toxicity of oxygen and its prevention under high pressure in newborn and adult mice.

(13 minutes). **0805410**

INBORN ERRORS OF METABOLISM: MECHANISM AND DIAGNOSIS

Charles R. Scriver, M.D., of the DeBelle Laboratory for Biochemical Genetics at Montreal Children's Hospital in Montreal, P.Q., Canada, describes the current techniques for managing genetic diseases. (13 minutes) (in color) **0909804**

INNOCENT HEART MURMURS IN CHILDREN, with Bernard L. Segal, M.D., Clinical Professor of Medicine, Hahnemann Medical College and Hospital, Philadelphia. Perhaps a third of all children have heart murmurs, but they are often innocent. Cardiologist Segal demonstrates an examination to differentiate innocent from organic murmurs and uses audio recordings to point out the characteristics of several common murmurs.

(13 minutes) (in color) **0917624**

KEEPING UP ON IMMUNIZATIONS, with Samuel L. Katz, M.D., Professor and Chairman of the Department of Pediatrics, Duke University Medical School, and Chairman of the Committee on Infectious Disease of the American Academy of Pediatrics, Durham, North Carolina. Here's a quiz on preventive practice. Six cases point up some problems in "routine" office immunization.

(18 minutes) (in color) **1121804**

LOOK OUT FOR LEAD, with Jay M. Arena, M.D., Director, Duke University Poison Control Center, Durham, N.C., and former President, American Academy of Pediatrics. There are potentially more lethal sources of lead poisoning than old paint in city slums, says Dr. Arena. He presents tips for diagnosis and treatment in your suburban and rural patients.

(10 minutes) (in color) **1217216**

MANAGEMENT OF ADOLESCENT SYMPTOMS Methods of dealing with the problems of adolescents — particularly experimentation with sex and drugs — are demonstrated with groups of teenagers, by Steven R. Homel, M.D., Department of Pediatrics, Jefferson Medical College and Hospital, Philadelphia, Pa.

(18 minutes). **1308004**

MANAGEMENT OF ASPIRIN POISONING, with Jay M. Arena, M.D., Director, Poison Control Center, Duke University Medical Center, Durham, N.C., and former President, American Academy of Pediatrics. Dr. Arena draws on 35 years' experience to give a practical approach to handling the most common cause of poisoning in children.

(13 minutes) (in color) **1317347**

MANAGEMENT OF THE AMBULATORY ASTHMATIC CHILD, with Vincent J. Fontana, M.D., Director of the Department of Pediatrics, St. Vincent's Hospital; and Medical Director New York Foundling Hospital, both in New York City. Dr. Fontana describes the steps that a general practitioner can take to alleviate the symptomatology of asthma, the prevention of future episodes and the avoidance of complications of bronchial asthma.

(16 minutes) (in color)

1314139

MANAGEMENT OF THE BATTERED CHILD SYNDROME, with C. Henry Kempe, M.D., Professor and Chairman of Pediatrics; Brandt F. Steele, M.D., Professor of Psychiatry; and Helen Alexander, Medical Social Worker, Supervisor of Lay Therapists, Battered Child Program. All three are with the University of Colorado Medical Center. The reasons for abuse become apparent in an unrehearsed conversation with the mother of a patient. Three experts offer some practical advice on coping with parents once child abuse has been diagnosed and the underlying problems identified.

(18 minutes) (in color)

1314441

MANAGEMENT TIPS FOR SOFT TISSUE INJURIES IN CHILDREN, with Thomas S. Morse, M.D., Associate Professor of Surgery, Ohio State University College of Medicine, Columbus, Ohio. The surgical technique for repairing a laceration in a child is about the same as that used for adults, but there are ways to make it easier. In this program, special attention is given to dressings, restraints and slings, as Dr. Morse shares his "little tricks" that help make it easier to deal with children.

(18 minutes) (in color)

1319552

MANAGING THE HYPERACTIVE CHILD, with Gerald Erenberg, M.D., Pediatric Neurologist, Montefiore Medical Center and Morrisania Hospital, Bronx, N. Y. Amphetamines are no panacea, nor need they be your first plan of attack. A structured approach to treatment is outlined and illustrated.

(12 minutes) (in color)

1318651

PEDIATRIC CARDIOLOGY — PART I — CATHETERIZATION IN INFANTS. Donald R. Sperling, M.D., Assistant Professor of Pediatrics, California College of Medicine, University of California, explains the indications and techniques for diagnosing congenital heart disease by means of the cardiac catheter.

(14 minutes)

1605003

PEDIATRIC CARDIOLOGY — PART II — DIVISION OF PATENT DUCTUS ARTERIOSUS. Joseph J. Verska, M.D., Associate Clinical Professor of Surgery, University of California, the California College of Medicine, and Director of Cardiac Surgery, White Memorial Medical Center, Los Angeles, operates to correct this congenital cardiac defect. The patent ductus in this infant patient was diagnosed (in PART I) by Donald R. Sperling, M.D., also of the California College of Medicine, using cardiac catheterization.

(19 minutes)

1605104

PEDIATRIC GYNECOLOGY. John W. Huffman, M.D., Professor of Obstetrics and Gynecology, Northwestern University Medical School, and Dorothy M. Barbo, M.D., Instructor of Obstetrics and Gynecology, Marquette University School of Medicine, discuss obstetric problems in children and demonstrate special instruments made for the young patient.

(15 minutes)

1601405

PEDIATRIC NEUROMUSCULAR PROBLEMS. Determining the existence and extent of brain damage in the very young child requires not only attention to every movement and response made by the child, but a knowledge of how to interpret them for treatment. Examination of the hypotonic infant as well as observation of the abnormalities associated with cerebral palsy are explored, using actual child patients, by William C. Earl, M.D., Assistant Professor, Department of Physical Medicine, and Robert A. Wehe, M.D., Instructor, Department of Pediatrics, Ohio State University College of Medicine.

(17 minutes)

1607607

PEDIATRIC PROGRESS: SUBDURAL FLUID COLLECTIONS, with Richard J. Pellegrino, M.D., Director of Pediatric Neurology, University of Nebraska Medical Center, Omaha.

Subdural fluid collection in a very young child is not the same problem encountered in older children and adults. Here are the differences in signs and symptoms, diagnosis and treatment.

(15 minutes) (in color)

1623651

PERSISTENT OR RECURRENT FEVER IN INFANTS AND CHILDREN, with Sydney S. Gellis, M.D., Pediatrician-In-Chief, Tufts-New England Medical Center, Boston, Massachusetts.

Dr. Gellis shows the physical findings which should most arouse suspicion in the physician of the eight leading non-infectious causes of "fever of unknown origin."

(18 minutes)

1611209

PROBLEMS OF BACTERIAL INFECTION — PART I, David H. Smith, M.D., Assistant Professor of Pediatrics, Harvard Medical School, and Children's Hospital Medical Center, Boston, Massachusetts, poses the following question and answers it in detail: How do bacteria become resistant to antibiotics and what does this mean to physicians in the care of their patients? This problem is becoming increasingly difficult for physicians whose patients may suddenly cease to respond to a medication or may suddenly develop "hospital-based" infections.

(17 minutes)

1607025

REACHING THE ADOLESCENT PATIENT. How can the physician "communicate" with the adolescent patient whose physical problems so often are linked to his emotional state? Using groups of youngsters at different age levels, Steven R. Homel, M.D., Department of Pediatrics, Jefferson Medical College and Hospital of Philadelphia, demonstrates techniques and methods that can be applied to general practice. (18 minutes). **1807905**

RECOGNIZING ROLES IN JUVENILE DIABETES, with Donnell D. Etzwiler, M.D., Director, Diabetes Education Center, and Pediatrician, St. Louis Park Medical Center, Minneapolis. A pediatrician gives guidelines for early diagnosis and management of juvenile diabetes and shows which responsibilities of good control should be assigned to physician, health professional, and patient. This presentation was produced with the cooperation of the Council on Scientific Assembly of the American Medical Association. (16 minutes) (In color). **1822934**

RECURRENT URINARY TRACT INFECTIONS IN CHILDREN, with A. Barry Belman, M.D., Attending Pediatric Urologist, Children's Memorial Hospital, and Assistant Professor of Urology, Northwestern University Medical School, Chicago. How should you evaluate a child with recurrent U.T.I.? Compare your routine with that of a pediatric urologist. (14 minutes) (In color). **1821632**

RENAL BIOPSY: WHEN WILL IT HELP THE CHILD? with Shane Roy, III, M.D., pediatric nephrologist and Associate Professor of Pediatrics, University of Tennessee College of Medicine, Memphis. Using four detailed patient cases, Doctor Roy illustrates the use of renal biopsy. The program includes an actual biopsy procedure. (15 minutes) (In color). **1820830**

RESPIRATORY DISTRESS IN THE NEWBORN: INDICATIONS FOR SURGERY, with Alexander J. Schaffer, M.D., Associate Professor Emeritus of Pediatrics Johns Hopkins University School of Medicine, and Assistant Commissioner of Health of the City of Baltimore, Maryland. The clinical signs of respiratory distress are shown, along with examples of anomalies. Special attention is given to the approach of arriving at a specific diagnosis. (25 minutes) (In color). **1810314**

RESPIRATORY DISTRESS IN THE NEWBORN: MEDICAL CONDITIONS, with Alexander J. Schaffer, M.D., Associate Professor Emeritus of Pediatrics, Johns Hopkins University School of Medicine, and Assistant Commissioner of Health of the City of Baltimore, Md. Indications of respiratory distress in the newborn can be detected prior to labor, in labor and in delivery. The alerting signs are clearly illustrated. Dr. Schaffer also summarizes the general principles of treatment. (22 minutes) (In color). **1810415**

SCREENING PRE-SCHOOLERS FOR NEUROLOGICAL DEFICITS, with N. Paul Rosman, M.D., Professor of Pediatrics and Neurology, and Director of Pediatric Neurology at Boston University School of Medicine, and Boston City Hospital. A 15-minute exam can head off possible learning difficulties. Dr. Rosman tests an apparently normal five-year-old for neurological problems and analyzes his results. (20 minutes) (In color). **1918443**

SICKLE-CELL ANEMIA: MANAGEMENT, with Roland B. Scott, M.D., Professor and Head of the Department of Pediatrics, Howard University, and Chief Pediatrician at Freedmen's Hospital in Washington, D.C.

There is no curative treatment for sickle-cell anemia, according to Dr. Scott. However, early diagnosis of the disease, which afflicts more than 50,000 black Americans, can ameliorate the most disturbing symptoms. Dr. Scott describes the therapeutic program he follows to enhance survival until the patient reaches puberty — when the natural course of the disease process appears to become attenuated. (14 minutes) (In color). **1911506**

SICKLE-CELL ANEMIA: SUSPICION AND DIAGNOSIS IN INFANTS AND CHILDREN, with Roland B. Scott, M.D., Professor and Head of the Department of Pediatrics, Howard University, and Chief Pediatrician at Freedmen's Hospital in Washington, D.C. Also V. Bushan Bhardwaj, M.D., Assistant Professor of Pediatrics, Howard University, and Pediatric Hematologist, Freedmen's Hospital.

Sickle-cell anemia afflicts more than 50,000 Americans of African descent. Perhaps another two million black Americans carry the trait.

Until recently, it was believed that little could be done for the disease. Now relief from the symptoms and a prolonging of life are possible. This telecast features the characteristics of the disease, and the laboratory procedure followed to establish a conclusive diagnosis. (20 minutes) (In color). **1911407**

SHORT STATURE IN CHILDREN, with Maurice D. Kogut, M.D., Director, Clinical Research Center, Children's Hospital of Los Angeles, Los Angeles, California.

Three standard growth deviations are defined, and those conditions which are responsible for growth retardation — where no obvious disease is present — are described by Dr. Kogut. (17 minutes) (In color). **1911705**

14356 COMPETITIVE PROBLEMS IN THE DRUG INDUSTRY

SOME ORGANIC CAUSES OF CHILDHOOD OBESITY, with Platon J. Collipp, M.D., Chief of Pediatrics, Nassau County Medical Center, and Professor of Pediatrics, State University of New York, Stony Brook, Long Island, N. Y. Don't discount "glandular" causes of obesity without a long, hard look. Dr. Collipp presents patients with the more common of these rare diseases associated with overweight.

(15 minutes) (in color)

1518209

SOME PATHOLOGIES OF SLEEP, with Julius Segal, Ph.D., of the National Institute for Mental Health, and Professor of Psychology, George Washington University, Washington, D.C. Dr. Segal describes the various stages of normal sleep and then relates disorders in REM and deep sleep to enuresis, somnambulism, night terrors and other patient problems. Special emphasis is given to the diagnosis and treatment of narcolepsy, which affects half a million people in the U.S.

(19 minutes) (in color)

1917729

SORTING OUT SEIZURES IN CHILDREN, with Gilbert H. Glaser, M.D., Chairman and Professor, Department of Neurology, Yale University School of Medicine, New Haven, Connecticut, and President of the American Academy of Neurology. This program provides a quick and thorough evaluation of the seizure patient from initial observation to mandatory laboratory and radiologic tests for a prompt diagnosis.

(16 minutes) (in color)

1920334

A SPECIAL REPORT: RUBELLA IMMUNIZATION A timely program containing the latest information about the Rubella Vaccine, its development and its recommended administration is presented by H. Bruce Dull, M.D., Assistant Director of the National Communicable Disease Center in Atlanta, Ga. (22 minutes).

1908815

SPHINGOLIPIDOSIS: GENETICS

The increasing incidence of sphingolipid disease, such as Tay-Sachs, Gaucher's, and Niemann-Pick, is examined genetically by Stanley M. Aronson, M.D., Professor of Pathology, State University of New York Downstate Medical Center, and Attending Neuropathologist, Isaac Albert Research Institute, Jewish Chronic Disease Hospital, Brooklyn. (15 minutes).

1904914

SPHINGOLIPIDOSIS — PART I — BIOCHEMICAL ASPECTS. The chemical compositions of gangliosides, sphingomyelins, sulfatides, glycolipids, and cerebroside, as they are found in the various sphingolipid diseases, are analyzed by Abraham Saifer, Ph.D., Chief of the Biochemistry Department, Isaac Albert Research Institute of the Jewish Chronic Disease Hospital, Brooklyn. (21 minutes).

1905015

SPHINGOLIPIDOSIS — PART II — PATHOLOGY. Several pathologic manifestations — such as amaurotic family idiocy (Tay-Sachs disease), hepatosplenomegaly (Niemann-Pick disease), and others — grouped under the general category of sphingolipidosis, are examined and defined by Bruno W. Volk, M.D., Director of the Isaac Albert Research Institute, of the Jewish Chronic Disease Hospital, and Clinical Professor of Pathology, State University of New York Downstate Medical Center, Brooklyn. (21 minutes).

1905016

SPHINGOLIPIDOSIS — PART III — CLINICAL ASPECTS. The specific physiologic manifestations of the Tay-Sachs and Niemann-Pick diseases and amaurotic idiocy — such as cherry red macula, clonus, severe contractions, the "frog" position of the legs, and lack of macrocephaly — are demonstrated with young patients by Larry Schneck, M.D., of the Albert Isaac Research Institute of the Jewish Chronic Disease Hospital, Downstate Medical Center, Brooklyn, New York. (13 minutes).

1905217

THE DIABETIC IN COMA/BRITTLE DIABETES/ THE YOUNG DIABETIC, with Rachmiel Levine, M.D., Professor and Chairman of the Department of Medicine at New York Medical College in New York City.

Coma may occur in a person with diabetes for the same reasons as it would occur in the non-diabetic. For that reason it is important to differentiate between the two comas. Dr. Levine describes ketoacidosis, hyperglycemic coma, lacticidosis, hypoglycemia. Dr. Levine also discusses "brittle" diabetes and the prognosis of childhood diabetes. (20 minutes).

0410904

THE DISTRESSED NEWBORN: THE FIRST 30 MINUTES, with Peter A. M. Auld, M.D., Director, Neonatal Intensive Care Unit, and Professor of Pediatrics, New York Hospital-Cornell Medical Center, New York. Your newborn's Apgar score is low. Here's how to manage the immediate emergencies — and how to decide whether the infant needs intensive care.

(16 minutes) (in color)

0419650

THE DOCTOR-ADOLESCENT RELATIONSHIP. The adolescent frequently needs an outlet to express his doubts and concerns. How the physician can serve as this outlet during a clinical visit is demonstrated by Steven R. Homel, M.D., of the Department of Pediatrics, Jefferson Medical College and Hospital, Philadelphia, Pa.

(30 minutes).

0408319

THE GENERAL PRACTITIONER AND COMMUNITY RESOURCES AVAILABLE FOR THE DEVELOPMENTALLY DELAYED, with William Gibson, M.D., Director, the Ohio State University Hirschel W. Nisonger Center for Mental Retardation, and Associate Professor of Physical Medicine at the Ohio State University College of Medicine; Cary W. Perkins, with the Ohio Association for Retarded Children, Inc.; and Donald Cavin, Ed.D., Chief of Special Education at the Nisonger Center in Columbus, Ohio. The general practitioner can play an invaluable role in guiding families of the mentally retarded and the developmentally disabled to community resources and treatment centers. This telecast acquaints the physician with federal legislation providing for new resources, and how he can learn of their availability in his community.

(16 minutes) (in color)

0714015

THE HYPERACTIVE CHILD: FINDING THE CAUSE, with Gerald Erenberg, M.D., Pediatric Neurologist, Montefiore and Morrisania Hospitals, Bronx, N. Y. The child is out of control at school or at home. You are asked to diagnose or rule out minimal brain damage. This program shows you how — simply and quickly.

(18 minutes) (in color)

0818532

THE NEUROLOGICAL EXAMINATION FOR THE NEWBORN, with N. Paul Rosman, M.D., Professor of Pediatrics and Neurology and Director of Pediatric Neurology, Boston University School of Medicine. Here are Dr. Rosman's reasons and techniques for this exam — an important few minutes in the first days of a newborn's life.

(19 minutes) (in color)

1418131

THE PEDIATRIC NURSE PRACTITIONER: AN EVOLVING ROLE IN PATIENT CARE, with Henry K. Silver, M.D., Professor of Pediatrics, University of Colorado Medical Center, Denver; and Loretta C. Ford, Ed.D., Professor and Chairman of Community Health Nursing, University of Colorado School of Nursing, Denver. If your pediatric practice is about one-half well-child supervision and one-fifth minor respiratory infections management, then your office could be a candidate for a pediatric nurse practitioner (PNP). A group with six years' experience in the PNP program helps you understand this new role and the PNP-doctor relationship with vignettes of a PNP on-the-job. Although this telecast concerns pediatric practice, other physicians, too, can benefit from this look at the PNP experience.

(20 minutes) (in color)

1614535

THE PEDIATRIC NURSE PRACTITIONER IN YOUR OFFICE, with Henry K. Silver, M.D., University of Colorado Medical Center, Denver; Donald Cook, M.D., Lewis R. Day, M.D., and Robert Schiff, M.D., all pediatricians practicing with PNPs; and Loretta C. Ford, R.N., Ed.D., Professor and Chairman of Community Health Nursing, University of Colorado School of Nursing, Denver. In six years' experience with over 80 PNPs, there have been no legal problems. Three physicians and their PNP associates describe their own enthusiastic reactions and those of their colleagues to this innovative, patient-accepted program that provides security and a lighter work load for physicians as well as professional gratification for PNPs.

(18 minutes) (in color)

1614636

THE RUBELLA IMMUNIZATION PROGRAM: A PROGRESS REPORT, with Saul Krugman, M.D., Professor and Chairman of the Department of Pediatrics; and Louis Z. Cooper, M.D., Associate Professor of Pediatrics and Director of the Rubella Birth Defect Evaluating Project — both physicians from the New York University Medical Center, Bellevue Hospital, New York City; and John J. Witte, M.D., Chief of the Immunization Branch of the Center for Disease Control, Department of Health, Education and Welfare, Atlanta, Georgia.

The Rubella Immunization Program has been in widespread use since the Summer of 1969. Three authorities on rubella report the findings of the Immunization Program and offer advice to practicing physicians based on the findings.

(23 minutes) (in color)

1812823

THE TEAM APPROACH TO THE CLEFT PALATE: HABILITATION

Members of the staff at the Lancaster Cleft Palate Clinic in Lancaster, Pa., along with H. K. Cooper, Sr., D.D.S., founder and Director Emeritus of the clinic, demonstrate their approach to a birth defect found in every 700 births.

(18 minutes) (in color)

2010001

THE TEAM APPROACH TO THE CLEFT PALATE: REHABILITATION, with Robert T. Millard, Chief Speech Pathologist, and Mohammad Mazaheri, D.D.S., Chief Prosthodontist, both of the Lancaster (Pa.) Cleft Palate Clinic. A variety of cases is explored with the team approaches to each problem described in detail.

(15 minutes) (in color)

2010102

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TREATING EDUCATIONALLY/NEUROLOGICALLY HANDICAPPED CHILDREN, with Henry S. Richanbach, M.D., Assistant Clinical Professor of Pediatrics, Stanford University School of Medicine; and Lester Tarnapol, Sc.D., Past President of the California Association for Neurologically Handicapped — both from Stanford, California.

The general physician will learn about the drugs that are being administered cautiously to educationally handicapped children, and the special educational programs that have been developed to assist them in daily living.

(17 minutes) (in color)

2012811

THE TREATMENT OF BRONCHIAL ASTHMA, with Frank Perlman, M.D., Clinical Professor of Medicine, University of Oregon School of Medicine, Portland. How to treat the asthmatic patient early to avoid a potential respiratory crisis.

(16 minutes) (in color)

2020032

VESICoureTERAL REFLUX IN CHILDREN, with A. Barry Belman, M.D., Attending Pediatric Urologist, Children's Memorial Hospital, and Assistant Professor of Urology, Northwestern University Medical School, Chicago. How to find the congenital anomaly that can cause renal damage in children with recurrent U.T.I.s.

(9 minutes) (in color)

2221703

WHO SPEAKS FOR THE BABY? A baby is born mongoloid, with a defective heart and duodenal atresia. The parents, with three other children at home, ask that lifesaving intestinal surgery not be performed. The pediatrician, trained to preserve life, seeks a court order to operate. Is such a decision within the physician's province? Should this child live or die? A presentation by physicians and medical students of points of view on infant euthanasia.

(20 minutes) (in color)

SAMA 2810352

PHARMACOLOGY

ANAPHYLACTIC REACTIONS TO DRUGS. Drug allergies in various degrees of severity have been found to occur in as many as 10 to 15 per cent of patients. But the one feared most by physicians because it can lead to death is the anaphylactic reaction. Bernard B. Levine, M.D., Associate Professor of Medicine, Department of Internal Medicine, New York University Medical Center, points out the clinical and pathologic signs of anaphylaxis and makes recommendation on treatment. (15 minutes).

0106312

ANTIBIOTIC MISADVENTURE: "THE CASE OF OVERKILL," with Harold C. Neu, M.D., Chief of Infectious Diseases, Columbia University College of Physicians and Surgeons, New York City. Test your prescribing ability by following the day-by-day reports on a 70-year-old male patient admitted to the hospital with shaking chills, pleuritic pain, headache, fever, rapid respirations and pulse. This program is part of the "Drug Spotlight Program" sponsored by the American Society for Clinical Pharmacology and Therapeutics.

(8 minutes) (in color)

0118636

ANTIBIOTIC MISADVENTURE: "THE CASE OF SUPERINFECTION, PAR EXCELLENCE," with Harold C. Neu, M.D., Chief of Infectious Diseases, Columbia University College of Physicians and Surgeons, New York City. See if you can find all of the prescribing mistakes made in this case, which started as a relatively simple problem—a 71-year-old woman complaining of fatigue and nausea, with abdominal mass, elevated body temperature and white count. (This program was presented as part of the American Society for Clinical Pharmacology and Therapeutics' Drug Spotlight Program.)

(13 minutes) (in color)

0118737

ANTIMICROBIAL TOXICITIES: FROM OFFICE TO HOSPITAL, with Harold C. Neu, M.D., Associate Professor of Medicine and Head, Division of Infectious Diseases, Columbia University College of Physicians and Surgeons, New York City. Help manage a patient with chronic urinary tract infection. As the case unfolds, you select the most effective drug, manage various unexpected complications, and alter or stay with your choice given a variety of clinical situations.

(20 minutes) (in color)

0122343

ANTIMICROBIAL TOXICITIES: THE INNOCUOUS SETTING, with Harold C. Neu, M.D., Associate Professor of Medicine and Head, Division of Infectious Diseases, Columbia University College of Physicians and Surgeons, New York City. Which antibiotics are effective and least toxic for the patient who has staphylococcal cellulitis . . . vaginitis . . . otitis media and externa? To test your skills in prescribing, help manage a patient with these problems.

(13 minutes) (in color)

0121840

BUGS vs. DRUGS: CAN WE COMBAT BACTERIAL RESISTANCE? with Harold C. Neu, M.D., Associate Professor of Medicine and Chief, Division of Infectious Diseases, Columbia University College of Physicians and Surgeons. Dr. Neu employs semi-animated graphic art to answer the title's question with a qualified "Yes." He illustrates several of the mechanisms by which bacteria develops resistance and suggests ways in which knowledge of those mechanisms can be used against resistant strains.

(15 minutes) (in color)

0215716

CLINICAL PHARMACOLOGY OF DIURETIC DRUGS, with Albert N. Brest, M.D., Associate Professor of Medicine and Head, Section of Vascular Disease and Renology, Hahnemann Medical College and Hospital. (15 minutes) **0302726**

CLINICAL PHARMACY: THE PHYSICIAN'S VIEW-POINT, with Padraig Carney, M.D., Chief of Staff, Memorial Hospital Center of Long Beach, California, and William E. Smith, Jr., Pharm. D., Director, Pharmacy and Central Services, Memorial Hospital Center of Long Beach, California. Although Clinical Pharmacy has only recently gained wide attention, it has been operating at Long Beach since 1959. Dr. Carney gives a candid evaluation of the Clinical Pharmacist as a member of the patient-care team, against a background of specific demonstrations provided by Dr. Smith and his staff.

(21 minutes) (in color)

0315672

CONGESTIVE HEART FAILURE: SUCCESSFUL MANAGEMENT, with James E. Doherty, M.D., Professor of Medicine and Pharmacology, University of Arkansas College of Medicine, and Director, Division of Cardiology, V.A.-University Medical Center Hospitals, Little Rock.

Digitalis, Diet, Diuretics, Rest and Vasodilators. When and how to prescribe most effectively.

(12 minutes) (in color)

0323788

CONTAMINATION OF INTRAVENOUS INFUSIONS, with Richard J. Duma, M.D., Chairman, Division of Infectious Diseases and Immunology, and Associate Professor of Medicine, The Medical College of Virginia, Richmond, and President-Elect of the National Foundation for Infectious Diseases. How to recognize and prevent contamination of intravenous infusions. (A Drug Spotlight Program, presented in cooperation with the American Society for Clinical Pharmacology and Therapeutics) (17 minutes) (in color)

0321781

CORTICOSTEROIDS: Rx FOR THREE CONNECTIVE TISSUE DISEASES, with Richard H. Ferguson, M.D., Associate Professor of Medicine and Head of a Section of Rheumatology, The Mayo Clinic and Mayo Foundation, Rochester, Minnesota. Three successful therapeutic plans using corticosteroids to control certain problems in temporal arteritis, polymyositis, and lupus nephritis are outlined. (This program was presented as part of the American Society for Clinical Pharmacology and Therapeutics' Drug Spotlight Program.) (20 minutes) (in color)

0321079

THE DIAGNOSIS AND TREATMENT OF DEPRESSION. These programs were produced with the cooperation of the Council on Scientific Assembly of the American Medical Association.

MASKED DEPRESSION: THE INTERVIEW AND THE RECOGNITION AND DELINEATION OF DEPRESSION, with Thomas P. Hackett, M.D., Acting Chief, Department of Psychiatry, Massachusetts General Hospital and Associate Professor of Psychiatry, Harvard Medical School, Boston. A comprehensive look at depression for the non-psychiatrist. Interview techniques are demonstrated and explained for one of the most common, yet hidden, forms this illness can take. (30 minutes) (in color)

1322759

BIOGENIC AMINE THEORIES OF DEPRESSION, with Ross J. Baldessarini, M.D., Chief, Neuropharmacology Laboratory, Massachusetts General Hospital, and Associate Professor of Psychiatry, Harvard Medical School, Boston. This program concerns management, which may be based on theories of metabolic etiology as well as on traditional psychiatric tenets. Dr. Baldessarini presents the biological theory.

(14 minutes) (in color)

0222822

MANAGING THE DEPRESSED PATIENT, with Gerald L. Klerman, M.D., Superintendent, Erich Lindemann Mental Health Center, and Professor of Psychiatry, Harvard Medical School, Boston. Dr. Klerman presents the treatment of six common types of depressed patients.

(34 minutes) (in color)

1322857

DIGITALIS: FRIEND OR FOE? with James E. Doherty, M.D., Professor of Medicine and Director of Cardiology, University of Arkansas School of Medicine and The Little Rock Veterans Administration Hospital. Dr. Doherty points out the signs and symptoms of digitalis toxicity and provides guidelines for adjusting dosage to provide maximum benefit without adverse reactions. (This program was part of the Drug Spotlight Program of the American Society for Clinical Pharmacology and Therapeutics.)

(13 minutes) (in color)

0420152

DOWN AND OUT IN THE E.R. Barbiturate overdose, accidental or intentional, is the number one drug abuse problem presenting in Emergency Rooms. Dr. George Gay of the Haight-Ashbury Free Medical Clinic in San Francisco and Dr. Eric Comstock, Director of the Institute of Toxicology at Baylor University, join medical student John Rose of Baylor to demonstrate recommended procedures for the diagnosis and treatment of a barbiturate overdose crisis.

(26 minutes) (in color)

SAMA 2810859

DRUG INTERACTION: "THE CASE OF THE PUSHY ANTIBIOTIC," with Harold C. Neu, M.D., Head of Infectious Diseases, and Associate Professor of Medicine, Columbia University College of Physicians and Surgeons, New York City. When can the right selection of antibiotics be wrong? In four clinical situations, says Dr. Neu in this "Drug Spotlight Program," presented in cooperation with the American Society for Clinical Pharmacology and Therapeutics.

(9 minutes) (In color)

0419146

DRUG INTERACTIONS, with George N. Aagaard, M.D., Professor of Medicine and Head of the Division of Clinical Pharmacology, University of Washington, Seattle, Washington. A leading pharmacologist presents the several interactions that can occur and should be anticipated whenever a multiple-drug regimen is altered. Specific and common examples are offered.

(17 minutes) (In color).

0413625

DRUGS vs. BUGS: CHOOSING THE RIGHT ANTIBIOTIC, with Harold C. Neu, M.D., Associate Professor of Medicine and Chief, Division of Infectious Diseases, Columbia University College of Physicians & Surgeons, New York. The best way to choose an antibiotic is to match its antibacterial action to the organism's susceptibility. Dr. Neu uses lively graphics to demonstrate the metabolic effects of several commonly used antibiotics, and offers some practical advice on choosing the right drug for the bug.

(15 minutes) (In color)

0415632

IATROGENIC DRUG PROBLEMS, with Leighton E. Cluff, M.D., Chairman and Professor, Department of Medicine, University of Florida College of Medicine, Gainesville.

Dr. Cluff presents patient cases illustrating common physician errors in drug administration and shows how to avoid them.

(14 minutes) (In color)

0923734

LONG-TERM MANAGEMENT OF S.L.E., with Naomi F. Rothfield, M.D., Professor of Medicine and Chief, Arthritis Division, University of Connecticut School of Medicine, Farmington, Conn. Specific drugs and general life adjustments are important to the treatment course of systemic lupus erythematosus. However, the key to managing S.L.E., demonstrated here, is to identify symptoms and signs of impending flare-ups.

(17 minutes) (In color)

1220019

MANAGEMENT OF ACUTE POISONING, with Jay M. Arena, M.D., Director, Poison Control Center of the Duke University Medical Center, Durham, N.C., and former President, American Academy of Pediatrics. Dr. Arena shows how to treat common and uncommon poisoning episodes on an emergency basis.

(22 minutes) (In color)

1317648

MANAGEMENT OF ASPIRIN POISONING, with Jay M. Arena, M.D., Director, Poison Control Center, Duke University Medical Center, Durham, N.C., and former President, American Academy of Pediatrics. Dr. Arena draws on 35 years' experience to give a practical approach to handling the most common cause of poisoning in children. (13 minutes) (In color)

1317347

MILD-TO-SEVERE HYPERTENSION: TIPS FOR TREATMENT, with George N. Aagaard, M.D., Professor of Medicine and Head of the Division of Clinical Pharmacology, University of Washington School of Medicine, Seattle. As part of the national "Drug Spotlight Program", Dr. Aagaard presents a simple approach to treating patients with hypertension. He outlines the basic non-pharmacologic approach, the way in which to use oral diuretics, adrenergic inhibitors and smooth muscle dilators, and his method of handling refractory hypertension.

(14 minutes) (In color)

1317749

MOOD-ALTERING DRUGS: STOP, THINK, PRESCRIBE, with W. J. Russell Taylor, M.D., Ph.D., Director of Clinical Pharmacology, Philadelphia General Hospital, Philadelphia. Anxiety, depression and over a hundred available drugs are the subject of this "Drug Spotlight Program" feature. Two patients who need drug therapy present their complaints, and Dr. Taylor identifies by brand the drugs he would and would not prescribe.

(18 minutes) (In color)

1318350

"THE NATIONAL ANTIBIOTIC THERAPY TEST." The National Antibiotic Therapy Test consists of a seventy-five minute videotape workshop with the objective of self-assessment and learning about the proper use of antibiotics in medical practice. The practicing physician is confronted with patient problems requiring decisions on the use or non-use of antibiotics.

NATT was also designed for a broad range of medical specialties including the family physician, the internist, the pediatrician, the otolaryngologist, the urologist, the obstetrician/gynecologist, and the general surgeon. The test scores of the participating physician can be compared with those of other physicians throughout the country. The test is self-administered, and self-scored.

Please call NCME for special price information which includes scoring folders.

(75 minutes) (In color)

2800075

THE NATIONAL ANTIBIOTIC THERAPY TEST: FIRST RESULTS, with Alan L. Goldberg, M.D., family physician, Bronx, New York; Harold C. Neu, M.D., Head, Infectious Diseases, Columbia University College of Physicians and Surgeons, New York City; and Edmund D. Pellegrino, M.D., Professor of Medicine and Chancellor for Health Sciences, University of Tennessee. "First Results" on the National Antibiotic Therapy Test include 4,513 scores of physicians taking the examination. The national averages and how various specialty groups scored are among the results presented on this program. Five of the questions, the most difficult on the test, are reviewed. (17 minutes) (in color) **1420834**

PHARMACOLOGY OF BARBITURATES, with Gabriel L. Plaa, M.D., Associate Professor, Department of Pharmacology, University of Iowa College of Medicine. A discussion of the pharmacologic action of barbiturates. (28 minutes). **1601310**

THE PILL AND THE INFORMED PATIENT, with Louis M. Hellman, M.D., Deputy Assistant Secretary for Population Affairs, U. S. Department of Health, Education and Welfare, Washington, D. C., Professor and Chairman Emeritus, Department of Obstetrics and Gynecology, State University of New York Downstate Medical Center, in New York City. An update on oral contraceptives and how to counsel patients for informed consent. Dr. Hellman interviews a healthy young patient, beginning contraception, and an older patient with complications related to oral contraceptive drugs. This program is presented as part of the American Society for Clinical Pharmacology and Therapeutics Drug Spotlight Program. (29 minutes) (in color) **1623450**

PILLS, PRISONERS AND PROGRESS. In the U.S., much of the controlled study drug research done among "normal" human beings is conducted among prisoner volunteers. Four disparate views of drug research using such human subjects are presented to medical student moderator, John Trowbridge, by: Gilbert McMahon, M.D., head of Therapeutics Section, Department of Medicine, Tulane University Medical School; Mr. Willy Holder, an ex-convict and President of the California Prisoner's Union; Mr. Michael Mills, a research associate for the Center for Criminal Justice at the University of Chicago Law School; and Alan Varley, M.D., Medical Director of the Upjohn Company. (19 minutes) (in color) **SAMA 2811064**

PULMONARY EMBOLISM: A RATIONAL APPROACH TO MANAGEMENT, with William Hall, M.D., Director of the Pulmonary Function Unit at Strong Memorial Hospital, and Assistant Professor of Medicine, University of Rochester School of Medicine, Rochester, New York. The mortality rate for untreated pulmonary embolism patients is between 25 and 50 percent. Doctor Hall demonstrates that such gloomy results can be avoided through prompt and effective management, which includes anticoagulant therapy and the treatment of hypoxia. (This program is part of the "Drug Spotlight Program" of the American Society for Clinical Pharmacology and Therapeutics.) (17 minutes) (in color) **1619744**

B: L-DOPA, with Melvin D. Yahr, M.D., Professor of Neurology, Columbia University College of Physicians & Surgeons, Columbia Presbyterian Medical Center, New York City, and Executive Director, Parkinson's Disease Foundation; and Fletcher McDowell, M.D., Professor of Neurology and Associate Dean, Cornell University Medical College, New York City.

For the first time since Parkinson's disease was described more than 150 years ago, a substantial number of Parkinsonism patients can be effectively treated by a drug.

The drug gives functional improvement and practical relief in a majority of Parkinson cases.

L-DOPA is described in terms of its effectiveness, side effects and indicated dosages. (19 minutes). **1811624**

SINGLE PATIENT-ORIENTED NEURO-PSYCHOPHARMACOLOGY, with Walter Knopp, M.D., Associate Professor of Psychiatry, Ohio State University College of Medicine.

Dr. Knopp presents an objective method of evaluating the effects of drug therapy in neuropsychiatric disease. (15 minutes). **1906511**

SKIN ERUPTIONS: DUE TO DRUGS?, with David L. Cram, M.D., Chief of the Dermatology Clinic, University of California at San Francisco. Is your patient's skin reaction due to drugs? Is it dangerous enough to warrant removing a necessary medication? Which of several drugs is the culprit? (16 minutes) (in color) **1922140**

A TALK WITH LINUS PAULING, Ph.D., Director, Linus Pauling Institute of Science and Medicine, Stanford University. Dr. Pauling is interviewed by family practitioner Rafael Sanchez, M.D., Associate Dean, Louisiana State University School of Medicine, and member of the NCME Medical Advisory Committee. The controversial two-time Nobel laureate responds to some practical questions about his work in the medical uses of ascorbic acid. (14 minutes) (in color) **2021536**

TIME BORROWERS IN SHOCK, with Leon I. Goldberg, M.D., Ph.D., Professor of Medicine and Pharmacology, and Director of Clinical Pharmacology, Emory University School of Medicine in Atlanta, Georgia. When the physician needs to "borrow time" while treating the underlying causes of shock, a cautious use of sympathomimetic amines is often a worthwhile temporary solution. (14 minutes) (in color) **2020737**

PHYSIOLOGY

CELLULAR DISTURBANCES: A NEW CONCEPT OF OBESITY

Some extremely obese patients may be incapable of losing weight and maintaining the loss because they may have acquired an excessive number of fat cells early in life. This is one of the findings of Jules Hirsch, M.D., Professor and Senior Physician to The Hospital, Rockefeller University, New York. (19 minutes) **0308704**

WHAT ARE WE LEARNING IN SPACE MEDICINE? (HUMAN ADAPTATION TO SPACE), with Charles A. Berry, M.D., Director of Medical Research and Operations, NASA, Houston, Texas. Dr. Berry reveals how he and his team of physicians have answered the question: "What is the worst thing that can happen to the astronauts during a flight?" Such considerations as prophylactic surgery and medication aboard the flight are disclosed. (14 minutes) (in color) **2313705**

WHAT ARE WE LEARNING IN SPACE MEDICINE? (IN-FLIGHT CONCERNS), with Charles A. Berry, M.D., Director of Medical Research and Operations, NASA, Houston, Texas. Dr. Berry takes us through the countdown of medical activity during a rocket launch. He offers anecdotes, supplemented with official NASA film — such as the implications of losing Alan Shepard, Jr.'s EKG sensor prior to Apollo 14 liftoff. (28 minutes) (in color) **2313704**

WHAT ARE WE LEARNING IN SPACE MEDICINE? (THE PHYSIOLOGICAL ENVIRONMENT), with Charles A. Berry, M.D., Director of Medical Research and Operations, NASA, Houston, Texas. Among the many medical problems Dr. Berry highlights in this telecast are loss of red cell mass on long flights and new monitoring leads for various bodily functions with a suggestion of how they might be used in "conventional" patient practice. (13 minutes) (in color) **2313703**

PRACTICE MANAGEMENT & MEDICAL ECONOMICS

BARGAINING FOR POWER: PHYSICIANS' UNIONS, with Sanford A. Marcus, M.D., President of the Union of American Physicians, San Francisco, California; Stephen Baker, M.D., President of the Committee of Interns and Residents, New York City; Anthony Bottone, M.D., Executive Secretary of the Committee of Interns and Residents; and Murray Gordon, labor relations attorney. Spurred by their own needs and those of their patients, many physicians are organizing unions. Their aims and how they hope to achieve them are the subject of this telecast. (16 minutes) (in color) **0216817**

CLINICAL LABORATORIES: PHYSICIAN EVALUATION AND UTILIZATION, with Randolph M. Chase, Jr., M.D., Director, Microbiology Department, New York University Hospital; Joseph H. Boutwell, M.D., Chief of Licensure and Development Branch, Laboratory Division of the National Communicable Disease Center in Atlanta, Georgia; and Edward Cavanaugh, M.D., Chief of Laboratory Training Section of the NCDC. An overview of clinical laboratories in the U.S. today, including costs, range of tests, quality of work and selecting a lab, is presented in this program produced at the National Communicable Disease Center. (17 minutes) (in color) **0310317**

THE HEALTH CARE TEAM. The team approach to primary health care is a multi-disciplinary approach to the treatment of the whole patient and his environment. George Blatti, fourth year student at the University of Minnesota and past President of SAMA, discusses the advantages of this approach to health care delivery with three members of a health care team from the Martin Luther King Medical Center, Bronx, New York. Applications of the team concept in rural settings and opportunities for health care students to participate in health teams are also presented. (17 minutes) (in color) **SAMA 2811373**

MANAGING YOUR PRACTICE: BILLING AND COLLECTION

Gene Balliett, President of Medical Practice Management Consultants and an Editorial Consultant to Medical Economics, describes techniques and procedures to use in billing patients regardless of the type of practice. (17 minutes) **1309309**

**MANAGING YOUR PRACTICE:
IS INCORPORATION FOR YOU?**

A decision by the U.S. Internal Revenue Service, along with state legislation, enables individuals and groups to form professional corporations for tax purposes and other benefits. Discussing these benefits with two physicians is Gene Balliett, President of Medical Practice Management Consultants in Teaneck, N.J.

(17 minutes)

1310010**MANAGING YOUR PRACTICE:
SPACE, EQUIPMENT, PERSONNEL**

The money a physician invests in his practice may provide him with the best return of investment he will ever make. This is demonstrated by Gene Balliett, President of Medical Practice Management Consultants and Editorial Consultant to Medical Economics.

(19 minutes) **1309111**

MEDICAL ADVANCES INSTITUTE: AN NCME REPORT. MAI, an organization of physicians in Ohio advocating a system of health care review, is providing guidance to physicians in that state who are attempting to establish Professional Standards Review Organizations. Neither the MAI system nor any other has yet been totally accepted by HEW as a model system for PSRO.

(17 minutes) (in color)

1321454

THE PEDIATRIC NURSE PRACTITIONER: AN EVOLVING ROLE IN PATIENT CARE, with Henry K. Silver, M.D., Professor of Pediatrics, University of Colorado Medical Center, Denver; and Loretta C. Ford, R.N., Ed.D., Professor and Chairman of Community Health Nursing, University of Colorado School of Nursing, Denver. If your pediatric practice is about one-half well-child supervision and one-fifth minor respiratory infections management, then your office could be a candidate for a pediatric nurse practitioner (PNP). A group with six years' experience in the PNP program helps you understand this new role and the PNP-doctor relationship with vignettes of a PNP on-the-job. Although this telecast concerns pediatric practice, other physicians, too, can benefit from this look at the PNP experience.

(20 minutes) (in color)

1614535

THE PEDIATRIC NURSE PRACTITIONER IN YOUR OFFICE, with Henry K. Silver, M.D., University of Colorado Medical Center, Denver; Donald Cook, M.D., Lewis R. Day, M.D., and Robert Schiff, M.D., all pediatricians practicing with PNPs; and Loretta C. Ford, R.N., Ed.D., Professor and Chairman of Community Health Nursing, University of Colorado School of Nursing, Denver. In six years of experience with over 80 PNPs, there have been no legal problems. Three physicians and their PNP associates describe their own enthusiastic reactions and those of their colleagues to this innovative, patient-accepted program that provides security and a lighter workload for physicians as well as professional gratification for PNPs.

(18 minutes) (in color)

1614636

PSRO: THE ISSUE OF 1974, with Senator Wallace F. Bennett (R-Utah); James L. Henry, M.D., President, Ohio State Medical Association; Robert B. Hunter, M.D., member, AMA Board of Trustees; and J. Lewis Schrickler, Jr., M.D., President, Utah State Medical Association. Edmund D. Pellegrino, M.D., Chancellor for Health Sciences, University of Tennessee, is moderator. Senator Bennett's controversial PSRO amendment to Public Law 92-603, the Social Security Act, is outlined and examined. Dr. Pellegrino challenges panelists with major questions surrounding the legislation. Topics include PSRO's cost, effect on malpractice liability, and possible interference in the practice of medicine.

(22 minutes) (in color)

1620947

SIMPLIFYING THE MEDICOLEGAL REPORT, with Robert M. Fox, an attorney and author of the book, *The Medicolegal Report: Theory and Practice*.

This telecast will be helpful to physicians who have problems composing a medical-legal report for attorneys or insurance carriers — particularly when injuries are involved.

(17 minutes) (in color)

1912010

THE DOCTOR AND HIS TAXES, with Ernest R. Field, C.P.A., and tax attorney.

The professional corporation, trusts, estate planning, an investment program, deductions and the business of record keeping are subjects covered in this telecast.

(18 minutes) (in color)

0412220

THE DOCTOR AS INVESTOR, with Gene Balliett, Medical Management Consultant.

Some of the basics of investment are explored from the physician's point of view by Mr. Balliett, two physicians and their wives. The telecast addresses itself particularly to the investment situation as it exists.

(16 minutes) (in color)

0412521

THE PROBLEM-ORIENTED MEDICAL RECORD, with Paul Y. Ertel, M.D., Associate Professor of Pediatrics, Ohio State University College of Medicine, Columbus, Ohio. This Special Workshop offers a comprehensive picture of what physicians and other health professionals need to know to initiate and maintain Problem-Oriented Medical Records. This unique interactive Workshop combines television instruction and workbooks, which include POMR forms for the participants to use as they work along with the videotape. Please inquire for special rental information.

(50 minutes) (in color)

2800048

PSYCHIATRY

AFTER THE SPONTANEOUS ABORTION: COUNSELING BY THE FAMILY PHYSICIAN, with William C. Rigby, M.D., Assistant Professor, Department of Obstetrics and Gynecology, and Adolph Hass, M.D., Clinical Associate Professor, Department of Psychiatry, Ohio State University School of Medicine. Using an actual case of spontaneous abortion in a much wanted pregnancy, Drs. Rigby and Hass — and the patient in question — delineate areas in which the physician can support and reassure his patient in the time of crisis. (19 minutes) (in color) **0116129**

BABY . . . ARE YOU MINE? ARE YOU REALLY ALIVE? Medical treatment was successful, but the mother couldn't care for her premature baby. Why? Did hospital care interfere with the mother's attachment to her baby?

Marshall H. Klaus, M.D., Professor of Pediatrics and Director of the Neonatal Nurseries at Case Western Reserve University of Medicine in Cleveland, Ohio, presents the highlights of studies on maternal attachment. In addition, there are positive clinical hints on how to strengthen and support parental attachment.

(26 minutes) (in color)

SAMA 2811774

BODY LANGUAGE IN DIAGNOSIS, with Gordon H. Deckert, M.D., Professor and Chairman, Department of Psychiatry and Behavioral Sciences, University of Oklahoma Health Sciences Center, Oklahoma City. A psychiatrist shows how to obtain a wealth of information during the first five minutes of an office visit by observing how a patient walks, talks, and acts.

(17 minutes) (in color)

0220919

CAN YOU TREAT OBESITY IN CHILDREN? with Platon J. Collipp, M.D., Chief Pediatrician, Nassau County Medical Center, and Professor of Pediatrics, State University of New York, Stony Brook, Long Island, N. Y. Long-standing obesity, a health hazard in later life, can be stemmed in childhood and adolescence. Dr. Collipp shows how diet, group treatment, challenge and support have successfully removed "60 tons of Long Island baby fat."

(18 minutes) (in color)

0318076

CLARIFYING ENCOUNTER THERAPY, with F. Theodore Reid, M.D., Associate Professor, Department of Neurology and Psychiatry, Michael Reese Hospital, Chicago, Illinois.

The non-psychiatric physician will learn about the dynamics of an encounter group by viewing an actual session in progress. Dr. Reid explains characteristics of the session as they develop. The purpose is to offer the general physician enough information to respond to patients who ask questions about encounter therapy.

(19 minutes) (in color)

0312112

CLARIFYING GROUP THERAPY, with F. Theodore Reid, M.D., Associate Professor, Department of Neurology and Psychiatry, Michael Reese Hospital, Chicago, Ill.

Dr. Reid explains the dynamics of group therapy in comments running between the videotaping of an actual session in progress. This program aids the non-psychiatric physician in answering his patient's questions about a currently popular subject. (16 minutes) (in color) **0312213**

COMPUTER TECHNIQUES AS AN ADJUNCT TO CLINICAL IMPRESSIONS IN THE EVALUATION OF DRUG RESPONSE — PART I — "The First Five Weeks." Burton J. Goldstein, M.D., Chief, Division of Research, Department of Psychiatry, University of Miami School of Medicine, Presents the design of a research project and a demonstration of computerized patient tests.

(14 minutes).

0302136

COMPUTER TECHNIQUES AS AN ADJUNCT TO CLINICAL IMPRESSIONS IN THE EVALUATION OF DRUG RESPONSE — PART II — "Clinical Evaluation." John Caldwell, M.D., Professor of Psychiatry and Head, Department of Psychiatry, Burton J. Goldstein, M.D., Chief, Division of Research, Department of Psychiatry, and the Psychiatric staff, University of Miami School of Medicine, evaluate a patient's progress under specific drug therapy. (26 minutes). **0302237**

COMPUTER TECHNIQUES AS AN ADJUNCT TO CLINICAL IMPRESSIONS IN THE EVALUATION OF DRUG RESPONSE — PART III — "Conclusions." Burton J. Goldstein, M.D., Chief, Division of Research, Department of Psychiatry, University of Miami School of Medicine, and Dean J. Clyde, Ph.D., Director, Computer Center, University of Miami, demonstrate the usefulness of a computer in evaluating patient data.

(15 minutes).

0302338

COUNSELING THE POST-ABORTION PATIENT, with Ronald J. Pion, M.D., Associate Professor, Department of Obstetrics and Gynecology, and Director of the Division of Family Planning; and Nathaniel N. Wagner, Ph.D., Associate Professor of Psychiatry and Obstetrics and Gynecology, both from the University of Washington School of Medicine, Seattle.

Post-abortion patients are interviewed in an attempt to show physicians the opportunities that exist for helping patients beyond a period of crisis. (18 minutes) (in color) **0312555**

COUNSELING THE VD PATIENT. The sexual overtones of venereal disease expose VD patients to a special complication . . . a value judgment of their behavior. Such judgment, however unintentional, can detract from the treatment of the disease. Dr. Mary Howell of the Somerville Women's Health Project in Somerville, Massachusetts, Rev. Thomas Mauer of the University of Minnesota Human Sexuality Program, and three medical students use role playing to illustrate these difficulties and discuss their solution.

(20 minutes) (in color)

SAMA 2810860

DEALING WITH THE TERMINALLY ILL PATIENT

Elizabeth Kubler-Ross, M.D., Assistant Professor of Psychiatry, University of Chicago, demonstrates the stages a patient goes through once he becomes aware he is dying. Dr. Ross also discusses the reaction of people around the patient.

(16 minutes)

0409401

DEATH OF A SIBLING, with Thomas S. Morse, M.D., Associate Professor, Surgery, Ohio State University College of Medicine, and Thomas E. Schaffer, M.D., Professor of Pediatrics, Ohio State University College of Medicine. In a time of crisis for parents and surviving children, the family physician can assume an essential role in support of both. Drs. Morse and Schaffer focus on specific problems that result from the death of a sibling: questions to expect, points to emphasize; emotions to look for; how to use your medical authority to smooth the way.

(19 minutes) (in color)

0416035

DIAGNOSING THE MALTREATMENT SYNDROME IN CHILDREN, with Vincent J. Fontana, M.D., Director of the Department of Pediatrics, St. Vincent's Hospital; and Medical Director, New York Foundling Hospital, both in New York City. In full agreement with a JAMA editorial stating that the "maltreated or battered child could be the leading cause of death in infants and children," Dr. Fontana describes the presenting signs that should make any physician suspect battered child or maltreated syndrome — a diagnosis that may prevent future trauma to the child and may even save its life. (14 minutes) (in color)

0414329

DIAGNOSIS AND DIFFERENTIAL DIAGNOSIS OF MIGRAINE AND MUSCLE CONTRACTION HEADACHES — PART I — "The Migraine Headache" — with Arnold P. Friedman, M.D., Associate Clinical Professor of Neurology and Director, Headache Unit, Montefiore Hospital.

(11 minutes)

0402706

DIAGNOSIS AND DIFFERENTIAL DIAGNOSIS OF MIGRAINE AND MUSCLE CONTRACTION HEADACHES — PART II — "Muscle Contraction and Other Headaches that Mimic Migraine" — with Arnold P. Friedman, M.D., Associate Clinical Professor of Neurology and Director, Headache Unit, Montefiore Hospital.

(14 minutes)

0402907

THE DIAGNOSIS AND TREATMENT OF DEPRESSION. These programs were produced with the cooperation of the Council on Scientific Assembly of the American Medical Association.

MASKED DEPRESSION: THE INTERVIEW AND THE RECOGNITION AND DELINEATION OF DEPRESSION, with Thomas P. Hackett, M.D., Acting Chief, Department of Psychiatry, Massachusetts General Hospital and Associate Professor of Psychiatry, Harvard Medical School, Boston. A comprehensive look at depression for the non-psychiatrist. Interview techniques are demonstrated and explained for one of the most common, yet hidden, forms this illness can take. (30 minutes) (in color)

1322759

BIOGENIC AMINE THEORIES OF DEPRESSION, with Ross J. Baldessarini, M.D., Chief, Neuropharmacology Laboratory, Massachusetts General Hospital, and Associate Professor of Psychiatry, Harvard Medical School, Boston. This program concerns management, which may be based on theories of metabolic etiology as well as on traditional psychiatric tenets. Dr. Baldessarini presents the biological theory.

(14 minutes) (in color)

0222822

MANAGING THE DEPRESSED PATIENT, with Gerald L. Klerman, M.D., Superintendent, Erich Lindemann Mental Health Center, and Professor of Psychiatry, Harvard Medical School, Boston. Dr. Klerman presents the treatment of six common types of depressed patients.

(34 minutes) (in color)

1322857

DIFFERENTIAL DIAGNOSIS OF DEPRESSION, with F. Theodore Reid, M.D., Associate Professor, Department of Neurology and Psychiatry, Michael Reese Hospital, Chicago, Illinois. Dr. Reid will use three patients in this telecast to classify three types of depression. Two of the three types, according to Dr. Reid, can be managed in the physician's office — providing the correct diagnosis is made. (23 minutes) (in color)

0414127

DOES TYPE A PERSONALITY AFFECT YOUR HEART? with Ray H. Rosenman, M.D., Associate Director of the Harold Brunn Institute and Associate Chief of the Department of Medicine, Mount Zion Hospital and Medical Center, San Francisco; William B. Kannel, M.D., Medical Director of the Framingham Heart Study in Massachusetts; and Campbell Moses, M.D., Vice-President of Medicus Communications in New York City. Is stressful behavior a coronary risk factor? Doctor Moses moderates a lively discussion.

(18 minutes) (in color)

0421858

"DOCTOR, I CAN'T SLEEP NIGHTS," with Julius Segal, Ph.D., of the National Institute for Mental Health, and Professor of Psychology, George Washington University, Washington, D.C. A clear look at the many facets of insomnia through graphic representations of the components of sleep, based on findings at the nation's sleep research centers.

(15 minutes) (in color)

0417439

DRINKERS IN CRISIS, with Henry D. Abraham, M.D., Harvard Medical School, and Chief, Marlborough-Westborough Unit, Westborough State Hospital, Westborough, Massachusetts; and John A. Renner, M.D., Director of the Alcoholism Clinic, Massachusetts General Hospital, Boston. The Scene: The psychiatric emergency department at Mass. General. The Players: Walk-in alcoholics seeking help. The Plot: How to use an alcoholic's time of crisis to set the stage for short- and long-term care.

(16 minutes) (in color)

0421255

EARLY DIAGNOSIS OF ALCOHOLISM, with Marvin A. Block, M.D., Vice President of the AMA Society on Alcoholism, and Associate Professor, State University of New York at Buffalo. "There are all kinds of alcoholisms and all kinds of alcoholics." Dr. Block provides specific criteria by which you may judge the kind of alcoholism and the stage of the disease.

(24 minutes) (in color)

0516820

FEMALE HOMOSEXUALITY — PART I — PERSONAL ASPECTS. John F. Oliven, M.D., Associate Attending Psychiatrist, College of Physicians and Surgeons, Columbia University, analyzes the psychological problems of Lesbianism through his commentary on an interview between a Lesbian-transvestite and John W. Huffman, M.D., Professor of Obstetrics and Gynecology, Northwestern University Medical School.

(15 minutes).

0605702

FEMALE HOMOSEXUALITY — PART II — INTERPERSONAL ASPECTS. An interview between a Lesbian-transvestite and John W. Huffman, M.D., Professor of Obstetrics and Gynecology, Northwestern University Medical School, is interspersed with commentary by John F. Oliven, M.D., Associate Attending Psychiatrist, College of Physicians and Surgeons, Columbia University.

(21 minutes).

0605803

HEADACHE: MIGRAINE AND HISTAMINIC CEPHALGIA, with William G. Speed, III, M.D., Department of Medicine; and Leonard J. Gallant, M.D., Department of Psychiatry; both of the Johns Hopkins University School of Medicine. This program deals predominantly with the management of the more chronic forms of migraine, emphasizing pharmacotherapeutic techniques and touching on those aspects of psychotherapy that might be useful to internists. Histaminic Cephalgia (also known as variant) and methods of managing it are discussed. Adapted from a Television Hospital Clinic of the American College of Physicians, 1972. Please inquire for special rental information. (60 minutes) (in color)

ACP 2867244

HYPNOTIC DREAMING: SOME PHYSIOLOGICAL CORRELATES AND PSYCHOLOGICAL MECHANISMS: PART I — With Milton V. Kline, Ed.D., President, The Institute for Research in Hypnosis, and Executive Director of the Morton Prince Clinic for Hypnotherapy. The induction of hypnotic dreams and evaluation of the subjects' responses to the dream process and dream content. (26 minutes).

0802612

HYPNOTIC DREAMING: SOME PHYSIOLOGICAL CORRELATES AND PSYCHOLOGICAL MECHANISMS: PART II

The induction of hypnotic dreams and an evaluation of the subject's responses to the dream process and dream content are presented by Milton V. Kline, Ed.D., President, The Institute for Research in Hypnosis and Executive Director, the Morton Prince Clinic for Hypnotherapy. (22 minutes).

0804313

HYPNOTIC INDUCTION TECHNIQUES—PART I. Milton Jabush, M.D., Director of Research, The Institute for Research in Hypnosis, demonstrates an induction method utilized with the fearful patient. (13 minutes).

0802914

HYPNOTIC INDUCTION TECHNIQUES—PART II "Positive Hallucinations" — with Milton Jabush, M.D., Director of Research, The Institute for Research in Hypnosis. (21 minutes).

0803015

HYPNOTIC INDUCTION TECHNIQUES: PART III An experiment in age regression, demonstrating the subject's handwriting, drawing, and personality changes under hypnosis — with Milton Jabush, M.D., Director of Research, The Institute for Research in Hypnosis.

(16 minutes).

0803216

I WANT TO DIE, with Henry D. Abraham, M.D., of Harvard Medical School, and Chief, Marlborough-Westborough Unit, Westborough State Hospital, Westborough, Massachusetts; and Gerald L. Klerman, M.D., Superintendent, Erich Lindemann Mental Health Center, Department of Mental Health, Commonwealth of Massachusetts. Physicians at a psychiatric clinic provide practical guidelines for evaluating and managing depressed and suicidal patients in your office. Diagnostic signs and symptoms to look for are highlighted. (19 minutes) (in color) **0921129**

IMPOTENCE, with Philip A. Sarrel, M.D., Associate Professor of Obstetrics and Gynecology at Yale University Medical School; and Lorna Sarrel, Co-Director of the Human Sexuality Program at the Yale University Student Mental Hygiene Department in New Haven, Connecticut. Secondary impotence—one of the most common sexual complaints—will usually yield to deft detective work and counselling. This program illustrates how two leading sex therapists approach the problem. (18 minutes) (in color) **0921330**

INFLUENCE OF THE EMOTIONS ON THE OUTCOME OF CARDIAC SURGERY: DIAGNOSIS AND DECISION, with Janet A. Kennedy, M.D., Assistant Professor of Psychiatry; and Hyman Bakst, M.D., Assistant Clinical Professor of Medicine; both of the Albert Einstein College of Medicine in New York City. Eight distinct emotional stages have been observed in 148 cardiac surgery patients in a nine-year study. The anxieties and reactions of patients are shown for each of these stages. (20 minutes). **0910506**

INFLUENCE OF THE EMOTIONS ON THE OUTCOME OF CARDIAC SURGERY: PSYCHOLOGICAL CATEGORIES, with Dr. Kennedy and Dr. Bakst in a separate program. They classify cardiac surgery patients into six groups with their distinguishing defense characteristics. Understanding these groupings during an interview with a patient can aid in predicting how the patient will be affected by surgery, whether he will accept surgery, survive it, and avail himself of the benefits of restored cardiac function. (24 minutes). **0910507**

LEARNING TO LIVE WITH DYING. Dying is perhaps the most difficult and least understood phase of life. Terminally ill patients and their families turn to their physician for support and guidance that goes beyond clinical care.

Medical students Sam Cullison and Mike O'Neil join the Reverend Barry Wood, M.D., and William Fischer, M.D., both of Roosevelt Hospital, New York City, and Robert Neale, Th.D., of Union Theological Seminary, New York City, to discuss the management of terminally ill patients and their families.

(39 minutes) (in color)

SAMA 2800056

MANAGEMENT OF THE BATTERED CHILD SYNDROME, with C. Henry Kempe, M.D., Professor and Chairman of Pediatrics; Brandt F. Steele, M.D., Professor of Psychiatry; and Helen Alexander, Medical Social Worker, Supervisor of Lay Therapists, Battered Child Program. All three are with the University of Colorado Medical Center. The reasons for abuse become apparent in an unrehearsed conversation with the mother of a patient. Three experts offer some practical advice on coping with parents once child abuse has been diagnosed and the underlying problems identified.

(18 minutes) (in color)

1314441

MANAGEMENT OF THE TERMINALLY ILL: THE FAMILY

Elizabeth Kubler-Ross, M.D., Assistant Professor of Psychiatry at the University of Chicago, offers practical help to physicians in dealing with the dying patient and his family.

(16 minutes).

1309708

MANAGING THE HYPERACTIVE CHILD, with Gerald Erenberg, M.D., Pediatric Neurologist, Montefiore Medical Center and Morrisania Hospital, Bronx, N. Y. Amphetamines are no panacea, nor need they be your first plan of attack. A structured approach to treatment is outlined and illustrated. (12 minutes) (in color) **1318651**

MECHANISM OF MIGRAINE AND MUSCLE CONTRACTION HEADACHES: PART I

"The Migraine Headache." While its underlying causes are unknown, the mechanism of migraine attack is better understood — and it can be divided into different stages on the basis of the pathophysiologic features. With Arnold P. Friedman, M.D., Associate Clinical Professor of Neurology, College of Physicians and Surgeons, Columbia University and Director, Headache Unit, Montefiore Hospital. (14 minutes). **1303517**

MECHANISM OF MIGRAINE AND MUSCLE CONTRACTION HEADACHES: PART II

"The Muscle Contraction Headache." Probably the most common type of chronic headache, the muscle contraction headache can be precipitated by a number of diseases or disturbances, but most often it is in response to tension and stress. With Arnold P. Friedman, M.D., Associate Clinical Professor of Neurology, College of Physicians and Surgeons, Columbia University and Director, Headache Unit, Montefiore Hospital. (11 minutes). **1303618**

MECHANISMS OF DEFENSE, with L. C. Hanes, M.D., Associate Professor of Psychiatry, University of Mississippi School of Medicine.

(17 minutes).

1302719

MOOD-ALTERING DRUGS: STOP, THINK, PRESCRIBE, with W. J. Russell Taylor, M.D., Ph.D., Director of Clinical Pharmacology, Philadelphia General Hospital, Philadelphia. Anxiety, depression and over a hundred available drugs are the subject of this "Drug Spotlight Program" feature. Two patients who need drug therapy present their complaints, and Dr. Taylor identifies by brand the drugs he would and would not prescribe. (18 minutes) (in color) **1318350**

MULTIPLE TICS. Presentation of three patients and discussion of multiple tics (Tourette's Disease) in childhood, with Richard Finn, M.D., Associate in the Department of Psychiatry and George Challas, William Bell and James Chapel, M.D.'s, from the College of Medicine, University of Iowa. (34 minutes) **1300336**

OBESITY — THE DIFFICULT PATIENT. A tolerant attitude towards levels of expectation of weight loss can increase the effectiveness of the practicing physician in dealing with the obese patient. This is the opinion of Albert J. Stunkard, M.D., Professor and Chairman, Department of Psychiatry, University of Pennsylvania School of Medicine, Philadelphia, Pennsylvania. The use of drugs and effectiveness of lay groups are also discussed by Dr. Stunkard. (20 minutes) **1507401**

PROBLEMS AND PITFALLS IN PSYCHOSOMATIC MEDICINE: HYPERTENSION, with Roy R. Grinker, M.D., Associate Professor of Psychiatry and Neurology, and F. Theodore Reid, M.D., Associate Professor of Psychiatry and Neurology, both from the Michael Reese Hospital in Chicago, Illinois. Doctors Grinker and Reid take up the problem of a young woman suffering from hypertension. Dr. Grinker analyzes the cause of the hypertension in a series of televised interviews with the woman. (15 minutes) (in color) **1612621**

PROBLEMS AND PITFALLS IN PSYCHOSOMATIC MEDICINE: PEPTIC ULCER, with Roy R. Grinker, M.D., Associate Professor of Psychiatry and Neurology, and F. Theodore Reid, M.D., Associate Professor of Psychiatry and Neurology, both from the Michael Reese Hospital in Chicago, Illinois. Most physicians are confronted with patients suffering from psychosomatic illnesses. Many of these patients are treated as "second class citizens," largely because of the frustrations in treating them. This program will show the non-psychiatric physician the way to handle psychosomatic conditions by citing a peptic ulcer patient as an example. (16 minutes) (in color) **1612522**

PSYCHIATRIC ILLNESS ON SKID ROW: PART I First results of the psychiatric testing of residents of skid row hotels — presented by Robert G. Priest, M.D., Professor of Psychiatry, University of Edinburgh, and Visiting Professor, University of Chicago, Department of Psychiatry. (14 minutes) **1604129**

PSYCHIATRIC ILLNESS ON SKID ROW: PART II "The Disease." The incidence of schizophrenia, alcoholism, and other psychiatric disabilities among inhabitants of skid row hotels. With Robert G. Priest, M.D., Professor of Psychiatry, University of Edinburgh, and Visiting Professor, University of Chicago, Department of Psychiatry. (16 minutes) **1604230**

PSYCHODRAMA — THE PROLOGUE — PART I This workshop in psychodrama, with patients and staff of the Hennepin County General Hospital, Minneapolis, demonstrates the methods used to initiate and stage psychodrama. Presented by James Enneis, Director of Psychodrama, St. Elizabeth's Hospital and U.S. Department of Health, Education and Welfare. (26 minutes) **2700829**

PSYCHODRAMA — THE PLAY — PART II In this section of a special three-part series, psychiatric patients at Hennepin County General Hospital participate in an actual psychodrama, conducted by James Enneis, Psychodramatist from St. Elizabeth's Hospital, Washington, D.C. The patients act out inner conflicts, impossible to express in their daily lives, and the reactions of the other patients in the audience are shown. (29 minutes) **2701130**

PSYCHODRAMA — THE CRITIQUE — PART III Members of the medical and nursing staffs discuss their impressions after having observed and participated in a psychodrama. Conducting the critique is James Enneis, Supervisory Psychodramatist, St. Elizabeth's Hospital, Washington, D.C. (14 minutes) **2701231**

SELYE ON STRESS, with Hans Selye, M.D., Ph.D., D.Sc., Director of the Institute of Experimental Medicine and Surgery, University of Montreal, Montreal, Canada. The originator of the General Adaptation Syndrome updates his life work, emphasizing the clinical application of treatment based on this biological phenomenon. (17 minutes) (in color) **1920333**

SEX IN AGING AND DISEASE, with Philip A. Sarrel, M.D., Associate Professor of Obstetrics and Gynecology at Yale University Medical School; and Lorna Sarrel, Co-Director of the Human Sexuality Program at the Yale University Student Mental Hygiene Department in New Haven, Connecticut. Sexual development of healthy aging persons, as well as patients with the more common geriatric disorders, is discussed. (19 minutes) (in color) **1921438**

SEXUALITY: GETTING IT TOGETHER. How can you successfully treat your patient's sexual problems without a full understanding of your own? Dr. Harold Lear of the Department of Community Medicine at Mount Sinai School of Medicine and Dr. Helen Kaplan of the Department of Psychiatry at Cornell University Medical College demonstrate, with a number of medical students, techniques that they or you might use to expand personal sexual awareness. (20 minutes) (in color) **SAMA 2810150**

SINGLE PATIENT-ORIENTED NEURO-PSYCHOPHARMACOLOGY, with Walter Knopp, M.D., Associate Professor of Psychiatry, Ohio State University College of Medicine.

Dr. Knopp presents an objective method of evaluating the effects of drug therapy in neuropsychiatric disease. (15 minutes) **1906511**

SOME PATHOLOGIES OF SLEEP, with Julius Segal, Ph.D., of the National Institute for Mental Health, and Professor of Psychology, George Washington University, Washington, D.C. Dr. Segal describes the various stages of normal sleep and then relates disorders in REM and deep sleep to enuresis, somnambulism, night terrors and other patient problems. Special emphasis is given to the diagnosis and treatment of narcolepsy, which affects half a million people in the U.S. (19 minutes) (in color) **1917729**

SUICIDE PREVENTION: THE PHYSICIAN'S ROLE. In five authentic case histories—including that of a practicing physician—this film demonstrates ways in which the physician can recognize suicidal tendencies in the patient. The film begins with a woman's suicidal death, and asks, "Was there anything the physician might have done to avert this tragedy?" A summary of the growing problem of suicide, as it relates to the practicing physician, is made by Dr. Karl Menninger. (20 minutes) **2800041**

THE HYPERACTIVE CHILD: FINDING THE CAUSE, with Gerald Erenberg, M.D., Pediatric Neurologist, Montefiore and Morrisania Hospitals, Bronx, N. Y. The child is out of control at school or at home. You are asked to diagnose or rule out minimal brain damage. This program shows you how — simply and quickly. (18 minutes) (in color) **0818532**

THE MULTIPHASIC TREATMENT OF ALCOHOLISM, with Albert N. Brown-Mayers, M.D., Director of the Alcoholic Service; Edward E. Seelye, M.D.; Unit Administrator of the Alcoholic Service; and Leonard R. Sillman, M.D., Attending Psychiatrist; all of the Westchester Division of the New York Hospital-Cornell Medical Center, White Plains, N.Y. A new, formalized approach to the treatment of alcoholism is suggested. Presenters show how residential alcoholic treatment works and outline a complete program, many elements of which you'll find practical and effective in your own practice. (29 minutes) (in color) **1316946**

THE THREAT OF SUICIDE. Those who commit suicide frequently attempt to communicate their desperation to their physicians. How can we be sensitive to these warnings, either open or covert, and how can we help a patient once his suicidal intentions are known? Two medical students discuss this issue with Harvey Resnik, M.D., Chief of the Mental Health Emergencies Section, National Institute of Mental Health, and Clinical Professor of Psychiatry, George Washington University School of Medicine. (27 minutes) (in color) **SAMA 2810757**

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THERMAL INJURIES: MEDICAL, SURGICAL, AND PSYCHIATRIC CARE, with an introduction by T. G. Blocker, Jr., M.D., Professor of Surgery and President Emeritus, The University of Texas Medical Branch at Galveston. The following three programs were produced under the supervision of Stephen R. Lewis, M.D., Chief of Plastic Surgery and Director of Continuing Education, UTMB-Galveston.

KEEPING THE BURN PATIENT ALIVE, with Duane L. Larson, M.D., Professor of Plastic Surgery, UTMB-Galveston, and Director, Shriners Burns Institute, Galveston. A 1-2-3 approach to emergency care for critically-burned patients plus the steps to take in assuring the patient's survival during transportation to a hospital.

(16 minutes) (in color)

1122205

HOSPITAL BURN CARE: MINIMIZING DEFORMITIES AND OTHER COMPLICATIONS, with Hugo Carvajal, M.D., Pediatric Nephrologist, Shriners Burns Institute, and Assistant Professor of Pediatrics, UTMB-Galveston; and Duane L. Larson, M.D., Director, Shriners Burns Institute, and Professor of Plastic Surgery, UTMB-Galveston. The definitive care of burn patients. Emphasis is placed on daily wound care, fluid replacement and nutrition, and procedures to minimize contracture and hypertrophic scarring before and after grafting.

(22 minutes) (in color)

0822239

THERMAL INJURY: EMOTIONAL AND PHYSICAL STRESS, with Mary S. Knudson, Ph.D., Chief, Division of Behavioral Sciences, Shriners Burns Institute; Duane L. Larson, M.D., Professor of Plastic Surgery, UTMB-Galveston, and Director, Shriners Burns Institute; and Robert B. White, M.D., Professor of Psychiatry, UTMB-Galveston. Practical methods to combat the physical pain, toxic delirium, helplessness, and regression seen in patients with major burns.

(12 minutes) (in color)

2022240

TRANSACTIONAL ANALYSIS: A CLUE TO WHAT'S HAPPENING. Transactional Analysis, as popularized by "I'm OK . . . You're OK", and other books, is useful in opening doctor-patient communications and influencing patient response to medical instructions. William Holloway, M.D., Asst Clinical Professor of Psychiatry at Case Western Reserve University School of Medicine and head of the Midwest Institute of Human Understanding, Medina, Ohio, gives an introduction to this informal system of analyzing and improving communication patterns.

(20 minutes) (in color)

SAMA 2811372

TREATING THE DEPRESSED PATIENT, with F. Theodore Reid, Jr., M.D., Associate Professor, Department of Neurology and Psychiatry, Michael Reese Hospital, Chicago, Illinois. Dr. Reid will demonstrate, with three patients, how normal and some neurotic depressions can be treated by the family physician. He will also describe the approach to take with the patient and his family, when the patient requires hospitalization.

(19 minutes) (in color)

2014223

WHAT GOES ON AT SEX THERAPY CLINICS, with Harold Lear, M.D., Director of the Human Sexuality Program, Mount Sinai Hospital, New York City. What really happens in those Masters and Johnson-type sessions? Dr. Lear and co-therapist Ann Welbourne, R.N., show you — in a counseling session with a couple whose problem is the husband's premature ejaculation.

(22 minutes) (in color)

2317006

Frontiers of Psychiatry on Camera: 10 film programs from a special series produced by Roche Laboratories. Helical Scan Videotape copies are now available for two-week periods at no cost.

BUILDING A DRUG ABUSE PROGRAM. Dr. Jerome H. Jaffe, formerly of the University of Chicago, Department of Psychiatry, and later Director, Special Action Office for Drug Abuse Prevention, Executive Office of the President, describes the drug abuse program in Illinois, which uses three geographically separated treatment modalities: therapeutic communities, outpatient methadone maintenance and standard hospital abstinence therapy.

(50 minutes)

FP 2800033

CHANGING THE BOUNDARIES OF THE MENTAL HOSPITAL. An interview with Dr. Israel Zwelling, Director of the Bronx State Hospital, and Professor of Psychiatry at the Albert Einstein College of Medicine, New York City, explores the interrelationships between the State Mental Hospital and the community mental health centers. These centers, staffed by specially trained personnel, are shown actively fulfilling important roles in the mental health services of the community.

(29 minutes)

FP 2800031

COMMUNICATIONS PROBLEMS AND PROGRESS. Henry W. Brosin, M.D., past president of the American Psychiatric Association, examines the basis of scientific interest in the communication of emotional expression in this interview. He discusses Darwin's photographic recording of facial expressions of psychotic patients made 100 years ago, and points to the present day use of inexpensive sound film for permanently recording a patient's history and treatment. And finally, the use of the computer, a tool that will enable "psychiatry to meet the canons of science," is examined by Dr. Brosin.

(20 minutes)

FP 2800029

CREATING A NEW IMAGE FOR MENTAL HOSPITALS. George Zubowicz, M. D., Superintendent, Osawatomie State Hospital, Kansas, discusses how his hospital eradicated the "snake pit" image of the state hospital. He explains that by creating a better atmosphere for the patients and staff, they become good-will ambassadors. Scenes of Mental Health Week activities at the hospital show a patient fashion show and a dance number. Dr. Zubowicz describes Operation Friendship, a program providing people in the community with an opportunity to invite patients into their homes as guests for a day. The program covers other subjects such as high school volunteers who do projects with the patients, and a speaker plan providing panels of patients who talk to high school and service groups. (27 minutes) **FP 2800026**

EXPLORING THE TREATMENT OF ALCOHOLISM. "Letting the patient shop around for a therapy that helps him" is how Ernest W. Klatte, M.D., Superintendent of the Mendocino State Hospital in California, explains the growing success of the hospital's program for treating alcoholism. Many different therapies are utilized to motivate the patient in finding his own treatment and in following it. (27 minutes) **FP 2800030**

INSTEAD OF PRISON: REHABILITATING OFFENDERS. This interview with Dr. Frank A. Tyce, Superintendent, Rochester State Hospital, Rochester, Minn., describes the PORT program (Probation Offenders Rehabilitation and Training) which has been instituted at his hospital. It is felt that criminal behavior is brought about by feelings of hopelessness and helplessness, and the PORT program tries to overcome these attitudes. The PORT program facility is almost totally governed by the inmates themselves. They select who should be accelerated into the program and are responsible for enforcing their own rules. The "clients" of the PORT program keep their jobs, pay for room and board, support their families and pay taxes while they are in this program. (27 minutes) **FP 2800034**

Each program is accompanied by a review card. NCME asks that the person for whom the program was ordered fill out and return this card. Because reevaluation of Master Library videocassettes is a continual process, return of the program review card is essential in helping NCME determine which programs remain useful as resources for continuing medical education.

MAINTAINING MENTAL HEALTH THROUGH THE COMMUNITY HEALTH CENTER. James R. Harris, M.D., Director of Community Medicine, Pennsylvania Hospital, Philadelphia, describes a total health care program being run in Southeast Philadelphia, putting psychiatry and medicine into the mainstream of health care. By offering the services of a neighborhood health center to treat patients with physical disease, they are also providing training programs for lab technicians and other allied health positions. Those with emotional problems are referred to the day hospital at the community mental health center for treatment. The program illustrates how the neighborhood health center operates its outreach service, nursery, and referral system. A group session at the community mental health center is included. (26 minutes) **FP 2800027**

PSYCHIATRIC CONSULTATION AT THE NURSING HOME OF THE AGED. An interview with Richard J. Levy, M.D., Chief, Psychiatric Services, San Mateo County General Hospital, San Mateo, California, explores how psychiatrists can help in a consulting role at nursing homes for the aged. Some of the topics discussed: dealing with difficult patients; coping with staff frustration, anger and depression; establishing greater rapport between staff, physician and psychiatrist; and helping the patient's family. (12 minutes) **FP 2800028**

PSYCHIATRIC DAY HOSPITAL IN A GENERAL HOSPITAL. An interview with Drs. Ronald C. Young and William Jepson at Hennepin County General Hospital in Minneapolis, Minnesota, describes the activities of the day hospital. Patients receive psychiatric care while they maintain their family relationships. The techniques used to accomplish this and the manner in which the hospital provides the care with minimum funds and staff are revealed. (15 minutes) **FP 2800032**

TROUBLED KIDS — THE MENTAL HOSPITAL SCHOOL AND THE COMMUNITY. An interview with Dr. George McK. Phillips, Superintendent, and Allan F. Brewington, Principal of the Winterode School of Crownsville State Hospital in Crownsville, Maryland, explores the purpose and workings of the school. Winterode School was established to teach hospitalized, as well as non-hospitalized, adolescent students with behavioral problems. Each child is evaluated individually and a special teaching program is established to meet his needs. Scenes in the classroom illustrate teaching techniques and crisis intervention by an educational psychologist. The program covers a family session, student dance and staff meeting. Dr. Phillips describes how the school reaches out into the community to prevent hospitalization by sending representatives to evaluate and deal with troublesome students in the public schools. (30 minutes) **FP 2800025**

PUBLIC HEALTH

A SPECIAL REPORT: RUBELLA IMMUNIZATION

A timely program containing the latest information about the Rubella Vaccine, its development and its recommended administration is presented by H. Bruce Dull, M.D., Assistant Director of the National Communicable Disease Center in Atlanta, Ga. (22 minutes). **1908815**

BRINGING HEALTH CARE TO THE PEOPLE:

RURAL COMMUNITY MEDICINE, with H. Jack Geiger, M.D., Professor and Chairman of the Department of Community Medicine, School of Medicine, State University of New York at Stony Brook. The 16,000 people of North Bolivar County, Mississippi, suffered from decades of untreated — and undiagnosed — conditions. They faced the consequences of stark poverty, malnutrition, substandard sanitation, impure drinking water and inferior housing. Dr. Geiger shows the efforts he and his colleagues have made over six years to establish comprehensive health care in the 500-square mile area. Dr. Geiger believes that much of what he describes is the medicine of the future. (20 minutes). **0214014**

CHOLERA, 1971: RISK, DIAGNOSIS AND MANAGEMENT, with David J. Sencer, M.D., Director of the Center for Disease Control, Department of Health, Education and Welfare in Atlanta, Georgia; Philip S. Brachman, M.D., Chief of the CDC Epidemiology Program; and Eugene J. Gangarosa, M.D., Deputy Chief, Bacterial Diseases Branch, CDC Epidemiology Program.

Cholera, feared since biblical times, is spreading throughout the world. As more tourists travel abroad, concern grows over contacting the disease and infecting the American continent. Three experts from CDC discuss the very small risk to America, and describe the simple steps that can be taken to diagnose and treat cholera among returning travelers. (17 minutes) (in color) **0312909**

COUNSELING THE VD PATIENT. The sexual overtones of venereal disease expose VD patients to a special complication . . . a value judgment of their behavior. Such judgment, however unintentional, can detract from the treatment of the disease. Dr. Mary Howell of the Somerville Women's Health Project in Somerville, Massachusetts, Rev. Thomas Maurer of the University of Minnesota Human Sexuality Program, and three medical students use role playing to illustrate these difficulties and discuss their solution. (19 minutes) (in color) **SAMA 2810860**

COUNTRY DOCTORS: A VISIT WITH THE NATIONAL HEALTH SERVICE CORPS

Can a kid from Brooklyn really live in Appalachia? Is it fulfilling or nerve-wracking to practice medicine with a doctor/patient ratio of one to ten thousand?

Don Deye, student project director for the AMSA Video Journal, takes our cameras to the hills of Pennsylvania to listen as three doctors, all participants in the National Health Service Corps, talk about problems and opportunities they've found practicing in and around Orbisonia, Pennsylvania, population 600. (25 minutes) (in color) **AMSA 2812283**

CURRENT STATUS OF THE PROBLEM OF VENEREAL DISEASE, with Frank M. Calla, M.D., Department of Medicine; and R. C. Vall Robinson, M.D., Division of Dermatology; both of University of Maryland School of Medicine, and Richard Hahn, M.D., Department of Medicine, the Johns Hopkins University School of Medicine. The panelists discuss the epidemiology, diagnosis and treatment of syphilis and gonorrhea. Special emphasis is given to methods of diagnosis in asymptomatic infections, extragenital manifestations of gonorrhea, increasing penicillin resistance of the gonococcus, use of single dose therapy in gonorrhea, dermatologic manifestations of syphilis, and problems related to the serologic diagnosis of syphilis. A Television Hospital Clinic of the America College of Physicians, 1972. Please inquire for special rental information. (57 minutes) (in color) **ACP 2857242**

DID YOUR PATIENT GET HIS DISEASE ABROAD? with Kevin M. Cahill, M.D., D.T.M. & H. (Lond.), Director of the Tropical Disease Center at Lenox Hill Hospital, New York, and Professor of Tropical Medicine, Royal College of Surgeons in Ireland. Your patients may present you with amebiasis or malaria if they travel, have been in Vietnam, have had contact with those who have been abroad or if they experiment with drugs. Dr. Cahill shows you how to diagnose and treat these diseases, and offers advice on prevention. (19 minutes) (in color) **0417540**

EARLY DIAGNOSIS OF ALCOHOLISM, with Marvin A. Block, M.D., Vice President of the AMA Society on Alcoholism, and Associate Professor, State University of New York at Buffalo. "There are all kinds of alcoholisms and all kinds of alcoholics." Dr. Block provides specific criteria by which you may judge the kind of alcoholism and the stage of the disease. (24 minutes) (in color) **0516820**

FEMALE HOMOSEXUALITY — PART I — PERSONAL ASPECTS. John F. Oliven, M.D., Associate Attending Psychiatrist, College of Physicians and Surgeons, Columbia University, analyzes the psychologic problems of Lesbianism through his commentary on an interview between a Lesbian-transvestite and John W. Huffman, M.D., Professor of Obstetrics and Gynecology, Northwestern University Medical School.

(15 minutes).

0605702

FEMALE HOMOSEXUALITY — PART II — INTERPERSONAL ASPECTS. An interview between a Lesbian-transvestite and John W. Huffman, M.D., Professor of Obstetrics and Gynecology, Northwestern University Medical School, is interspersed with commentary by John F. Oliven, M.D., Associate Attending Psychiatrist, College of Physicians and Surgeons, Columbia University.

(21 minutes).

0605803

FRAMINGHAM'S CORONARY CANDIDATE: IDENTIFICATION AND PROPHYLAXIS

William B. Kannel, M.D., Thomas R. Dawber, M.D., and William P. Castelli, M.D., from the Heart Disease Epidemiology Study of the National Heart Institute, National Institutes of Health, Framingham, Massachusetts, demonstrate, with patients, the objectives and the apparent successes of the Study.

(21 minutes) (in color)

0609711

GETTING A FIX ON HEROIN. Treatment of heroin-addicted patients is clouded by popular misconceptions and mythologies about heroin use and treatment. SAMA cameras take you to drug abuse treatment facilities in New York and San Francisco to explore the problems of the drug addict and the problems of treating him.

Speaking for SAMA is Dahlia Kirkpatrick, a third-year student at Yale, who discusses the issues with Dr. Herbert Kleber, Director of the Drug Abuse Unit of the Connecticut Mental Health Center. (34 minutes) (in color)

SAMA 2810453

GONORRHEA: A PLAGUE OUT OF CONTROL

The incidence of gonorrhea is increasing at a rate of 10 to 15 per cent a year. Although many people jump to the conclusion that this is due to relaxed morals and increased liberality in sex, the National Communicable Disease Center in Atlanta, Ga., feels differently. Discussing the problem, new diagnostic techniques and ways to eradicate the disease are William J. Brown, M.D., and Leslie C. Norins, M.D., Chief of the Center's Venereal Disease Research Laboratory.

(12 minutes) (in color)

0709909

GONORRHEA: ELUSIVE EPIDEMIC, with Frank M. Calia, M.D., Chief of Infectious Diseases, Loch Raven Veterans Administration Hospital, and Associate Professor of Medicine, University of Maryland School of Medicine, Baltimore, Maryland. An aggressive approach to this seemingly unbeatable venereal disease. Shows screening procedure for catching the silent carrier, and how to handle new oriental strains of GC. (20 minutes) (in color)

0717417

IMMUNIZATION FOR FOREIGN TRAVEL. Although Federal law requires certain immunization shots for Americans going abroad, physicians can recommend additional protection for their traveling patients by knowing what major diseases are endemic to particular areas of the world and prescribing the appropriate shots. Discussing this proposal is E. L. Buescher, M.D., Chief, Department of Virus Diseases, Walter Reed Army Institute of Research, Washington, D.C.

(15 minutes).

0905702

INSIDE THE DOOR: A FREE CLINIC. What's free about a free clinic besides the medical care? The spirit is. And the cooperation between professionals and students of all disciplines. SAMA cameras take you to The Door, a free clinic in New York City, that offers adolescents full medical care as well as legal, social and educational counseling. Medical students and physicians at The Door talk about how they believe free clinics can help humanize medical treatment.

(20 minutes) (in color)

SAMA 2810149

INVESTIGATING MULTIPHASIC SCREENING

The Director of Community Health at the Brookdale Hospital Center in Brooklyn, N.Y., Leo Gitman, M.D., describes the concept and practical aspects of multiphasic health screening.

(17 minutes).

0909911

KEEPING UP ON IMMUNIZATIONS, with Samuel L. Katz, M.D., Professor and Chairman of the Department of Pediatrics, Duke University Medical School, and Chairman of the Committee on Infectious Disease of the American Academy of Pediatrics, Durham, North Carolina. Here's a quiz on preventive practice. Six cases point up some problems in "routine" office immunization.

(18 minutes) (in color)

1121804

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14374 COMPETITIVE PROBLEMS IN THE DRUG INDUSTRY

LARGE SCALE PREGNANCY TESTING FOR THE '70s with Elizabeth Connell, M.D., Associate Professor of Obstetrics and Gynecology, College of Physicians and Surgeons, Columbia University in New York, and Director, Family Life Services, International Institute for Study of Human Reproduction; Ralph W. Gause, M.D., Obstetrical Consultant, National Foundation-March of Dimes; and Donald P. Swartz, M.D., Clinical Professor of Obstetrics and Gynecology, College of Physicians and Surgeons, and Director of Obstetrics and Gynecology, Harlem Hospital in New York. Three physicians demonstrate the ease of administration and reliability of new inexpensive pregnancy tests. The doctors also identify situations in which wider pregnancy testing may now be indicated, and consider issues raised by the simplicity and accessibility of pregnancy testing kits. (19 minutes) (in color) **1213914**

LOOK OUT FOR LEAD, with Jay M. Arena, M.D., Director, Duke University Poison Control Center, Durham, N.C., and former President, American Academy of Pediatrics. There are potentially more lethal sources of lead poisoning than old paint in city slums, says Dr. Arena. He presents tips for diagnosis and treatment in your suburban and rural patients. (10 minutes) (in color) **1217216**

M.D.s ON TV: FICTION OR FACT? with Morton H. Maxwell, M.D., James N. Waggoner, M.D., Dudley M. Cobb, Jr., M.D., Chris Hutson, R.N., Phyllis Wright, M.D., and Vincent J. Maguire, M.D. A panel of consultants to the medical dramas on commercial television discusses the following questions: Are the medical programs on television of any value to the general public as patients? And, do these programs complicate the doctor-patient relationship? (20 minutes) (in color) **1310615**

MANAGEMENT OF ASPIRIN POISONING, with Jay M. Arena, M.D., Director, Poison Control Center, Duke University Medical Center, Durham, N.C., and former President, American Academy of Pediatrics. Dr. Arena draws on 35 years' experience to give a practical approach to handling the most common cause of poisoning in children. (13 minutes) (in color) **1317347**

MEDICAL ASPECTS OF CIVIL DEFENSE. The impact on the medical community of a nuclear bomb explosion, with Victor W. Sidel, M.D., Director of Preventive Medicine Unit, Massachusetts General Hospital, Boston, Massachusetts and Dr. Barry Commoner, Henry Shaw School of Botany, Washington University. (24 minutes). **1303923**

NAME YOUR POISON: ALCOHOL. Many physicians and medical students still treat alcoholics as second-class patients. Because of ingrained cultural attitudes, early alcoholism often goes undetected and untreated. Medical students meet with a recovered alcoholic, with Dr. Marvin Block of the State University of New York at Buffalo, and Dr. Frank Seixas, Medical Director of the National Council on Alcoholism, to discuss ways to detect and help incipient alcoholics using science to replace serendipity. (40 minutes) (in color) **SAMA 2810251**

PRE-HOSPITAL CORONARY CARE — A MODEL FOR YOUR COMMUNITY, with Eugene Nagel, M.D., Associate Professor, Department of Anesthesiology, University of Miami School of Medicine, and Clinical Director, Department of Anesthesiology, Jackson Memorial Hospital, Miami, Florida. How quickly can your community get optimum coronary care facilities to a patient in cardiac arrest or ventricular fibrillation? Dr. Nagel shows how the Miami Emergency Rescue Service is set up, demonstrates how quickly it works in a simulated rescue, and shows what is needed to implement a complete mobile emergency health care system. (21 minutes) (in color) **1615438**

Many NCME programs have self-assessment quizzes, one copy of which will accompany each videocassette. You may duplicate the quiz as your needs require. Upon completion, return the quizzes to NCME, and we will maintain a record of participation (not the score) for each physician. These records are keyed to the physician's Social Security numbers: please take care that the numbers are clearly written. Physicians may request their NCME activity records at any time.

RX: BACON GREASE-FOLK MEDICINE. An amulet . . . "hot" vitamins . . . and the heart of a frog . . . what do they have in common? They all belong to contemporary medical systems that some patients turn to before bringing their problems to a doctor. Rena Gropper, Ph.D. of Hunter College and Courtney Wood, M.D. of the Department of Community Medicine of Mt. Sinai School of Medicine discuss and demonstrate how an understanding of folk medicine beliefs can improve the medical care received by patients who trust cultural beliefs as much as their doctor's advice.

(19 minutes) (in color)

SAMA 2811171

SICKLE-CELL ANEMIA: MANAGEMENT, with Roland B. Scott, M.D., Professor and Head of the Department of Pediatrics, Howard University, and Chief Pediatrician at Freedmen's Hospital in Washington, D.C.

There is no curative treatment for sickle-cell anemia, according to Dr. Scott. However, early diagnosis of the disease, which afflicts more than 50,000 black Americans, can ameliorate the most disturbing symptoms. Dr. Scott describes the therapeutic program he follows to enhance survival until the patient reaches puberty — when the natural course of the disease process appears to become attenuated.

(14 minutes) (in color)

1911506

SICKLE-CELL ANEMIA: SUSPICION AND DIAGNOSIS IN INFANTS AND CHILDREN, with Roland B. Scott, M.D., Professor and Head of the Department of Pediatrics, Howard University, and Chief Pediatrician at Freedmen's Hospital in Washington, D.C. Also V. Bushan Bhardwaj, M.D., Assistant Professor of Pediatrics, Howard University, and Pediatric Hematologist, Freedmen's Hospital.

Sickle-cell anemia afflicts more than 50,000 Americans of African descent. Perhaps another two million black Americans carry the trait.

Until recently, it was believed that little could be done for the disease. Now relief from the symptoms and a prolonging of life are possible. This telecast features the characteristics of the disease, and the laboratory procedure followed to establish a conclusive diagnosis.

(20 minutes) (in color)

1911407

SKIN TESTING FOR TB, with John A. Crocco, M.D., Director of Pulmonary Disease Section, St. Vincent's Hospital and Medical Center, New York; and Downstate Medical Center, Brooklyn, New York. A demonstration of the correct way to administer two types of TB skin tests, with guidelines for their interpretation.

(12 minutes) (in color)

1920637

SUICIDE — PRACTICAL DIAGNOSTIC CLUES. Matthew Ross, M.D., of the Department of Psychiatry, Harvard Medical School, and Massachusetts General Hospital, McLean Division, Boston, describes some signs that will help the practicing physician to spot the potential suicide.

(13 minutes).

1905120

SYPHILIS: AN ERADICABLE PUBLIC HEALTH PROBLEM

William J. Brown, M.D., Chief of the Venereal Disease Program at the National Communicable Disease Center in Atlanta, Ga., warns physicians of a false sense of security in dealing with syphilis because of recent development of drugs. The need for recognizing the various stages of syphilis is stressed with clear examples.

(8 minutes) (in color)

1909525

SYPHILIS: BE SUSPICIOUS, with Frank M. Calia, M.D., Chief, Infectious Diseases, Loch Raven Veterans Hospital, and Associate Professor of Medicine, University of Maryland School of Medicine, both in Baltimore. A new look at an old enemy, with emphasis on the pros and cons of a variety of serologic tests.

(15 minutes) (in color)

1917628

TECHNIQUES IN EMERGENCY CARE, with Stephen E. Goldfinger, M.D., Director of Community Programs, Department of Continuing Education, and James Dineen, M.D., Fellow in Continuing Education, Harvard Medical School and Massachusetts General Hospital, Boston, Massachusetts.

The procedures and armamentarium of the community hospital emergency room are constantly improving. Physicians who have not served as house officers recently will benefit from this program. Current emergency care is demonstrated with a patient in coma, another with unexplained fever, a third with trauma and, finally, several malingerers and depressives.

(16 minutes) (in color)

2010904

THE EMERGENCY ROOM: A GROWING PUBLIC UTILITY, with Stephen E. Goldfinger, M.D., Director of Community Programs, Department of Continuing Education; and James Dineen, M.D., Fellow in Continuing Education, Harvard Medical School and Massachusetts General Hospital, Boston, Massachusetts.

Physicians have trained their patients to seek medical attention from emergency rooms after office hours. This common practice has placed staggering demands on hospital emergency facilities. How can the hospital meet these demands? Who will staff the emergency facilities? What technical advances have been introduced to assist ER personnel? Doctors Goldfinger and Dineen present answers to these dilemmas.

(19 minutes) (in color)

0511009

THE LABORATORY IN DIAGNOSIS OF PNEUMONIA. Pneumonia continues to account for 45,000 deaths each year. Treating a patient with drugs which may suppress but fail to eradicate the infecting organism may place him in jeopardy, and provides less than optional care. Discovery of the etiologic agent is determined in the laboratory by such efforts as microscopic, cultural, serological and antimicrobial sensitivity tests, according to Robert Austrian, M.D., John Herr Musser Professor and Chairman, Department of Research Medicine, University of Pennsylvania School of Medicine.

(16 minutes).

1207201

THE MULTIPHASIC TREATMENT OF ALCOHOLISM, with Albert N. Brown-Mayers, M.D., Director of the Alcoholic Service; Edward E. Seelye, M.D., Unit Administrator of the Alcoholic Service; and Leonard R. Sillman, M.D., Attending Psychiatrist; all of the Westchester Division of the New York Hospital-Cornell Medical Center, White Plains, N.Y. A new, formalized approach to the treatment of alcoholism is suggested. Presenters show how residential alcoholic treatment works and outline a complete program, many elements of which you'll find practical and effective in your own practice. (29 minutes) (In color)

1316946

THE RUBELLA IMMUNIZATION PROGRAM: A PROGRESS REPORT, with Saul Krugman, M.D., Professor and Chairman of the Department of Pediatrics; and Louis Z. Cooper, M.D., Associate Professor of Pediatrics and Director of the Rubella Birth Defect Evaluating Project — both physicians from the New York University Medical Center, Bellevue Hospital, New York City; and John J. Witte, M.D., Chief of the Immunization Branch of the Center for Disease Control, Department of Health, Education and Welfare, Atlanta, Georgia.

The Rubella Immunization Program has been in widespread use since the Summer of 1969. Three authorities on rubella report the findings of the Immunization Program and offer advice to practicing physicians based on the findings.

(23 minutes) (In color)

1812823

TOBACCO USE DISEASES AMONG GENERAL HOSPITAL PATIENTS — PART I — NON-MALIGNANT ASPECTS. The majority of deaths and morbidity among cigarette smokers is due to non-malignant causes. These include accidents caused by careless use of cigarettes, bronchitis, emphysema, cardiovascular disease, gastrointestinal disease, problems during pregnancy, and toxic amblyopia. Reviewing the statistics and case histories, supplemented by radiographic and radioactive isotopic illustrations, is John W. Turner, M.D., Chief Radiologist, Wesson Memorial Hospital, Springfield, Massachusetts. (15 minutes).

2005307

TOBACCO USE DISEASES AMONG GENERAL HOSPITAL PATIENTS — PART II — MALIGNANT ASPECTS. Several different malignant diseases caused by cigarette smoking are presented by John W. Turner, M.D., Chief Radiologist, Wesson Memorial Hospital, Springfield, Massachusetts.

(13 minutes).

2005408

TUBERCULOSIS: A NEW MEDICAL CHALLENGE FOR THE SEVENTIES, with Vernon N. Houk, M.D., and Phyllis Edwards, M.D., of the Tuberculosis Section of the National Communicable Disease Center; and William W. Stead, M.D., Professor of Medicine at Marquette School of Medicine in Milwaukee. TB is frequently diagnosed as pulmonary fibrosis. The epidemiology of the disease in the U.S. today is shown, along with the current approach to its eradication.

(17 minutes) (In color)

2010419

WHAT'S CAUSING THE INCREASED INCIDENCE OF PHOTOSENSITIVE REACTIONS? with John H. Epstein, M.D., Associate Clinical Professor of Dermatology, University of California at San Francisco, and Chief of Dermatology at Mount Zion Hospital and Medical Center in San Francisco. Increased public obsession with sunbathing and an ever increasing number of photosensitizers in our environment are reaching the stage where almost every physician can expect to see patients exhibiting phototoxic or photoallergic reactions. Diagnosis and treatment of the following are explored in this telecast: phototoxicity, photoallergy, exogenous photosensitizers, therapeutic and antibacterial agent reactions and plant-induced photosensitivity.

(15 minutes) (In color)

2313502

PULMONARY DISEASE

ACUTE RESPIRATORY INSUFFICIENCY: MECHANISMS AND DIAGNOSIS, with Alfred P. Fishman, M.D., Associate Dean of the University of Pennsylvania School of Medicine and Director of the Cardiovascular Pulmonary Division; and Robert M. Rogers, M.D., Assistant Professor of Medicine and Director of the Respiratory Intensive Care Unit. The general principles of diagnosing respiratory failure are presented for physicians unfamiliar with the recent advances in pulmonary physiology and respiratory intensive care. (18 minutes) (In color)

0110104

ALTITUDE STRESS—PART I—E. R. Buskirk, M.D., Director of Laboratory for Human Performance Research, Pennsylvania State University. Olympics '68—research on athletic performance at high altitudes in Peru and Colorado.

(13 minutes).

0102509

ALTITUDE STRESS—PART II—"Hypoxia"—with E. R. Buskirk, M.D., Director of Laboratory for Human Performance Research, Pennsylvania State University. Olympics '68—research on athletic performance at high altitudes in Peru and Colorado. (16 minutes). **01029710**

BRONCHIAL BRUSHING, from the University of Chicago School of Medicine with John J. Fennerty, M.D., Assistant Professor of Radiology. A new method of selective catheterization of small peripheral bronchial segments for the diagnosis of indeterminate peripheral lung lesions. (28 minutes). **02001110**

BRONCHOGRAPHY IN THE MANAGEMENT OF BRONCHIAL DISEASES

Robert J. Atwell, M.D., Professor of Medicine, and A. J. Christoferidis, M.D., Professor of Radiology at the Ohio State College of Medicine, demonstrate the techniques of infusing contrast media into the bronchi. (17 minutes). **0209711**

CYSTIC FIBROSIS: DIAGNOSIS AND MANAGEMENT, with Paul R. Patterson, M.D., Director, Cystic Fibrosis Unit, Albany Medical Center, Albany Medical College, Union University, New York.

Attention is drawn to cystic fibrosis as a model genetic disease. Dr. Patterson describes, with many examples, C/F's mode of inheritance, incidence, symptoms, differential diagnosis, detection of carrier state, current status of manageability and prospects for palliative or corrective therapy. (19 minutes) (in color) **0310961**

DIAGNOSING INTERSTITIAL LUNG DISEASE, with Marvin Schwarz, M.D., Assistant Professor of Medicine at the University of Colorado Medical Center and Chief of Pulmonary Service, General Rose Memorial Hospital, Denver. *Complaint:* Dyspnea; *Chest X-Ray:* Normal; *Diagnosis:* Difficult. When should you suspect interstitial lung disease? What tests will confirm it? Dr. Schwarz provides clear answers with clear pictures of the diagnostic signs of both early and late interstitial lung disease. (17 minutes) (in color) **0418143**

Each program is accompanied by a review card. NCME asks that the person for whom the program was ordered fill out and return this card. Because reevaluation of Master Library videocassettes is a continual process, return of the program review card is essential in helping NCME determine which programs remain useful as resources for continuing medical education.

THE DIAGNOSTIC CHALLENGE OF CHEST PAIN, with moderator Alfred Soffer, M.D., Professor of Cardiology at the University of Health Sciences—Chicago Medical School, Chicago, and Editor-in-Chief of *Chest*, the Journal of the American College of Chest Physicians. Participants are: R. D. Henderson, M.B., F.R.C.S. (C), Staff Surgeon, Toronto General Hospital and Assistant Professor of the Department of Surgery at the University of Toronto, Canada; Barry William Levine, M.D., Assistant Professor of Medicine, Harvard Medical School, and Chief, Outpatient Pulmonary Services, Massachusetts General Hospital, Boston; Linda D. Lewis, M.D., Assistant Professor of Neurology, College of Physicians and Surgeons of Columbia University, and Chief of the Neurology Clinic, Neurological Institute of Columbia Presbyterian Medical Center, New York City; Morton E. Tavel, M.D., Associate Professor of Medicine at the Indiana University School of Medicine, Indianapolis.

Pinpointing the cause of your patient's chest pain poses an urgent diagnostic challenge. Join Dr. Soffer and four specialists on these clinical grand rounds as they reach a diagnosis on five patients. (32 minutes) (in color) **0423362**

DIAGNOSTIC THORACENTESIS, with James W. Kilman, M.D., Associate Professor of Surgery, and Thomas E. Williams, Jr., M.D., Assistant Professor of Surgery, Ohio State University College of Medicine, Columbus. Thoracentesis for both diagnosis and emergency therapy is performed following a discussion of the causes, signs, and symptoms of pleural effusion. (19 minutes) (in color) **0419248**

EMERGENCY CLOSED TUBE THORACOSTOMY, with James W. Kilman, M.D., Associate Professor of Surgery, and Thomas E. Williams, M.D., Assistant Professor of Surgery, Ohio State University College of Medicine, Columbus. The causes, consequences, symptoms, and signs of pneumothorax are reviewed and an emergency closed tube thoracostomy is performed. (20 minutes) (in color) **0519123**

HOW TO OVERDIAGNOSE PULMONARY EMBOLISM, with Edward H. Morgan, M.D., Head of the Section of Respiratory Disease at The Mason Clinic, Seattle. To save patients from fatal pulmonary embolism, you must overdiagnose and overtreat the condition in some patients, maintains Dr. Morgan. He shows you, with a patient, how to make a decision for or against treatment in one hour or less. (15 minutes) (in color) **0818733**

MANAGEMENT OF THE AMBULATORY PATIENT WITH CHRONIC BRONCHITIS AND EMPHYSEMA. with Wilmot C. Ball, Jr., M.D.; Warde B. Allan, M.D.; and Warren Sumner, M.D.; all of the Department of Medicine, The Johns Hopkins University School of Medicine. A review of the evaluation and treatment of ambulatory patients with chronic obstructive pulmonary disease. Controversial aspects of management are emphasized, e.g., usefulness of detailed physiological workup, selection and use of bronchodilators, ambulatory IPPB therapy, and the role of respiratory stimulants. Selection of severely handicapped patients for exercise training or ambulatory oxygen administration is also discussed. A Television Hospital Clinic of the American College of Physicians, 1972. Please inquire for special rental information.

(58 minutes) (in color)

ACP 2827245

MEDIASTINOSCOPY IN STAGING CARCINOMA OF THE LUNG, with Edward M. Goldberg, M.D., Department of Surgery and Oncology Council, Michael Reese Hospital and Medical Center, Chicago, Illinois.

Lung cancer can be the most frustrating problem for a physician. Techniques are available for a definite diagnosis, but uncertainty exists on how to proceed with the patient. Thoracotomies have high operative mortality and extensive morbidity. In addition, the procedure proves to be unnecessary in about 50 per cent of the cases. Through the use of the mediastinoscope, it is possible to view and photograph the mediastinum. This has resulted in a new method of staging lung cancer, and an improved approach to treatment. A mediastinoscopy is demonstrated, and the staging method is shown in detail.

(14 minutes) (in color)

1312021

NEAR DROWNING: WATCH THE BLOOD GASES, with Norman L. Fine, M.D., Chief, Respiratory Services, The Griffin Hospital, Derby, Conn., and Assistant Clinical Professor of Medicine, Yale University Medical School, New Haven. The model of the fatally-drowned person is no longer relevant in treating the survivor of near drowning. This program brings you up to date.

(15 minutes) (in color)

1422940

NEW DIRECTIONS IN PULMONARY EMBOLISM — DIAGNOSIS. A new method of lung scan is demonstrated, which, used in conjunction with other tests, is a valuable diagnostic aid in pulmonary embolism, the most serious lung disorder in the U.S. The advanced technique employs a radioactive scintillation counter. The demonstration is conducted by Henry N. Wagner, Jr., M.D., Professor of Radiology and Chief, Division of Nuclear Medicine, The Johns Hopkins Medical Institutions, and Arthur Sasahara, M.D., Associate in Medicine, Harvard Medical School.

(16 minutes)

1407204

NEW DIRECTIONS IN PULMONARY EMBOLISM — MANAGEMENT. Myocardial infarction or pulmonary embolism? The differential diagnosis of the two conditions is more important to the practicing physician than ever before, because of differing modalities of treatment which recently have been developed. Henry N. Wagner, Jr., M.D., Professor of Radiology and Chief, Division of Nuclear Medicine, The Johns Hopkins Medical Institutions, and Arthur Sasahara, M.D., Associate in Medicine, Harvard Medical School, examine the specific therapies, anticoagulant, surgical, and thrombolysis, for pulmonary embolism.

(16 minutes)

1407305

OFFICE SCREENING FOR CHRONIC LUNG DISEASE, with Spencer K. Koerner, M.D., Chief of the Division of Pulmonary Medicine, Montefiore Hospital, New York City. Here are some office pulmonary evaluation tests which can help you detect patients with asymptomatic chronic lung disease. (13 minutes) (in color)

1519309

PULMONARY EMBOLISM: A RATIONAL APPROACH TO MANAGEMENT, with William Hall, M.D., Director of the Pulmonary Function Unit at Strong Memorial Hospital, and Assistant Professor of Medicine, University of Rochester School of Medicine, Rochester, New York. The mortality rate for untreated pulmonary embolism patients is between 25 and 50 percent. Doctor Hall demonstrates that such gloomy results can be avoided through prompt and effective management, which includes anticoagulant therapy and the treatment of hypoxia. (This program is part of the "Drug Spotlight Program" of the American Society for Clinical Pharmacology and Therapeutics.) (17 minutes) (in color)

1619744

RESPIRATORY DISTRESS IN THE NEWBORN: INDICATIONS FOR SURGERY, with Alexander J. Schaffer, M.D., Associate Professor Emeritus of Pediatrics, Johns Hopkins University School of Medicine, and Assistant Commissioner of Health of the City of Baltimore, Maryland. The clinical signs of respiratory distress are shown, along with examples of anomalies. Special attention is given to the approach of arriving at a specific diagnosis. (25 minutes) (in color)

1810314

RESPIRATORY DISTRESS IN THE NEWBORN: MEDICAL CONDITIONS, with Alexander J. Schaffer, M.D., Associate Professor Emeritus of Pediatrics, John Hopkins University School of Medicine, and Assistant Commissioner of Health of the City of Baltimore, Md. Indications of respiratory distress in the newborn can be detected prior to labor, in labor and in delivery. The alerting signs are clearly illustrated. Dr. Schaffer also summarizes the general principles of treatment. (22 minutes) (in color)

1810415

RESPIRATORY DISTRESS SYNDROME OF THE ADULT: TREATMENT WITH PEEP, with Robert M. Rogers, M.D., Professor of Medicine, Associate Professor of Physiology, and Chief of the Pulmonary Disease Section, University of Oklahoma Health Sciences Center, Oklahoma City. How a reasonable therapeutic program can significantly reduce high mortality from RDS, the major pulmonary complication from trauma, hemorrhage, surgery, septicemia, and shock.

(16 minutes) (In color)

1821131

SKIN TESTING FOR TB, with John A. Crocco, M.D., Director of Pulmonary Disease Section, St. Vincent's Hospital and Medical Center, New York; and Downstate Medical Center, Brooklyn, New York. A demonstration of the correct way to administer two types of TB skin tests, with guidelines for their interpretation.

(12 minutes) (In color)

1920637

THE DISTRESSED NEWBORN: THE FIRST 30 MINUTES, with Peter A. M. Auld, M.D., Director, Neonatal Intensive Care Unit, and Professor of Pediatrics, New York Hospital-Cornell Medical Center, New York. Your newborn's Apgar score is low. Here's how to manage the immediate emergencies—and how to decide whether the infant needs intensive care.

(16 minutes) (In color)

0419650

THE TREATMENT OF BRONCHIAL ASTHMA, with Frank Perlman, M.D., Clinical Professor of Medicine, University of Oregon School of Medicine, Portland. How to treat the asthmatic patient early to avoid a potential respiratory crisis.

(16 minutes) (In color)

2020032

TREATMENT OF RESPIRATORY FAILURE, with Robert M. Rogers, M.D., Assistant Professor of Medicine, and Director of the Respiratory Intensive Care Unit, Hospital of the University of Pennsylvania. The selection and application of appropriate emergency procedures in treating respiratory failure are fully explored.

(19 minutes) (In color)

2010217

TUBERCULOSIS: A NEW MEDICAL CHALLENGE FOR THE SEVENTIES, with Vernon N. Houk, M.D., and Phyllis Edwards, M.D., of the Tuberculosis Section of the National Communicable Disease Center; and William W. Stead, M.D., Professor of Medicine at Marquette School of Medicine in Milwaukee. TB is frequently diagnosed as pulmonary fibrosis. The epidemiology of the disease in the U.S. today is shown, along with the current approach to its eradication.

(17 minutes) (In color)

2010419

VENOUS THROMBOSIS AND PULMONARY EMBOLISM PREVENTION, RECOGNITION, AND TREATMENT, with Harold A. Baltaxe, M.D., Department of Radiology; William Gay, M.D., Department of Surgery; James W. Hurlley, M.D., and Susan A. Kline, M.D., Department of Medicine; all of Cornell University Medical College, New York City. Among topics considered: key signs and symptoms of venous thrombosis; preventive measures, including mini-heparinization; screening tests for the presence of emboli; and therapy, both surgical and medical, with special attention given to fibrinolytic agents.

(60 minutes) (In color)

ACP 2857481

RADIOLOGY

ABDOMINAL ARTERIOGRAPHY, with Robin Caird Watson, M.D., Chairman of the Department of Diagnostic Radiology, Memorial Sloan-Kettering Cancer Center, and Associate Professor of Radiology, Cornell University Medical Center, New York City. When to order an arteriogram and what it can tell you. Dr. Watson demonstrates the technique he uses to investigate a patient with a mass in the area of the pancreas, vague upper GI symptoms and equivocal X-rays.

(20 minutes) (In color)

0118435

APPROACH TO UPPER GI BLEEDING, with Robert M. Lowman, M.D., Professor and Acting Chairman, Department of Radiology; and Howard M. Spiro, M.D., Chief of Gastroenterology Division, Department of Medicine, Yale University School of Medicine, New Haven, Conn. Endoscopy . . . selective arteriography . . . contrast media studies . . . gastric aspiration. Which of these aids should you employ and in what order for a patient with upper GI bleeding? Drs. Spiro and Lowman review the relevant history of two patients and then show the results of several examinations including arteriography and endoscopy used for the diagnoses.

(19 minutes) (In color)

0118234

BRONCHIAL BRUSHING, from the University of Chicago School of Medicine with John J. Fennessy, M.D., Assistant Professor of Radiology. A new method of selective catheterization of small peripheral bronchial segments for the diagnosis of indeterminate peripheral lung lesions.

(28 minutes).

0200110

BRONCHOGRAPHY IN THE MANAGEMENT OF BRONCHIAL DISEASES

Robert J. Atwell, M.D., Professor of Medicine, and A. J. Christoferidis, M.D., Professor of Radiology at the Ohio State College of Medicine, demonstrate the techniques of infusing contrast media into the bronchi. (17 minutes).

0209711

DIAGNOSING DYSPHAGIA, with Robert M. Lowman, M.D., Department of Radiology, and Howard M. Spiro, M.D., Chief of the Gastroenterology Division, Department of Medicine, Yale University School of Medicine, New Haven, Conn. Drs. Lowman and Spiro outline the order in which to use barium swallow X-rays, esophagoscopy, bougienage and motility studies to differentiate psychogenic, obstructive and physiological dysphagia. They illustrate their discussion with barium swallow X-rays and films of esophagoscopy.

(20 minutes) (in color)

0417741

DIAGNOSING PEPTIC ESOPHAGITIS, with Robert M. Lowman, M.D., Professor and Acting Chairman, Department of Radiology, and Howard M. Spiro, M.D., Chief of the Gastroenterology Division, Department of Medicine, Yale University School of Medicine, New Haven, Conn. Drs. Lowman and Spiro demonstrate how to determine the cause of heartburn and to reveal related serious diseases using barium swallow X-rays, endoscopy and the Bernstein acid perfusion test.

(15 minutes) (in color)

0417842

DIAGNOSTIC RADIATION: A SAFETY REPORT Methods of using radiation so that the least amount is used and the greatest benefit is derived are shown by Richard H. Chamberlain, M.D., Professor and Chairman, Department of Radiology, University of Pennsylvania School of Medicine.

(15 minutes).

0407109

ECHOCARDIOGRAPHY: SOUNDING THE HEART, with Fred Winsberg, M.D., Director of the Division of Diagnostic Ultrasound, Montreal General Hospital, and Associate Professor of Radiology, McGill University, Montreal, Quebec. When and how to use a non-invasive diagnostic procedure for your cardiac patients.

(14 minutes) (in color)

0521629

ESOPHAGEAL DISORDERS AND CHEST PAIN — (EVALUATION AND MANAGEMENT OF ESOPHAGEAL REFLUX), with Thomas R. Hendrix, M.D., Department of Medicine; Theodore M. Bayless, M.D., Department of Medicine; Martin W. Donner, M.D., Department of Radiology; Francis D. Milligan, M.D., Department of Medicine; and David B. Skinner, M.D., Department of Surgery; all of the Johns Hopkins University School of Medicine. Clinical, radiologic, and special procedures used in evaluation of gastroesophageal reflux are presented, including acid perfusion, esophagoscopy, cine radiology, esophageal motility, and pH probe measurement. The relation of reflux to esophagitis and to reflux symptoms are defined. Among topics discussed: medical therapy for reflux; surgical options; relation of hiatal hernia to reflux; and management of complications of reflux, stricture, and esophageal ulcer. A Television Hospital Clinic of the American College of Physicians, 1972. Please inquire for special rental information.

(59 minutes) (in color)

ACP 2817243

HOW I EVALUATE THE THYROID, with W. Lester Henry, Jr., M.D., Professor and Chairman of the Department of Medicine, Howard University School of Medicine, Washington, D.C. How to examine the thyroid from the anterior position (instead of the more usual posterior) with tips on the diagnosis of thyroid enlargement. Henry emphasizes the physical exam as well as the use of radioactive scans.

(14 minutes) (in color)

0816827

LARYNGOGRAPHY: PART I

"Procedures and Normal Findings." A demonstration of the technique for performing the laryngogram, and a discussion of the normal structures of the larynx—with George Stassa, M.D., Assistant Professor of Radiology, New York Hospital—Cornell Medical Center.

(18 minutes).

1203704

LARYNGOGRAPHY: PART II

"Some Abnormal Findings." Contrast laryngography enables the radiologist to evaluate the various disease processes occurring in the larynx. George Stassa, M.D., Assistant Professor of Radiology, New York Hospital—Cornell Medical Center, reviews the abnormal findings that might be detected with this technique.

(14 minutes).

1203905

LYMPHANGIOGRAPHY IN DIAGNOSIS AND THERAPY, with Robin Caird Watson, M.D., Chairman of the Department of Diagnostic Radiology, Memorial Sloan-Kettering Cancer Center, and Associate Professor of Radiology, Cornell University Medical Center, New York City. When is lymphangiography useful? What happens to your patient when you order it? The technique and the interpretation of several lymphangiograms illustrate the procedure's place in your practice.

(17 minutes) (in color)

1219218

THE MEDICAL MANAGEMENT OF METASTATIC BREAST CANCER, with Justin J. Stein, M.D., Professor of Radiology, UCLA School of Medicine, and a past President of the American Cancer Society. Advanced breast cancer: a bleak future for the patient and a difficult management problem for the physician. This program provides a step-by-step approach to improve the quality of survival for your patient.

(19 minutes) (in color)

1319953

NEW LIGHT FROM HEAT: THERMOGRAPHY

The current status of thermography — methods as well as clinical applications—is described by Jacob Gershon-Cohen, M.D., D.Sc. Med., Emeritus Director, Division of Radiology, Albert Einstein Medical Center, and Professor of Research Radiology, Temple University Medical School.

(19 minutes).

1406409

NUCLEAR MEDICINE AND THE COMMUNITY HOSPITAL, with Alexander D. Crosett, M.D., Director of Nuclear Medicine and Radiotherapy, Overlook Hospital, Summit, N. J. Can the community hospital justify use of the expensive and sophisticated machinery of nuclear medicine? Yes, says Dr. Crosett, and he shows how his department does. (17 minutes) (in color) **1419033**

PROSTATE CANCER: CHOOSE YOUR WEAPONS, with Harry Grabstald, M.D., Urologic Surgeon; Basil S. Hilaris, M.D., Radiologist; and Charles W. Young, M.D., Medical Oncologist; all from Memorial Hospital for Cancer and Allied Diseases, New York City. What happens after the primary care physician and the hospital pathologist diagnose prostate cancer? Drs. Grabstald, Hilaris and Young discuss the effective treatment alternatives and the grading and staging involved in therapeutic decisions. A look at the therapeutic alternatives and the controversies surrounding this common and often curable form of cancer. (20 minutes) (in color) **1617241**

RADIOCURABLE CANCERS IN ADULTS — PART I. The principal group of tumors known to be curable by radiotherapy is demonstrated by Sir Brian Windeyer, F.R.C.P., F.R.C.S., Professor of Therapeutic Radiology, The Middlesex Hospital, University of London, England. (12 minutes). **1806201**

RADIOCURABLE CANCERS IN ADULTS — PART II. Selecting the most effective treatment for a cancer patient is a constant problem. In this presentation, Sir Brian Windeyer, F.R.C.P., F.R.C.S., Professor of Therapeutic Radiology, The Middlesex Hospital, University of London, England, evaluates the alternatives of surgery or radiation therapy — or a combination of both — in squamous cell carcinoma of the tongue, cancer of the larynx, and breast cancer. (14 minutes). **1806201**

RADIOISOTOPE ARTERIOGRAPHY

Richard Janeway, M.D., and C. Douglas Maynard, M.D., of the Departments of Neurology and Radiology at the Bowman Gray School of Medicine present a new aid to cerebrovascular disease. (20 minutes). **1809503**

RADIOLOGIC DIAGNOSIS OF THE ACUTE ABDOMEN

Several abdominal techniques are available in diagnosing patients presenting with acute abdominal pain. Robert D. Moseley, Jr., M.D., Professor and Chairman of the Department of Radiology, University of Chicago Pritzker School of Medicine, summarizes these techniques and considers their importance in clinical findings. (15 minutes) (in color) **1808804**

RADIOLOGIC MANAGEMENT OF EARLY CANCER OF THE LARYNX, with Alexander D. Crosett, M.D., Director, Radiation Therapy and Nuclear Medicine, and Charles E. Langaard, M.D., otolaryngologist, both at Overlook Hospital, Summit, N. J. How the radiation department of a community hospital approaches early laryngeal cancer and provides the patient with an excellent prognosis. (12 minutes) (in color) **1818928**

RECTAL BLEEDING: FINDING THE CAUSE, with Robert M. Lowman, M.D., Professor and Acting Chairman, Department of Radiology, and Howard M. Spiro, M.D., Chief of Gastroenterology Division, Department of Medicine, Yale University School of Medicine, New Haven, Conn. Drs. Lowman and Spiro review the procedures involved in diagnosing minimal, moderate and massive rectal bleeding and outline the order in which sigmoidoscopy, colonoscopy, barium enema and selective arteriography should be employed. (18 minutes) (in color) **1817927**

SCANNING THE BRAIN IN CROSS SECTION, with Paul F. J. New, M.D., Chief of Neuroradiology at Massachusetts General Hospital and Associate Professor of Radiology at Harvard Medical School. Demonstration of the new radiological technique of computerized tomography, a non-invasive method of investigating and analyzing the brain in detail that may be the most important single advance in radiological diagnosis in 50 years. (16 minutes) (in color) **1920435**

SELECTIVE RENAL ARTERIOGRAPHY: PART I. The technique for visualizing the intrarenal vascular system, utilizing the opaque catheter and serial roentgenography—demonstrated by Klaus Ranniger, M.D., Associate Professor of Radiology, University of Chicago School of Medicine. (17 minutes). **1903802**

SELECTIVE RENAL ARTERIOGRAPHY: PART II. Klaus Ranniger, M.D., Associate Professor of Radiology, University of Chicago School of Medicine, demonstrates a technique for examining the intrarenal vascular system using the opaque catheter and serial roentgenography. (11 minutes). **1904703**

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THE PROBLEM OF POLYARTHRITIS, with Mary Betty Stevens, M.D., Department of Medicine; Martin W. Donner, M.D., Department of Radiology; Lawrence E. Shulman, M.D., Department of Medicine; Alexander S. Townes, M.D., Department of Medicine; and Thomas M. Zizic, M.D., Department of Medicine; all of the Johns Hopkins University School of Medicine. A presentation — with illustrative patients — of clinical and laboratory features of significance to the differential diagnosis of acute polyarthritis. The value and limitations of serologic findings, synovial fluid analysis, and radiographic findings, are emphasized, and the role of arthrography in diagnosis and management is evaluated. Also discussed are management programs and problems relating to rheumatoid arthritis and its variants: ankylosing spondylitis, microcrystalline synovitis, and articular sepsis. A Television Hospital Clinic of The American College of Physicians, 1972. Please inquire for special rental information.

(60 minutes) (in color)

ACP 2847246

ULTRASONIC IMAGING: ECHOES WITH ANSWERS, with Barry B. Goldberg, M.D., Associate Professor of Radiology, Temple University Health Sciences Center, and Head of Diagnostic Ultrasound, Episcopal Hospital, Philadelphia. Will ultrasonic imaging help a diagnosis? This program illustrates some of the most frequent uses of ultrasonic imaging for the study of normal and abnormal structures in the body.

(13 minutes) (in color)

2120509

WHAT CAROTID ARTERIOGRAPHY CAN TELL YOU, with Michael D. F. Deck, M.D., Associate Attending Radiologist, Memorial Sloan-Kettering Cancer Center, and Associate Professor of Radiology, Cornell University Medical Center, New York City. Skull films and brain scans show bone metastases in a patient with inoperable lung cancer. Following irradiation, she has progressively severe headaches and slight dementia. Does she have additional metastases in the brain? Should she have more irradiation? With this patient, Dr. Deck demonstrates carotid arteriography and the value of the procedure.

(17 minutes) (in color)

2318909

WHAT MAMMOGRAPHY CAN TELL YOU, with Ruth Snyder, M.D., Associate Radiologist, Memorial Sloan-Kettering Cancer Center, and Clinical Assistant Professor of Radiology, Cornell University Medical Center, New York City. Mammography detects early cancerous changes in the breast: should it be done as routinely as a Pap smear? Dr. Snyder explains the indications and demonstrates what the technique reveals.

(17 minutes) (in color)

2318007

WHAT YOU AND YOUR PATIENT SHOULD KNOW ABOUT CORONARY ARTERIOGRAPHY, with F. Mason Sones, Jr., Director of the Department of Cardiovascular Disease and Cardiac Laboratory; and Donald B. Effler, M.D., Director of the Department of Cardiovascular and Thoracic Surgery, The Cleveland Clinic. What is coronary arteriography? Which patients are candidates? Which patients are not? What information does the consultant need? What happens during the procedure? These questions are answered during this program which includes a demonstration of coronary arteriography.

(24 minutes) (in color)

2318708

REHABILITATION AND PHYSICAL MEDICINE

"DOCTOR, I PUT MY BACK OUT!": MANIPULATIVE THERAPY, with Philip E. Greenman, D.O., Chairman and Professor, Department of Biomechanics, College of Osteopathic Medicine, Michigan State University, East Lansing, Michigan. Low back pain . . . a common problem seen through the eyes of an osteopathic physician. Evaluation and treatment are demonstrated.

(23 minutes) (in color)

0421577

FRACTURES OF THE LOWER EXTREMITIES. Selected cases and principles of management of lower extremity fractures are presented by Edward J. Eyring, M.D., Assistant Professor of Orthopedics and Physiological Chemistry, and John B. Roberts, M.D., Assistant Professor of Orthopedics, Ohio State University College of Medicine. (14 minutes).

0607510

HOME MANAGEMENT OF ARTHRITIS, with John J. Calabro, M.D., Chief of Medicine and Director of Rheumatology, Worcester City Hospital, Worcester, Mass. A rheumatologist demonstrates how patients with arthritis can actively participate in a lifelong program of comprehensive home care. The value of exercises and paraffin treatments are also considered.

(16 minutes) (in color)

0820236

MANAGEMENT OF AMPUTEES: PROSTHESIS, with Ernest W. Johnson, M.D., Professor and Chairman of Physical Medicine; and William G. Pace, M.D., Professor of Surgery and Assistant Dean of Ohio State University College of Medicine.

There is a great variety of prosthetic devices available today. The range of devices — for infants through geriatric patients — is illustrated with emphasis on their habilitative and rehabilitative effects. (15 minutes).

1311305

MANAGEMENT OF STROKE — PART I. Rudolph Kaelbling, M.D., Associate Professor of Psychiatry, Ohio State University College of Medicine, examines the common types of stroke and their effects on consciousness, mental acuity, speech, and physical coordination, as well as the impact of stroke on the patient's family. Rehabilitation is discussed also, and a speech therapist is shown working with patients.

(14 minutes).

1305506

MANAGEMENT OF STROKE — PART II. The physical rehabilitation of the stroke patient — including rehabilitative appliances, exercise, and physiotherapy — is discussed and demonstrated by Ernest W. Johnson, M.D., Chairman, Department of Physical Medicine, Ohio State University College of Medicine. (17 minutes).

1305607

MANAGEMENT OF THE AMBULATORY PATIENT WITH CHRONIC BRONCHITIS AND EMPHYSEMA, with Wilmot C. Ball, Jr., M.D.; Warde B. Allan, M.D.; and Warren Summer, M.D.; all of the Department of Medicine, The Johns Hopkins University School of Medicine. A review of the evaluation and treatment of ambulatory patients with chronic obstructive pulmonary disease. Controversial aspects of management are emphasized, e.g., usefulness of detailed physiological workup, selection and use of bronchodilators, ambulatory IPPB therapy, and the role of respiratory stimulants. Selection of severely handicapped patients for exercise training or ambulatory oxygen administration is also discussed. A Television Hospital Clinic of the American College of Physicians, 1972. Please inquire for special rental information.

(58 minutes) (in color)

ACP 2827245

PHYSICAL MEASURES FOR ARTHRITIS, STROKE AND CARDIOVASCULAR REHABILITATION, with John A. Faulkner, Ph.D., Department of Physiology and Robert L. Joynt, M.D., George H. Koepke, M.D., Barry Miller, M.D., and Edwin M. Smith, M.D., all of the Department of Physical Medicine and Rehabilitation, University of Michigan Medical School, Ann Arbor, Mich. The panel discusses and demonstrates physical measures for treating arthritis, techniques to prevent contractures following stroke and methods to use in preserving maximal function of unaffected extremities, and also presents the basics for prescribing exercise for the patient with coronary heart disease. A Television Clinic of the American College of Physicians, 1973. Please inquire for special rental information.

(60 minutes) (in color)

ACP 2867370

PROBLEMS IN THE MANAGEMENT OF AMPUTEES, with Ernest W. Johnson, M.D., Professor and Chairman of the Department of Physical Medicine; and William G. Pace, M.D., Professor of Surgery and Assistant Dean of the College of Medicine, Ohio State University, Columbus, Ohio.

Current surgical techniques both for above-knee and below-knee amputations are shown and discussed. Also, part of this telecast is devoted to a technique for immediate post-operative fitting of a prosthetic leg after above-knee amputation.

(16 minutes).

1611224

ROTARY INSTABILITY OF THE KNEE: PART II — REHABILITATION AND MANAGEMENT

In this telecast, Donald B. Slocum, M.D., and Robert L. Larson, M.D., Department of Orthopedics, Sacred Heart General Hospital, Eugene, Ore., continue their discussion by showing corrective surgery and demonstrating the therapeutic programs that follow.

(18 minutes) (in color)

1808522

SKELETAL TRACTION — THE TEAM APPROACH — PART II — IN TRACTION. How the patient in traction benefits from the attention of a well-

organized team of specialists is demonstrated by William McCloud, M.D., Resident in Orthopedic Surgery, Ohio State University Center for Continuing Medical Education, and a department team caring for a patient with a fractured femur.

The occupational therapist helps the patient to adjust to the discomfort and anxiety of prolonged hospitalization and to prepare for limitations of activity during home convalescence. The physiotherapist shows the kinds of exercises best suited to the patient in leg traction. The orthopedic nurse evaluates the patient's condition, particularly skin color, circulation in the fractured leg, and any signs of infection. The importance of hygiene is stressed as she demonstrates the proper method for bathing the patient in skeletal traction. (24 minutes).

2701433

STROKE — FOCUS ON INDEPENDENCE. Helping the stroke patient to become self-sufficient poses a challenge to the nurse in the general hospital. Elizabeth Pliskoff, R.N., works with stroke patients at Good Samaritan Hospital in Phoenix, Arizona, and demonstrates how patients can be taught self-exercise, feeding themselves, and the nature of their illness.

(30 minutes).

2701028

14384 COMPETITIVE PROBLEMS IN THE DRUG INDUSTRY

THE EXERCISE PRESCRIPTION, with Nanette K. Wenger, M.D., Professor of Medicine, Division of Cardiology, Emory University School of Medicine, Atlanta; and William L. Haskell, Ph.D., Co-Director of the Stanford University Cardiac Rehabilitation Program, Palo Alto, Cal. You can prescribe exercise as precisely as you do drugs. Here's how the results of an exercise stress test can guide you. (22 minutes) (in color) **0519324**

THE TEAM APPROACH TO CHRONIC PAIN, from the Pain Control Center of Temple University Hospital, Philadelphia. With Mary E. Moore, M.D., Ph.D., Assistant Professor of Medicine, Section of Rheumatology, and psychologist; Edward J. Resnick, M.D., Associate Professor of Orthopedic Surgery, and coordinator, Pain Control Center; Richard Eller, M.D., Associate Professor of Anesthesiology; Shavarsh Chrissian, M.D., Assistant Professor of Rehabilitation Medicine; and Marc Flitter, M.D., Assistant Professor of Neurosurgery. Current theories of pain are leading to new methods for treatment. The techniques demonstrated here can work for you and your patients. This program was produced with the cooperation of the Department of Continuing Medical Education, Temple University. (16 minutes) (in color) **2023841**

THE TEAM APPROACH TO THE CLEFT PALATE: HABILITATION

Members of the staff at the Lancaster Cleft Palate Clinic in Lancaster, Pa., along with H. K. Cooper, Sr., D.D.S. founder and Director Emeritus of the clinic, demonstrate their approach to the birth defect found in every 700 births. (18 minutes) (in color) **2010001**

THE TEAM APPROACH TO THE CLEFT PALATE: REHABILITATION, with Robert T. Millard, Chief Speech Pathologist, and Mohammad Mazaheri, D.D.S., Chief Prosthodontist, both of the Lancaster (Pa.) Cleft Palate Clinic. A variety of cases is explored with the team approaches to each problem described in detail. (15 minutes) (in color) **2010102**

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THERMAL INJURIES: MEDICAL, SURGICAL, AND PSYCHIATRIC CARE, with an introduction by T. G. Blocker, Jr., M.D., Professor of Surgery and President Emeritus, The University of Texas Medical Branch at Galveston. The following three programs were produced under the supervision of Stephen R. Lewis, M.D., Chief of Plastic Surgery and Director of Continuing Education, UTMB-Galveston.

KEEPING THE BURN PATIENT ALIVE, with Duane L. Larson, M.D., Professor of Plastic Surgery, UTMB-Galveston, and Director, Shriners Burns Institute, Galveston. A 1-2-3 approach to emergency care for critically-burned patients plus the steps to take in assuring the patient's survival during transportation to a hospital. (16 minutes) (in color) **1122205**

HOSPITAL BURN CARE: MINIMIZING DEFORMITIES AND OTHER COMPLICATIONS, with Hugo Carvajal, M.D., Pediatric Nephrologist, Shriners Burns Institute, and Assistant Professor of Pediatrics, UTMB-Galveston; and Duane L. Larson, M.D., Director, Shriners Burns Institute, and Professor of Plastic Surgery, UTMB-Galveston. The definitive care of burn patients. Emphasis is placed on daily wound care, fluid replacement and nutrition, and procedures to minimize contracture and hypertrophic scarring before and after grafting. (22 minutes) (in color) **0822239**

THERMAL INJURY: EMOTIONAL AND PHYSICAL STRESS, with Mary S. Knudson, Ph.D., Chief, Division of Behavioral Sciences, Shriners Burns Institute; Duane L. Larson, M.D., Professor of Plastic Surgery, UTMB-Galveston, and Director, Shriners Burns Institute; and Robert B. White, M.D., Professor of Psychiatry, UTMB-Galveston. Practical methods to combat the physical pain, toxic delirium, helplessness, and regression seen in patients with major burns. (12 minutes) (in color) **2022240**

TREATING EDUCATIONALLY/NEUROLOGICALLY HANDICAPPED CHILDREN, with Henry S. Richanbach, M.D., Assistant Clinical Professor of Pediatrics, Stanford University School of Medicine; and Lester Tainapol, Sc.D., Past President of the California Association for Neurologically Handicapped — both from Stanford, California. The general physician will learn about the drugs that are being administered cautiously to educationally handicapped children, and the special educational programs that have been developed to assist them in daily living. (17 minutes) (in color) **2012811**

UNCOVERING WHAT'S RIGHT WITH THE STROKE PATIENT, with Paul J. Corcoran, M.D., Associate Professor of Rehabilitation Medicine, Boston University Medical Center, Boston. Dr. Corcoran shows the non-rehabilitation specialist how to examine and evaluate the stroke patient during his first post-CVA days. Unlike most exams, attention is given to ability rather than disability. (22 minutes) (in color) **2117007**

REPRODUCTION, FERTILITY AND SEXUALITY

CLINICAL MANAGEMENT OF HUMAN REPRODUCTIVE PROBLEMS: PART I. Alvin F. Goldfarb, M.D., Assistant Professor of Obstetrics and Gynecology, Jefferson Medical College and Hospital, presents "Evaluating the Infertile Couple." (19 minutes). **0303118**

CLINICAL MANAGEMENT OF HUMAN REPRODUCTIVE PROBLEMS: PART II
"The Physio-Anatomic Basis of Fallopian Tube Function." The second program in this continuing series — with Luigi Mastroianni, Jr., M.D., Professor of Obstetrics and Gynecology, University of Pennsylvania School of Medicine. (17 minutes). **0303319**

CLINICAL MANAGEMENT OF HUMAN REPRODUCTIVE PROBLEMS: PART III
"Tubal Factor Treatment." Correcting distortion of the tubal ovarian relationships. With Celso-Ramon Garcia, M.D., Associate Professor of Obstetrics and Gynecology, University of Pennsylvania School of Medicine. (16 minutes). **0303620**

CLINICAL MANAGEMENT OF HUMAN REPRODUCTIVE PROBLEMS: PART IV
"The Cervix in Infertility." Evaluation of the cervical factor in cases of female infertility — with Kamran S. Moghissi, M.D., Associate Professor of Obstetrics and Gynecology, Wayne State University School of Medicine. (17 minutes). **0304421**

CLINICAL MANAGEMENT OF HUMAN REPRODUCTIVE PROBLEMS: PART V
"New Research," a discussion and demonstration of the use of frozen sperm for artificial insemination; immunologic aspects of infertility; and new laparoscopic techniques. (18 minutes). **0304622**

CLINICAL MANAGEMENT OF HUMAN REPRODUCTIVE PROBLEMS: PART VI — INDICES OF OVULATION

The tests which are available to determine the absence or occurrence of ovulation are described by Howard Balin, M.D., Chief, Gynecic Research Unit, Pennsylvania Hospital, Philadelphia. (26 minutes). **0304923**

CLINICAL EVALUATION OF HUMAN REPRODUCTIVE PROBLEMS: PART VII — INDUCTION OF OVULATION. The several methods available for treating the anovulatory, infertile female are evaluated by Alvin F. Goldfarb, M.D., Assistant Professor of Obstetrics and Gynecology, and Abraham E. Rakoff, M.D., Professor of Obstetrics and Gynecology, Jefferson Medical College and Hospital; and Howard Balin, M.D., Chief, Gynecic Research Unit, Pennsylvania Hospital. (15 minutes). **0305024**

CLINICAL MANAGEMENT OF HUMAN REPRODUCTIVE PROBLEMS: FINAL PROGRAM — THE SUMMATION. Alvin F. Goldfarb, M.D., Assistant Professor of Obstetrics and Gynecology, Jefferson Medical College and Hospital, presents a review and a summation of the seven programs in the series on human reproductive problems. (20 minutes). **0305325**

COUNSELING FOR VOLUNTARY STERILIZATION: TUBAL LIGATION, with Ronald J. Pion, M.D., Associate Professor of Obstetrics and Gynecology, University of Washington, Seattle. Sterilization as a form of birth control was rarely performed in this country. Now it is increasing with growing concern toward "the pill," increasing interest in overpopulation and changing sexual attitudes. Dr. Pion is seen with several couples who have decided on sterilization for the wife, and their reasons and attitudes are explored. (17 minutes) (in color) **0312352**

COUNSELING FOR VOLUNTARY STERILIZATION: VASECTOMY, with Ronald J. Pion, M.D., Associate Professor, Department of Obstetrics and Gynecology, and Director, Division of Family Planning; Nathaniel N. Wagner, Ph.D., Associate Professor of Psychiatry and Obstetrics and Gynecology; and J. Williams McRoberts, M.D., Assistant Professor of Urology—all three from the University of Washington, Seattle. The psychological overtones of a vasectomy, the fear of the operation and the implications of irrevocability are considered in candid detail. Patients contemplating the operation and those who have had the operation are interviewed. The three teacher-practitioners raise the questions and focus on the uncertainties that most patients will exhibit when seeking advice on a vasectomy. The three presenters also discuss the attitude of the physician in the interview with the patient. (20 minutes) (in color) **0312253**

COUNSELING THE CANDIDATE FOR ABORTION, with Ronald J. Pion, M.D., Associate Professor of Obstetrics and Gynecology, and Director of Division of Family Planning, University of Washington School of Medicine, Seattle.

Dr. Pion interviews three patients. In each conversation, he concentrates on providing the patient seeking a termination to her pregnancy with options and alternatives to reach a rational decision to her crisis.

(17 minutes) (In color)

0312454

COUNSELING THE POST-ABORTION PATIENT, with Ronald J. Pion, M.D., Associate Professor, Department of Obstetrics and Gynecology, and Director of the Division of Family Planning; and Nathaniel N. Wagner, Ph.D., Associate Professor of Psychiatry and Obstetrics and Gynecology, both from the University of Washington School of Medicine, Seattle, Washington.

Post-abortion patients are interviewed in an attempt to show physicians the opportunities that exist for helping patients beyond a period of crisis. (18 minutes) (In color)

0312555

EGG TRANSPORT IN MAMMALS, with Richard J. Blandau, M.D., Professor of Biological Structures, University of Washington School of Medicine. Discussion and cinemicrographic visualization of egg transport in rabbits, rats, and humans.

(15 minutes).

0501404

FEEDBACK: SEX EDUCATION. The provocative subject of "Sex Education" is introduced by Alvin F. Goldfarb, M.D., Assistant Professor of Obstetrics and Gynecology, Jefferson Medical College and Hospital, Philadelphia. Participants in the panel are: Moderator: Hubert L. Allen, M.D., Instructor in Clinical Obstetrics and Gynecology, Washington University School of Medicine, St. Louis, Missouri. Clay Burchell, M.D., Associate Professor of Obstetrics and Gynecology, University of Illinois College of Medicine, Chicago. John W. Huffman, M.D., Professor of Obstetrics and Gynecology, Northwestern University Medical School, Chicago. Capt. James P. Semmens, MC, USN, Chief of Obstetrics and Gynecology, U.S. Naval Hospital, Oakland, California. Don W. Oakes, A.B., M.A., Director of Secondary Education, Hayward Unified School District, Hayward, California.

(50 minutes).

0604001

FEMALE HOMOSEXUALITY — PART I — PERSONAL ASPECTS. John F. Oliven, M.D., Associate Attending Psychiatrist, College of Physicians and Surgeons, Columbia University, analyzes the psychological problems of Lesbianism through his commentary on an interview between a Lesbian-transvestite and John W. Huffman, M.D., Professor of Obstetrics and Gynecology, Northwestern University Medical School.

(15 minutes).

0605702

FEMALE HOMOSEXUALITY — PART II — INTERPERSONAL ASPECTS. An interview between a Lesbian-transvestite and John W. Huffman, M.D., Professor of Obstetrics and Gynecology, Northwestern University Medical School, is interspersed with commentary by John F. Oliven, M.D., Associate Attending Psychiatrist, College of Physicians and Surgeons, Columbia University.

(21 minutes).

0605803

HUMAN SEXUALITY: A BARRIER TO TREATMENT, with Ronald J. Pion, M.D., Associate Professor of Obstetrics and Gynecology and Director of the Division of Family Planning; and Nathaniel N. Wagner, Ph.D., Associate Professor of Psychiatry and Obstetrics and Gynecology, both from the University of Washington School of Medicine in Seattle, Washington.

Few physicians are comfortable discussing sex problems with their patients. Yet patients and physicians alike agree that a candid discussion can benefit the patient. Doctors Pion and Wagner discuss the problem and offer examples of "breaking the barrier" with three patient interviews. (18 minutes) (In color)

0811108

IMPOTENCE, with Philip A. Sarrel, M.D., Associate Professor of Obstetrics and Gynecology at Yale University Medical School; and Lorna Sarrel, Co-Director of the Human Sexuality Program at the Yale University Student Mental Hygiene Department in New Haven, Connecticut. Secondary impotence—one of the most common sexual complaints—will usually yield to deft detective work and counselling. This program illustrates how two leading sex therapists approach the problem. (18 minutes) (In color)

0921330

LAPAROSCOPIC STERILIZATION, with Thomas F. Dillon, M.D., Director of Obstetrics and Gynecology, Roosevelt Hospital, and Professor of Obstetrics and Gynecology, Columbia University College of Physicians and Surgeons, New York City. Endoscopic film sequences taken during laparoscopic tubal sterilization accompany a demonstration of the procedure.

(20 minutes) (In color)

1218817

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LARGE SCALE PREGNANCY TESTING FOR THE '70s, with Elizabeth Connell, M.D., Associate Professor of Obstetrics and Gynecology, College of Physicians and Surgeons, Columbia University in New York, and Director, Family Life Services, International Institute for Study of Human Reproduction; Ralph W. Gause, M.D., Obstetrical Consultant, National Foundation-March of Dimes; and Donald P. Swartz, M.D., Clinical Professor of Obstetrics and Gynecology, College of Physicians and Surgeons and Director of Obstetrics and Gynecology, Harlem Hospital in New York. Three physicians demonstrate the ease of administration and reliability of new inexpensive pregnancy tests. The doctors also identify situations in which wider pregnancy testing may now be indicated, and consider issues raised by the simplicity and accessibility of pregnancy testing kits. (19 minutes) (in color) **1213914**

MALE FERTILITY: DIAGNOSIS, TREATMENT, CONTROL, with Robert S. Hotchkiss, M.D., with the Department of Urology, New York University School of Medicine; and John MacLeod, Ph.D., with the Department of Anatomy, Cornell University Medical College.

First, the biology of male fertility is discussed. Then the history taking, physical examination and sperm specimen collection are described. Remarks are made on the regulation of fertility with drugs. And finally, surgical treatment for infertility is explored. (18 minutes) (in color) **1311003**

MANAGEMENT OF ADOLESCENT SYMPTOMS. Methods of dealing with the problems of adolescents — particularly experimentation with sex and drugs — are demonstrated with groups of teenagers, by Steven R. Homel, M.D., Department of Pediatrics, Jefferson Medical College and Hospital of Philadelphia, Pa. (18 minutes). **1308004**

MANAGEMENT OF THE PATIENT WITH AN INTRAUTERINE DEVICE, with Don Sloan, M.D., Assistant Clinical Professor and Director, Division of Psychosomatic Medicine, Dept. of Obstetrics and Gynecology, New York Medical College. The intrauterine device is now established as a standard contraceptive option. By means of "typical patient" interviews, Dr. Sloan reviews indications for prescribing the IUD and outlines points to be made in counseling the patient at time of insertion. (17 minutes) (in color) **1315645**

NATURAL CHILDBIRTH: THE PHYSICIAN'S ROLE, with Alfred Tanz, M.D., obstetrician and gynecologist, Lenox Hill Hospital, and Assistant Clinical Professor of Obstetrics and Gynecology, New York Medical College, New York City. Far from relieving the physician of his responsibility in childbirth, this increasingly popular approach to labor and delivery emphasizes his role at the times he is really needed. (15 minutes) (in color) **1418932**

THE PILL AND THE INFORMED PATIENT, with Louis M. Hellman, M.D., Deputy Assistant Secretary for Population Affairs, U. S. Department of Health, Education and Welfare, Washington, D. C., Professor and Chairman Emeritus, Department of Obstetrics and Gynecology, State University of New York Downstate Medical Center, in New York City. An update on oral contraceptives and how to counsel patients for informed consent. Dr. Hellman interviews a healthy young patient, beginning contraception, and an older patient with complications related to oral contraceptive drugs. This program is presented as part of the American Society for Clinical Pharmacology and Therapeutics Drug Spotlight Program. (29 minutes) (in color) **1623450**

SEX IN AGING AND DISEASE, with Philip A. Sarrel, M.D., Associate Professor of Obstetrics and Gynecology at Yale University Medical School; and Lorna Sarrel, Co-Director of the Human Sexuality Program at the Yale University Student Mental Hygiene Department in New Haven, Connecticut. Sexual development of healthy aging persons, as well as patients with the more common geriatric disorders, is discussed. (19 minutes) (in color) **1921438**

SYPHILIS: BE SUSPICIOUS, with Frank M. Calia, M.D., Chief, Infectious Diseases, Loch Raven Veterans Hospital, and Associate Professor of Medicine, University of Maryland School of Medicine, both in Baltimore. A new look at an old enemy, with emphasis on the pros and cons of a variety of serologic tests. (15 minutes) (in color) **1917628**

THE PILL: CLINICAL ASPECTS. Perhaps no other group of drugs has elicited such continuing concern on the part of physicians and patients as have the oral contraceptives. In this presentation, all available data on the organic effects of the pill are brought together by Celso Ramon Garcia, M.D., Professor of Obstetrics and Gynecology, Edward E. Wallach, M.D., Assistant Professor of Obstetrics and Gynecology, and Harold I. Lief, M.D., Professor of Psychiatry, University of Pennsylvania School of Medicine. In spite of possible risks associated with the pill, they point out that physicians must consider it in the light of fear of pregnancy, of unwanted pregnancy or of illegal abortion. (21 minutes). **0607517**

THE PILL: COUNSELING FOR AND AGAINST ITS USE, with Don Sloan, M.D., Assistant Clinical Professor and Director, Division of Psychosomatic Medicine, Department of Obstetrics and Gynecology, New York Medical College, New York, N.Y. One patient wants the pill and shouldn't have it, another wants an IUD but should use the pill. Dr. Sloan, in interviews with teaching-assistant "patients" demonstrates how to obtain relevant information about medical history and sexual activity, and how to steer the patient toward the appropriate contraceptive.

(15 minutes) (in color)

1615739

TREATING THE INFERTILE COUPLE: DIFFICULT DIAGNOSES AND MANAGEMENT, with Melvin R. Cohen, M.D., of the Michael Reese Hospital and Medical Center and the Chicago Fertility Institute, Chicago, Ill. When medical and marital histories, interviews and fertility tests fail to reveal the reasons for infertility, a series of sophisticated tests can be performed. Such techniques as the Rubin Gas Test or hysterosalpingography, culdoscopy and laparoscopy are among those that Dr. Cohen describes during this program.

(17 minutes) (in color)

2013321

TREATING THE INFERTILE COUPLE: INITIAL WORKUP AND DETERMINATION OF OVULATION, with Melvin R. Cohen, M.D., of the Michael Reese Hospital and Medical Center and the Chicago Fertility Institute, Chicago, Ill. Dr. Cohen conducts an interview with an infertile couple to demonstrate the gathering of a marital and medical history, to ascertain abnormalities in the wife and to determine the fertility of the husband.

(16 minutes) (in color)

2013220

THE VAGINA AND FEMALE SEXUAL DYSFUNCTION, with Philip A. Sarrel, M.D., Associate Professor of Obstetrics and Gynecology at Yale University Medical School; and Lorna Sarrel, Co-Director of the Human Sexuality Program at the Yale University Student Mental Hygiene Department, in New Haven, Connecticut. Vaginitis and the resulting vaginismus are diagnosed and treated. Medical and sex-counseling protocols are set forth.

(18 minutes) (in color)

2220802

VASECTOMY PERFORMED IN THE OFFICE, with Philip Roen, M.D., Associate Professor of Urology, New York Medical College, and Director of Urology, St. Barnabas Hospital, New York City. In 1960, 100,000 men underwent vasectomy in the United States. The trend now indicates more than a million a year will be conducted during the seventies. Dr. Roen shows us an actual vasectomy — from incision to fascial closure — to demonstrate the efficacy of performing the procedure in the office.

(17 minutes) (in color)

2214501

WHAT GOES ON AT SEX THERAPY CLINICS, with Harold Lear, M.D., Director of the Human Sexuality Program, Mount Sinai Hospital, New York City. What really happens in those Masters and Johnson-type sessions? Dr. Lear and co-therapist Ann Welbourne, R.N., show you — in a counseling session with a couple whose problem is the husband's premature ejaculation.

(22 minutes) (in color)

2317006

WHEN THE SUBJECT TURNS TO SEX . . . Sexual history taking can be the cause of embarrassment and anxiety for both the physician and the patient. Dr. Harold Lear, of the Mount Sinai Medical Center in New York City, and four medical students demonstrate and discuss when and how to take the history of a patient's sexual behavior.

(29 minutes) (in color)

SAMA 2810554

SPACE MEDICINE

ALTITUDE STRESS—PART I—E. R. Buskirk, M.D., Director of Laboratory for Human Performance Research, Pennsylvania State University. Olympics '68—research on athletic performance at high altitudes in Peru and Colorado.

(13 minutes).

0102509

ALTITUDE STRESS — PART II — "Hypoxia" — with E. R. Buskirk, M.D., Director of Laboratory for Human Performance Research, Pennsylvania State University. Olympics '68—research on athletic performance at high altitudes in Peru and Colorado.

(16 minutes).

0102610

SKYLAB: CLINIC IN ORBIT, with Capt. Joseph P. Kerwin, M.D., U.S.N., NASA Headquarters, Houston; and Charles M. Plotz, M.D., M.D., Sc.D., NCME Advisor, Professor of Medicine and Chairman of the Department of Family Practice at Downstate Medical Center, Brooklyn, N.Y. Using videotapes recorded in orbit, Capt. Kerwin describes the implications of Skylab experiments for terrestrial medicine.

(16 minutes) (in color)

1919331

WHAT ARE WE LEARNING IN SPACE MEDICINE? (HUMAN ADAPTATION TO SPACE), with Charles A. Berry, M.D., Director of Medical Research and Operations, NASA, Houston, Texas. Dr. Berry reveals how he and his team of physicians have answered the question: "What is the worst thing that can happen to the astronauts during a flight?" Such considerations as prophylactic surgery and medication aboard the flight are disclosed.

(14 minutes) (in color).

2313705

WHAT ARE WE LEARNING IN SPACE MEDICINE? (IN-FLIGHT CONCERNS), with Charles A. Berry, M.D., Director of Medical Research and Operations, NASA, Houston, Texas. Dr. Berry takes us through the countdown of medical activity during a rocket launch. He offers anecdotes, supplemented with official NASA film — such as the implications of losing Alan Shepard, Jr.'s EKG sensor prior to Apollo 14 liftoff.

(28 minutes) (in color)

2313704

WHAT ARE WE LEARNING IN SPACE MEDICINE? (THE PHYSIOLOGICAL ENVIRONMENT), with Charles A. Berry, M.D., Director of Medical Research and Operations, NASA, Houston, Texas. Among the many medical problems Dr. Berry highlights in this telecast are loss of red cell mass on long flights and new monitoring leads for various bodily functions with a suggestion of how they might be used in "conventional" patient practice. (13 minutes) (in color)

2313703

SURGERY

BEDSIDE PULMONARY ARTERY CATHETERIZATION, with T. Crawford McAslan, M.D., Associate Clinical Director, Maryland Institute for Emergency Medicine, and Professor of Anesthesiology, University of Maryland School of Medicine, Baltimore.

An introduction to the Swan-Ganz flow-directed, balloon-tipped catheter. Indications, method of insertion at bedside, and techniques for avoiding complications. (15 minutes) (in color)

0223621

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CARDIAC TRANSPLANTATION. With Denton A. Cooley, M.D., Professor of Surgery; Robert D. Bloodwell, M.D., Assistant Professor of Surgery; Grady L. Hallman, M.D., Associate Professor of Surgery; and Robert D. Leachman, M.D., Professor of Cardiology, Baylor University College of Medicine.

Cardiac transplantation deserves now to be accepted in the vast armamentarium of treatment of the coronary patient, according to Dr. Cooley. Noting this, he points out that the problems surrounding rejection of the donor heart are being met with increasingly good results. Thus, he adds, the major drawback to increased use of cardiac transplantation is the availability of donor hearts.

The implications of this — the need for a new definition of death as well as possible procedures for storing donor hearts — are discussed by Dr. Cooley and his colleagues.

The film for this presentation was taken during the first transplantation. While the procedure has not changed radically in transplantations that followed this one, the attitudes of the physicians have. No longer is the transplant patient treated like a "cardiac cripple," they contend. Rather, where possible, every attempt is made to handle him as any other postoperative case with ambulation after 48 hours the goal.

(30 minutes) (in color)

2007014

CESAREAN BIRTH

Delivery by Cesarean Section — with Stanley H. Tischler, M.D., Associate Obstetrician-Gynecologist of The Jewish Hospital of Brooklyn.

(8 minutes).

0303201

CLINICAL MANAGEMENT OF HUMAN REPRODUCTIVE PROBLEMS: PART III

"Tubal Factor Treatment." Correcting distortion of the tubal ovarian relationships. With Celso-Ramon Garcia, M.D., Associate Professor of Obstetrics and Gynecology, University of Pennsylvania School of Medicine.

(16 minutes).

0303620

CRYOSURGERY

A demonstration of the treatment of chronic endocervicitis with cryosurgery, and a discussion of its advantages in other gynecologic procedures with Sidney Lefkovic, M.D., Chief, Section of Obstetrics and Gynecology, St. Barnabas Hospital, Livingston, New Jersey.

(16 minutes).

0303556

CRYOSURGERY, A CATARACT PROCEDURE

The special indications and technique for utilizing the cryostylet in cataract surgery are demonstrated and discussed by Gerald Fonda, M.D., Director, Ophthalmology Division, Department of Medicine, St. Barnabas Medical Center, Livingston, New Jersey. (13 minutes).

0303957

DIAGNOSIS OF OCCULT INTRA-ABDOMINAL NEOPLASMS, with Herbert B. Greenlee, M.D., Department of Surgery, Loyola University of Chicago, Stritch School of Medicine, Maywood, Ill., and Veterans Administration Hospital, Hines, Ill.; Erwin M. Kammerling, M.D., Department of Medicine, University of Health Sciences, The Chicago Medical School, and Louis Weiss Memorial Hospital, Chicago; Sumner C. Kraft, M.D., Department of Medicine, University of Chicago; and Armand Littman, M.D., Department of Medicine, University of Illinois, College of Medicine, Chicago, and Veterans Administration Hospital, Hines, Ill. The panel presents cases illustrating some of the difficulties and solutions involved in tracking down a diagnosis of intra-abdominal neoplasms. Emphasis is given to the tests (some old, some new, some under-utilized) which are helpful in deciding to perform exploratory laparotomy. A Television Clinic of the American College of Physicians, 1973. Please inquire for special rental information.

(60 minutes) (in color)

ACP 2847368

THE DIAGNOSTIC CHALLENGE OF CHEST PAIN, with moderator Alfred Soffer, M.D., Professor of Cardiology at the University of Health Sciences—Chicago Medical School, Chicago, and Editor-in-Chief of *Chest*, the Journal of the American College of Chest Physicians. Participants are: R. D. Henderson, M.B., F.R.C.S. (C), Staff Surgeon, Toronto General Hospital and Assistant Professor of the Department of Surgery at the University of Toronto, Canada; Barry William Levine, M.D., Assistant Professor of Medicine, Harvard Medical School, and Chief, Outpatient Pulmonary Services, Massachusetts General Hospital, Boston; Linda D. Lewis, M.D., Assistant Professor of Neurology, College of Physicians and Surgeons of Columbia University, and Chief of the Neurology Clinic, Neurological Institute of Columbia Presbyterian Medical Center, New York City; Morton E. Tavel, M.D., Associate Professor of Medicine at the Indiana University School of Medicine, Indianapolis.

Pinpointing the cause of your patient's chest pain poses an urgent diagnostic challenge. Join Dr. Soffer and four specialists on these clinical grand rounds as they reach a diagnosis on five patients. (32 minutes) (in color)

0423362

DIAGNOSTIC THORACENTESIS, with James W. Kilman, M.D., Associate Professor of Surgery, and Thomas E. Williams, Jr., M.D., Assistant Professor of Surgery, Ohio State University College of Medicine, Columbus. Thoracentesis for both diagnosis and emergency therapy is performed following a discussion of the causes, signs, and symptoms of pleural effusion.

(19 minutes) (in color)

0419248

DICEPHALUS DIPUS TETRABRACHIUS. Rowena Spencer, M.D., Associate Professor of Surgery and Pediatrics, Louisiana State University School of Medicine, presents the surgical separation of partial Siamese twins.

(13 minutes)

0402114

EARLY SURGERY FOR THE ARTHRITIC HAND, with Alan H. Wilde, M.D., Head of the Rheumatoid Surgery Section, Department of Orthopaedic Surgery, The Cleveland Clinic Foundation. When six months of intensive medical management fail to help the patient with rheumatoid arthritis of the hand, synovectomy may preserve useful function and relieve pain. In this program:

- the rationale for synovectomy;
- the history and physical exam used to disclose indications for surgery; and
- the operative procedure and the postoperative results. (20 minutes) (in color)

0518522

EMERGENCY CLOSED TUBE THORACOSTOMY, with James W. Kilman, M.D., Associate Professor of Surgery, and Thomas E. Williams, M.D., Assistant Professor of Surgery, Ohio State University College of Medicine, Columbus. The causes, consequences, symptoms, and signs of pneumothorax are reviewed and an emergency closed tube thoracostomy is performed.

(20 minutes) (in color)

0519123

HERNIA. One in a series of Anatomical Relationships from Duke University Medical Center. A graphic review and patient presentation of inguinal and diaphragmatic hernias, with F. D. McFalls, M.D., and John L. Dobson, M.D., Department of Anatomy. (31 minutes).

0800704

HOW I DO SUBCLAVIAN VENIPUNCTURE, with Josef E. Fischer, M.D., Assistant Professor of Surgery, Harvard Medical School, and Instructor in Surgery at Massachusetts General Hospital, Boston. Dr. Fischer demonstrates catheter placement in the subclavian vein and outlines indications and contraindications for the procedure.

(17 minutes) (in color)

0817830

HOW I TREAT VARICOSE VEINS, with Robert A. Nabatoff, M.D., Chief of the Vascular Clinic, Mount Sinai Hospital and Medical Center, New York City. Injection or surgery? Dr. Nabatoff's outpatient stripping procedure, which he demonstrates, answers a number of the practical objections to surgical therapy.

(20 minutes) (in color)

0818231

INGUINAL HERNIA REPAIR: THE SHOULDCICE TECHNIQUE, from the Lankenau Hospital in Philadelphia, with Edwin W. Shearburn, M.D., Director of Surgery; and Richard N. Myers, M.D., Associate Surgeon. Dr. Shearburn is also Professor of Surgery and Dr. Myers, Associate Professor of Surgery at Thomas Jefferson Medical College in Philadelphia. Anesthesia? Local. Recovery? Patient ambulatory within a few hours. Should you recommend this operation to your next inguinal hernia patient? Two surgeons who have performed over 1,000 Shouldice procedures say "yes" and demonstrate the technique.

(17 minutes) (in color) **0923433**

INTERNAL JUGULAR VEIN CATHETERIZATION, with T. Crawford McAslan, M.D., Associate Clinical Director, Maryland Institute for Emergency Medicine, and Professor of Anesthesiology, University of Maryland School of Medicine, Baltimore.

The internal jugular vein . . . an attractive alternative to the basilic with its high failure rate and the subclavian with its high incidence of pneumothorax.

(11 minutes) (in color) **0923735**

KIDNEY TRANSPLANTATION

The following physicians from Cedars-Sinai Medical Center in Los Angeles, Calif., discuss renal transplantation with the general physician in mind: Stanley S. Franklin, M.D., Medical Director of the Transplantation Program; Charles R. Klee-man, M.D., Director of Medicine; Morton H. Maxwell, M.D., Chief of Nephrology and Hypertension Service; Paul Teraski, M.D., Professor of Surgery at the UCLA School of Medicine; Richard L. Treiman, M.D., and Harold G. Kudish, M.D., both vascular surgeons.

(19 minutes) (in color) **1109003**

LAPAROSCOPIC STERILIZATION, with Thomas F. Dillon, M.D., Director of Obstetrics and Gynecology, Roosevelt Hospital, and Professor of Obstetrics and Gynecology, Columbia University College of Physicians and Surgeons, New York City. Endoscopic film sequences taken during laparoscopic tubal sterilization accompany a demonstration of the procedure.

(20 minutes) (in color) **1218817**

PRIMARY TREATMENT OF SOFT TISSUE INJURIES, with Ronald B. Berggren, M.D., Professor and Director, Division of Plastic Surgery, Ohio State University College of Medicine, Columbus. The three Ds of sound management, Diagnosis, Debridement and Definitive Care, are demonstrated. Special emphasis is given to ways to avoid particular deformities.

(19 minutes) (in color) **1619443**

MANAGEMENT TIPS FOR SOFT TISSUE INJURIES IN CHILDREN, with Thomas S. Morse, M.D., Associate Professor of Surgery, Ohio State University College of Medicine, Columbus, Ohio. The surgical technique for repairing a laceration in a child is about the same as that used for adults, but there are ways to make it easier. In this program, special attention is given to dressings, restraints and slings, as Dr. Morse shares his "little tricks" that help make it easier to deal with children. (18 minutes) (in color) **1319552**

RECONSTRUCTIVE HAND SURGERY, with Leo A. Keoshian, M.D., Clinical Instructor of Surgery, Stanford University School of Medicine, Stanford, California.

Highlights of surgical procedures carried out in Vietnam are detailed. The reconstructive hand surgery necessitated by war injuries is related to similar civilian injuries (ie., a firecracker injury).

(21 minutes) (in color) **1811707**

REDUCTION MAMMOPLASTY, with José Castillo, M.D., Assistant Professor of Surgery, Jefferson Medical College, Philadelphia, Pa. (Excerpts from surgical procedure presented at American College of Surgeons' 57th Annual Clinical Congress.) Although introduced in the U.S. as recently as the mid-1960s, the Strömbeck procedure for relief of mammary hypertrophy was performed on more than 5,000 women in 1971. This program details indications for the operation, shows the major points of surgery, and assures the referring physician of its safety and positive results.

(12 minutes) (in color) **1815426**

REPAIR OF A RUPTURED VENTRICULAR SEPTUM

A rupture of the ventricular septum is a comparatively uncommon phenomenon, most often occurring in patients who have suffered an occlusion, particularly of the left coronary artery involving the septal branch. The technique for repairing the rupture is demonstrated by Adrian Kantrowitz, M.D., Director of Surgery, Maimonides Medical Center, Brooklyn, and Professor of Surgery, State University of New York, College of Medicine. (16 minutes) **1803810**

RESECTING AN ANEURYSM OF THE ASCENDING AORTA

The demonstration illustrates the standard techniques for resection of an ascending aorta using pump oxygenator by-pass, continuous coronary perfusion, and replacement with dacron prosthesis—with Adrian Kantrowitz, M.D., Director of Surgery, Maimonides Medical Center and Professor of Surgery, State University of New York, College of Medicine. (16 minutes) **1803313**

14392 COMPETITIVE PROBLEMS IN THE DRUG INDUSTRY

RESPIRATORY DISTRESS IN THE NEWBORN: INDICATIONS FOR SURGERY, with Alexander J. Schaffer, M.D., Associate Professor Emeritus of Pediatrics, Johns Hopkins University School of Medicine, and Assistant Commissioner of Health of the City of Baltimore, Maryland. The clinical signs of respiratory distress are shown, along with examples of anomalies. Special attention is given to the approach of arriving at a specific diagnosis. (25 minutes) (in color) **1810314**

RETAINED COMMON DUCT STONES. George M. Saypol, M.D., Associate Clinical Professor of Surgery, New York University Medical Center, and Director of Surgery, The Long Island Jewish/Queens Hospital Center, discusses the management of stones left in the bile ducts following cholecystectomy. (19 minutes) **1801117**

SCOLIOSIS: WHEN TO OPERATE, with Hugo A. Keim, M.D., Director of the Scoliosis Clinic, New York Orthopaedic Hospital of the Columbia University Medical Center; and David B. Levine, M.D., Associate Attending Orthopedic Surgeon, Hospital for Special Surgery, and Clinical Associate Professor, Cornell University Medical College, New York City. The choice between bracing and surgery for scoliosis may pose a dilemma. Doctors Levine and Keim demonstrate when surgery is indicated, and offer the referring physician insight into the whys and the hows of current surgical and bracing techniques. (15 minutes) (in color) **1914827**

SELECTING PATIENTS FOR TOTAL KNEE REPLACEMENT, with John A. Lynch, M.D., Orthopedic Surgeon, Topeka, Kansas, and Associate Professor of Clinical Orthopedics, University of Kansas School of Medicine, Kansas City, Kansas. Which of your patients with arthritic knees is a candidate for a knee prosthesis? Here are the guidelines plus new information on this constantly changing solution to severe knee pain. (17 minutes) (in color) **1921639**

SPECIAL PROBLEMS OF FACIAL TRAUMA SURGERY — PART I. Examination and repair of lacerations of the soft tissue of the face are discussed and demonstrated by Ross H. Musgrave, M.D., Clinical Associate Professor of Surgery (Plastic), University of Pittsburgh School of Medicine. (26 minutes) (in color) **1905412**

SURGICAL TREATMENT OF HEART BLOCK — PART I. Robert Schramel, M.D., Associate Professor of Surgery, Tulane University School of Medicine, discusses and demonstrates surgical use of electronic pacemakers. (15 minutes) **1902823**

T & A: PANACEA OR PLACEBO?, with Melvin E. Sigel, M.D., Clinical Associate Professor, Department of Otolaryngology, University of Minnesota Medical School, Minneapolis. The oldest surgical therapy still in use . . . when is it in order today? (16 minutes) (in color) **2022038**

THE PRESENT STATUS OF CORONARY ARTERY BYPASS SURGERY, with Rolf M. Gunnar, M.D., Department of Medicine, Loyola University of Chicago, Stritch School of Medicine, Maywood, Ill. and Veterans Administration Hospital, Hines, Ill.; John M. Moran, M.D., Department of Surgery, Rimgaudas Nemickas, M.D., Department of Medicine, Roque Pifarré, M.D., Department of Surgery, and Patrick Scanhon, M.D., Department of Medicine, all of Loyola University of Chicago, Stritch School of Medicine, Maywood, Ill. The indications, contraindications, and ways to assess the prognosis of coronary artery surgery, including vein grafts, endarterectomy, and internal mammary artery grafts, are illustrated and discussed. In addition, postoperative complications are put in perspective and ways to evaluate postoperative results are discussed. A Television Clinic of the American College of Physicians, 1973. Please inquire for special rental information. (60 minutes) (in color) **ACP 2837367**

THE VALUE OF RENAL BIOPSIES IN THE MANAGEMENT OF PATIENTS, with Kent Armbruster, M.D., Department of Medicine, Rush Medical College, Chicago; David P. Earle, M.D., Department of Medicine, Northwestern University Medical School, Chicago; Robert Jennings, M.D., Department of Pathology, Northwestern University Medical School, Chicago; Robert M. Kark, M.D., Department of Medicine, Rush Medical College, Rush-Presbyterian-St. Luke's Medical Center, Chicago; Robert C. Muehrcke, M.D., Department of Medicine, Rush Medical College, Rush-Presbyterian-St. Luke's Medical Center, Chicago; Conrad Pirani, M.D., Department of Pathology, Columbia University College of Physicians and Surgeons, New York City; and Hock H. Yeoh, M.D., Department of Medicine, Northwestern University Medical School, Chicago. To illustrate the usefulness of renal biopsy in the management of certain patients with renal disease, both pathologists and clinicians discuss particular patient problems along with the corresponding history, clinical and laboratory findings, and renal biopsy results for each patient. A Television Clinic of the American College of Physicians, 1973. Please inquire for special rental information. (60 minutes) (in color) **ACP 2857369**

THE UNIFORM DONOR CARD, with Alfred M. Sadler, Jr., M.D., and Blair Sadler, LL.B., of the National Institutes of Health, Bethesda, Maryland. Another NCME program explained how the Uniform Anatomical Gift Act affected the practicing physician. Since that program a related development has occurred in the form of a newly-approved Uniform Donor Card. This is a special report on the card.

(9 minutes).

2110502

THERAPEUTIC LAMELLAR KERATOPLASTY, with A. Benedict Rizzuti, M.D., Director of Corneal Service, Brooklyn Eye and Ear Hospital. A demonstration of specialized corneal surgery.

(15 minutes).

2003005

THERMAL INJURIES: MEDICAL, SURGICAL, AND PSYCHIATRIC CARE, with an introduction by T. G. Blocker, Jr., M.D., Professor of Surgery and President Emeritus, The University of Texas Medical Branch at Galveston. The following three programs were produced under the supervision of Stephen R. Lewis, M.D., Chief of Plastic Surgery and Director of Continuing Education, UTMB-Galveston.

KEEPING THE BURN PATIENT ALIVE, with Duane L. Larson, M.D., Professor of Plastic Surgery, UTMB-Galveston, and Director, Shriners Burns Institute, Galveston. A 1-2-3 approach to emergency care for critically-burned patients plus the steps to take in assuring the patient's survival during transportation to a hospital.

(16 minutes) (in color)

1122205

HOSPITAL BURN CARE: MINIMIZING DEFORMITIES AND OTHER COMPLICATIONS, with Hugo Carvajal, M.D., Pediatric Nephrologist, Shriners Burns Institute, and Assistant Professor of Pediatrics, UTMB-Galveston; and Duane L. Larson, M.D., Director, Shriners Burns Institute, and Professor of Plastic Surgery, UTMB-Galveston. The definitive care of burn patients. Emphasis is placed on daily wound care, fluid replacement and nutrition, and procedures to minimize contracture and hypertrophic scarring before and after grafting.

(22 minutes) (in color)

0822239

THERMAL INJURY: EMOTIONAL AND PHYSICAL STRESS, with Mary S. Knudson, Ph.D., Chief, Division of Behavioral Sciences, Shriners Burns Institute; Duane L. Larson, M.D., Professor of Plastic Surgery, UTMB-Galveston, and Director, Shriners Burns Institute; and Robert B. White, M.D., Professor of Psychiatry, UTMB-Galveston. Practical methods to combat the physical pain, toxic delirium, helplessness, and regression seen in patients with major burns.

(12 minutes) (in color)

2022240

TOTAL HIP REPLACEMENT, with John J. Gartland, M.D., James Edwards Professor of Orthopaedic Surgery, Jefferson Medical College of Thomas Jefferson University, Philadelphia, Pennsylvania. Since the mid-sixties thousands of American men and women have obtained relief from crippling hip disease through the implantation of total hip arthroplasties. Dr. Gartland employs the technique advanced by Charnley and Muller to replace the right hip of a middle-aged man who had his left hip similarly replaced five months previously.

(19 minutes) (in color)

2015126

TRANSFUSION THERAPY: THE GROWING IMPACT OF FROZEN BLOOD, with Charles Huggins, M.D., Director of the Blood Bank and Transfusion Service, Massachusetts General Hospital, Boston. Blood transfusion therapy as it is practiced in a major medical center, with guidelines to the use of fresh and freshly frozen components.

(14 minutes) (in color)

2022139

TRANSLUMINAL RECANALIZATION. A diagrammatic and clinical demonstration of a technique which may eliminate the need for surgery, in the case of a patient with uncomplicated segmental atheromatous obstructions causing lower extremity ischemia. The simple procedure is illustrated by Charles T. Dotter, M.D., Professor and Chairman, Department of Radiology, University of Oregon Medical School. Dr. Dotter advocates consideration of the technique when there are symptoms of lower extremity ischemia in the presence of an adequate femoral pulse.

(20 minutes).

2007309

TRANSPLANTATION OF THE HUMAN LIVER: A CLINICAL EVALUATION

The first three consecutive liver transplant patients at Memorial Hospital in New York have been long term survivors. Discussing the cases and the special problems implicit in liver transplantation is Joseph G. Fortner, M.D., Chief, Division of Surgical Research, Sloan Kettering Research Institute, and Director of Surgical Research, Memorial Center for Cancer and Allied Diseases, New York.

(20 minutes) (in color)

2009210

TRAUMA TO THE LIVER: PRIMARY CARE AND DIAGNOSIS, with Gordon F. Madding, M.D., Associated Clinical Professor of Surgery, University of California School of Medicine and Associate in Surgery, Stanford University School of Medicine; and Paul A. Kennedy, M.D., Assistant Clinical Professor of Surgery, Stanford University School of Medicine. In the opinion of Drs. Madding and Kennedy, there are ten specific steps that should be taken when a patient presents with traumatic injury to the abdomen. These measures lead most rapidly to effective therapeutic actions.

(18 minutes) (in color)

2014924

TRAUMA TO THE LIVER: OPERATIVE APPROACH AND SURGICAL PROCEDURE, with Gordon F. Madding, M.D., Associate Clinical Professor of Surgery, University of California School of Medicine and Associate in Surgery, Stanford University School of Medicine; and Paul A. Kennedy, M.D., Assistant Clinical Professor of Surgery, Stanford University School of Medicine. Anatomically and surgically this large, vital organ is not widely understood. Drs. Madding and Kennedy demonstrate a few basic principles which can make emergency treatment of damaged liver safer and surer. (17 minutes) (in color) **2015025**

TRAUMATIC HAND INJURIES: ASSESSMENT AND EMERGENCY MANAGEMENT, with Martin A. Posner, M.D., hand surgeon and Chairman of the Hand Service, Hospital for Joint Diseases, New York City. An organized approach to the evaluation and care of patients with lacerations, crushing wounds, and other traumatic hand injuries. (16 minutes) (in color) **2021535**

TREATMENT OF CORONARY HEART DISEASE — POSTINFARCTION COMPLICATIONS. Aortic aneurysm, ventricular septal defect, heart block . . . these complications to recovery of coronary patients are treatable, but require prompt evaluation and advanced surgical techniques. Denton A. Cooley, M.D., Professor of Surgery; Grady L. Hallman, M.D., Associate Professor of Surgery; Robert D. Blodgett, M.D., Assistant Professor of Surgery; and Robert D. Leachman, M.D., Professor of Cardiology, Baylor University College of Medicine, delineate the management of these conditions. (21 minutes) (in color) **2007116**

U.S. ACUPUNCTURE: STATUS REPORT 1973, with physicians and scientists from Boston; Cincinnati; Los Angeles and Canoga Park, California; New York City; St. Louis; and Washington, D.C. . . . moderated by John J. Bonica, M.D., Director of the Anesthesia Research Center, University of Washington, Seattle, and Chairman of the NIH ad hoc Committee on Acupuncture.

NCME explores the state of acupuncture research and practice in the U.S. with visits to acupuncture clinics, classrooms, and research labs and interviews with acupuncture researchers. (30 minutes) (in color) **2118608**

VASECTOMY PERFORMED IN THE OFFICE, with Philip Roen, M.D., Associate Professor of Urology, New York Medical College, and Director of Urology, St. Barnabas Hospital, New York City. In 1960, 100,000 men underwent vasectomy in the United States. The trend now indicates more than a million a year will be conducted during the seventies. Dr. Roen shows us an actual vasectomy—from incision to fascial closure—to demonstrate the efficacy of performing the procedure in the office. (17 minutes) (in color) **2214501**

VENOUS THROMBOSIS AND PULMONARY EMBOLISM PREVENTION, RECOGNITION, AND TREATMENT, with Harold A. Baltaxe, M.D., Department of Radiology; William Gay, M.D., Department of Surgery; James W. Hurley, M.D., and Susan A. Kline, M.D., Department of Medicine; all of Cornell University Medical College, New York City. Among topics considered: key signs and symptoms of venous thrombosis; preventive measures, including mini-heparinization; screening tests for the presence of emboli; and therapy, both surgical and medical, with special attention given to fibrinolytic agents. (60 minutes) (in color) **ACP 2857481**

TOPICAL AND HISTORICAL

ACUPUNCTURE ANAESTHESIA AS PERFORMED IN THE PEOPLE'S REPUBLIC OF CHINA, with Samuel Rosen, M.D., Clinical Professor of Otolaryngology Emeritus, Mt. Sinai School of Medicine, and Consulting Otolaryngologist, New York Eye and Ear Infirmary, and Ben Park, Director of Programming, NCME. Films of major surgery under acupuncture anaesthesia, received from mainland China, provide the basis of Dr. Rosen's observations about acupuncture anaesthesia and how it works. His comments carry the added weight of his personal experience in witnessing 15 such operations in China late in 1971. (21 minutes) (in color) **0115528**

A FORENSIC AUTOPSY WITH DR. MILTON HELPERN, Chief Medical Examiner for the City of New York, and Professor and Chairman of the Department of Forensic Medicine, New York University School of Medicine; and John F. Devlin, M.D., Deputy Chief Medical Examiner, City of New York, and Associate Professor of Forensic Medicine, New York University School of Medicine. A 32-year-old stockbroker, known to be a heavy drinker, depressed and with a recent prescription for sleeping pills, is found dead in bed. Although he was treated for diabetes in childhood, he has not seen a physician recently. What would you write on the death certificate? Suicide? Accident? Natural causes? Dr. Helpern, the noted forensic pathologist, takes you through the autopsy to determine the cause of death. (21 minutes) (in color) **0617518**

A REPORT ON SOVIET MEDICINE — PART I — "The Institute of Cardiovascular Surgery." Henry Mayer, M.D., Clinical Instructor in Medicine, Stanford University Medical School, presents a glimpse of The Institute of Cardiovascular Surgery, Moscow. (31 minutes). **1802211**

A REPORT ON SOVIET MEDICINE — PART II —
 "The Institute of Oncology," Henry Mayer, M.D., Clinical Instructor in Medicine, Stanford University Medical School, presents a brief tour of The Institute of Oncology, Moscow.
 (15 minutes). **1802412**

BAC SI MY — AMERICAN DOCTORS IN VIETNAM. Ministering to the medical needs of the Vietnamese civilian population offers a continuous succession of new challenges. Two participants in Project Vietnam report on their missions: William Lyons, M.D., Chief, Anesthesia Department, Veterans Administration Hospital, West Haven, Connecticut; and Lynn A. Hughes, student at University of Oklahoma School of Medicine. (9 minutes). **0206001**

BARGAINING FOR POWER: PHYSICIANS' UNIONS, with Sanford A. Marcus, M.D., President of the Union of American Physicians, San Francisco, California; Stephen Baker, M.D., President of the Committee of Interns and Residents, New York City; Anthony Bottone, M.D., Executive Secretary of the Committee of Interns and Residents; and Murray Gordon, labor relations attorney. Spurred by their own needs and those of their patients, many physicians are organizing into unions. Their aims and how they hope to achieve them are the subject of this telecast.
 (16 minutes) (In color) **0216817**

CARDIAC TRANSPLANTATION. With Denton A. Cooley, M.D., Professor of Surgery; Robert D. Bloodwell, M.D., Assistant Professor of Surgery; Grady L. Hallman, M.D., Associate Professor of Surgery; and Robert D. Leachman, M.D., Professor of Cardiology, Baylor University College of Medicine.

Cardiac transplantation deserves now to be accepted in the vast armamentarium of treatment of the coronary patient, according to Dr. Cooley. Noting this, he points out that the problems surrounding rejection of the donor heart are being met with increasingly good results. Thus, he adds, the major drawback to increased use of cardiac transportation is the availability of donor hearts.

The implications of this — the need for a new definition of death as well as possible procedures for storing donor hearts — are discussed by Dr. Cooley and his colleagues.

The film for this presentation was taken during the first transplantation. While the procedure has not changed radically in transplantations that followed this one, the attitudes of the physicians have. No longer is the transplant patient treated like a "cardiac cripple," they contend. Rather, where possible, every attempt is made to handle him as any other postoperative case with ambulation after 48 hours the goal.

(30 minutes) (In color)

2007014

GONORRHEA: A PLAGUE OUT OF CONTROL
 The incidence of gonorrhea is increasing at a rate of 10 to 15 per cent a year. Although many people jump to the conclusion that this is due to relaxed morals and increased liberality in sex, the National Communicable Disease Center in Atlanta, Ga., feels differently. Discussing the problem, new diagnostic techniques and ways to eradicate the disease are William J. Brown, M.D., and Leslie C. Norins, M.D., Chief of the Center's Venereal Disease Research Laboratory.

(12 minutes) (In color)

0709909

THE HEALTH CARE TEAM. The team approach to primary health care is a multi-disciplinary approach to the treatment of the whole patient and his environment. George Blattl, fourth year student at the University of Minnesota and past President of SAMA, discusses the advantages of this approach to health care delivery with three members of a health care team from the Martin Luther King Medical Center, Bronx, New York. Applications of the team concept in rural settings and opportunities for health care students to participate in health teams are also presented.

(17 minutes) (In color)

SAMA 2811373

HEXACHLOROPHENE: OPEN TO DEBATE, with Harold C. Neu, M.D., Associate Professor of Medicine and Chief, Division of Infectious Diseases; Stanley James, M.D., Professor of Pediatrics and Chairman of the American Academy of Pediatrics Committee on the Fetus and Newborn; Carl Nelson, M.D., Professor of Dermatology and President of the American Dermatological Association. All of the participants are on the faculty of the Columbia University College of Physicians and Surgeons, New York City. Since December 15, 1971, bathing newborns with hexachlorophene, routine in most nurseries, has been banned by the F.D.A. and the American Academy of Pediatrics—or has it? Our panel looks at this problem from several angles and comes up with some interesting conclusions. (16 minutes) (In color) **0815520**

IMMUNOLOGY: FRONTIERS OF THERAPY, with Robert A. Good, M.D., Ph.D., Professor and Head, Department of Pathology, University of Minnesota School of Medicine, Minneapolis. Research meets clinical medicine as Dr. Good explains a "new kind of cellular engineering." The application of this new therapy is demonstrated in patients, and, in a look at the future, Good speaks of giving cancer patients "an improved immunity system" to help the "host look at cancer as the foreigner it really is."

(22 minutes) (In color)

0916519

IMMUNOLOGY: THE FUTURE, with Robert A. Good, M.D., Ph.D., Professor and Head, Department of Pathology, University of Minnesota School of Medicine, Minneapolis. "The next few years are really bright for immunobiology," says Dr. Good. He and his colleagues review the information already in hand which will eventually open the doors to the transplantation era and facilitate treatment and prevention of cancer. The program's emphasis is on coming immunologic tools for the clinician.

(19 minutes) (in color)

0916621

IMMUNOLOGY: THE NEW PATHOLOGY, with Robert Good, M.D., Professor and Head, Department of Pathology, University of Minnesota School of Medicine. In a wide-ranging discussion of recent discoveries in immunology, Dr. Good describes the function of T-cell and beta-cell systems and their meaning for clinicians.

(19 minutes) (in color)

0916418

INSIDE THE DOOR: A FREE CLINIC. What's free about a free clinic besides the medical care? The spirit is. And the cooperation between professionals and students of all disciplines. SAMA cameras take you to The Door, a free clinic in New York City, that offers adolescents full medical care as well as legal, social and educational counseling. Medical students and physicians at The Door talk about how they believe free clinics can help humanize medical treatment.

(23 minutes) (in color)

SAMA 2810149

M.D.s on TV: FICTION OR FACT? with Morton H. Maxwell, M.D., James N. Waggoner, M.D., Dudley M. Cobb, Jr., M.D. Chris Hutson, R.N., Phyllis Wright, M.D., and Vincent J. Maguire, M.D. A panel of consultants to the medical dramas on commercial television discusses the following questions: Are the medical programs on television of any value to the general public as patients? And, do these programs complicate the doctor-patient relationship?

(20 minutes) (in color)

1310615

MEDICAL ADVANCES INSTITUTE: AN NCME REPORT. MAI, an organization of physicians in Ohio advocating a system of health care review, is providing guidance to physicians in that state who are attempting to establish Professional Standards Review Organizations. Neither the MAI system nor any other has yet been totally accepted by HEW as a model system for PSRO.

(17 minutes) (in color)

1321454

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MEDICAL STUDENTS ON EDUCATION, with Fred Connell, New York University School of Medicine; Dennis Dove, University of Cincinnati School of Medicine; Jim Hassell, University of Oklahoma School of Medicine; Mason Smith, University of Oregon School of Medicine; and Mike Smith, University of South Carolina School of Medicine.

John Knowles, M.D., General Director of Massachusetts General Hospital, will introduce five medical students with strong views of major social issues that confront American medicine today. All five, members of the Student Medical Association, will air their views on the chasm between medical services promised and medical services delivered; the quality of medicine today and the equality of access to it. More specifically, the students will comment on how they feel about their medical education, and how they believe it is or is not preparing them to meet the social problems of medicine.

(21 minutes) (in color)

1312627

MEDICAL STUDENTS ON PRACTICE. John Knowles, M.D., General Director of Massachusetts General Hospital, introduces a continuation of a discussion among five medical students, all members of the Student American Medical Association. During this telecast, the students turn their attention to the problems they expect to face in practice.

(21 minutes) (in color)

1312728

MEDICINE AND HEALTH IN CHINA TODAY, with Victor W. Sidel, M.D., Chief, Department of Social Medicine, Montefiore Hospital and Medical Center, and Professor of Community Health, Albert Einstein College of Medicine, New York City. Dr. Sidel was one of four U.S. physicians invited to visit the People's Republic of China in September and October 1971. From the hundreds of color photos that he took and his personal observations, Dr. Sidel reconstructs his impressions and evaluates those aspects of Chinese medicine which he feels deserve study by Western practitioners.

(18 minutes) (in color)

1315444

PAUL D. WHITE: CARDIOLOGY IN MY TIME No physician is better equipped to describe the development of cardiology as a specialty than one of its pioneers. The telecast is filled with anecdotes from Dr. White's many associations through his many years of medical practice. (Courtesy, Eli Lilly and Company)

(28 minutes) (in color)

1608602

PSRO: THE ISSUE OF 1974, with Senator Wallace F. Bennett (R-Utah); James L. Henry, M.D., President, Ohio State Medical Association; Robert B. Hunter, M.D., member, AMA Board of Trustees; and J. Lewis Schrickler, Jr., M.D., President, Utah State Medical Association. Edmund D. Pellegrino, M.D., Chancellor for Health Sciences, University of Tennessee, is moderator. Senator Bennett's controversial PSRO amendment to Public Law 92-603, the Social Security Act, is outlined and examined. Dr. Pellegrino challenges panelists with major questions surrounding the legislation. Topics include PSRO's cost, effect on malpractice liability, and possible interference in the practice of medicine.

(22 minutes) (in color)

1620947

RESOLVED: MEDICINE NEEDS MORE WOMEN, with Elizabeth Connell, M.D., Associate Professor of Obstetrics and Gynecology and Director of Family Life Service, International Institute for the Study of Human Reproduction, College of Physicians and Surgeons, Columbia University; Harold Kaplan, M.D., Professor of Psychiatry and Director of Psychiatric Training at New York Medical College; Virginia Sadock, M.D., Resident of Psychiatry, New York Medical College—Metropolitan Hospital Center; and Marina Blizzorri, a high school student and member of the American Medical Woman's Association Future Physicians Club, who intends to go to medical school. Why is medicine "For Men Only?" . . . and what is being done to lower the barriers? These are only two aspects of the subject explored in a lively conversation among three deeply involved participants, produced in cooperation with the AMWA.

(18 minutes) (in color)

1814425

RX: BACON GREASE-FOLK MEDICINE. An amulet . . . "hot" vitamins . . . and the heart of a frog . . . what do they have in common? They all belong to contemporary medical systems that some patients turn to before bringing their problems to a doctor. Rena Gropper, Ph.D. of Hunter College and Courtney Wood, M.D. of the Department of Community Medicine of Mt. Sinai School of Medicine discuss and demonstrate how an understanding of folk medicine beliefs can improve the medical care received by patients who trust cultural beliefs as much as their doctor's advice.

(19 minutes) (in color)

SAMA 2811171

SELYE ON STRESS, with Hans Selye, M.D., Ph.D., D.Sc., Director of the Institute of Experimental Medicine and Surgery, University of Montreal, Montreal, Canada. The originator of the General Adaptation Syndrome updates his life work, emphasizing the clinical application of treatment based on this biological phenomenon.

(17 minutes) (in color)

1920333

SENSORY FEEDBACK THERAPY, with Joseph Brudny, M.D., Project Director, Sensory Feedback Unit, Institute for Crippled and Disabled (I.C.D.), Bellevue Hospital Center; Julius Korein, M.D., Professor of Neurology, New York University Medical Center; Bruce Grynbaum, M.D., Professor of Rehabilitation Medicine, NYU Medical Center; Lawrence W. Friedman, M.D., Medical Director, I.C.D., Bellevue Hospital Center; and Ms. Lucie Levidow, Research Assistant, I.C.D., all in New York City. "Biofeedback" techniques have been applied to diverse medical, psychological, and functional conditions. One therapeutic application, shown on this program, offers no-risk help for certain neuromuscular disorders.

(18 minutes) (in color)

1920232

SKYLAB: CLINIC IN ORBIT, with Capt. Joseph P. Kerwin, M.D., U.S.N., NASA Headquarters, Houston; and Charles M. Plotz, M.D., Med. Sc.D., NCME Advisor, Professor of Medicine and Chairman of the Department of Family Practice at Downstate Medical Center, Brooklyn, N.Y. Using videotapes recorded in orbit, Capt. Kerwin describes the implications of Skylab experiments for terrestrial medicine.

(16 minutes) (in color)

1919331

A TALK WITH LINUS PAULING, Ph.D., Director, Linus Pauling Institute of Science and Medicine, Stanford University. Dr. Pauling is interviewed by family practitioner Rafael Sanchez, M.D., Associate Dean, Louisiana State University School of Medicine, and member of the NCME Medical Advisory Committee. The controversial two-time Nobel laureate responds to some practical questions about his work in the medical uses of ascorbic acid.

(14 minutes) (in color)

2021536

THE PROBLEM-ORIENTED MEDICAL RECORD, with Paul Y. Ertel, M.D., Associate Professor of Pediatrics, Ohio State University College of Medicine, Columbus, Ohio. This Special Workshop offers a comprehensive picture of what physicians and other health professionals need to know to initiate and maintain Problem-Oriented Medical Records. This unique interactive Workshop combines television instruction and workbooks which include POMR forms for the participants to use as they work along with the videotape. Please inquire for special rental information.

(50 minutes) (in color)

2800048

TIBETAN MEDICINE: 1000-YEAR-OLD PRACTICE, with members of the Interculture Medical and Social Study Group—1973, from the Medical College of Virginia, Virginia Commonwealth University, Richmond. An expedition of American physicians and theologians to India examines the ancient heritage of Tibetan medicine. Living in exile, Tibetan physicians preserve practices believed similar to those in use at the time of Aristotle.

(19 minutes) (in color)

2019031

U.S. ACUPUNCTURE: STATUS REPORT 1973, with physicians and scientists from Boston; Cincinnati; Los Angeles and Canoga Park, California; New York City; St. Louis; and Washington, D.C. . . . moderated by John J. Bonica, M.D., Director of the Anesthesia Research Center, University of Washington, Seattle, and Chairman of the NIH ad hoc Committee on Acupuncture.

NCME explores the state of acupuncture research and practice in the U.S. with visits to acupuncture clinics, classrooms, and research labs and interviews with acupuncture researchers.

(30 minutes) (in color)

2118608

UROLOGY

COUNSELING FOR VOLUNTARY STERILIZATION: VASECTOMY, with Ronald J. Pion, M.D., Associate Professor, Department of Obstetrics and Gynecology, and Director, Division of Family Planning; Nathaniel N. Wagner, Ph.D., Associate Professor of Psychiatry and Obstetrics and Gynecology; and J. Williams McRoberts, M.D., Assistant Professor of Urology — all three from the University of Washington, Seattle, Washington.

The psychological overtones of a vasectomy, the fear of the operation and the implications of irrevocability are considered in candid detail. Patients contemplating the operation and those who have had the operation are interviewed. The three teachers-practitioners raise the questions and focus on the uncertainties that most patients will exhibit when seeking advice on a vasectomy. The three presenters also discuss the attitude of the physician in the interview with the patient.

(20 minutes) (in color)

0312253

FEMALE STRESS INCONTINENCE: DIAGNOSIS AND DECISION, with Vincent J. O'Connor, Jr., M.D., Chairman of the Department of Urology at Northwestern Memorial Hospital, and Professor of Urology at Northwestern University Medical School, Chicago. A urologist demonstrates how to do the stress and urethral elevation tests for stress incontinence and tells how the results determine the decision for treatment.

(14 minutes) (in color)

0621422

HEMATURIA: DON'T STOP THE WORKUP TOO SOON, with Vincent J. O'Connor, Jr., M.D., Chairman of the Department of Urology at Northwestern Memorial Hospital, and Professor of Urology at Northwestern University Medical School, Chicago. A urologist shows his method of evaluating patients with hematuria which is always a danger signal of underlying urologic or renal disease.

(16 minutes) (in color)

0821938

IMPOTENCE, with Philip A. Sarrel, M.D., Associate Professor of Obstetrics and Gynecology at Yale University Medical School; and Lorna Sarrel, Co-Director of the Human Sexuality Program at the Yale University Student Mental Hygiene Department in New Haven, Connecticut. Secondary impotence—one of the most common sexual complaints—will usually yield to deft detective work and counselling. This program illustrates how two leading sex therapists approach the problem.

(18 minutes) (in color)

0921330

INGUINAL HERNIA REPAIR: THE SHOULDCICE TECHNIQUE, from the Lankenau Hospital in Philadelphia, with Edwin W. Shearburn, M.D., Director of Surgery; and Richard N. Myers, M.D., Associate Surgeon. Dr. Shearburn is also Professor of Surgery and Dr. Myers, Associate Professor of Surgery at Thomas Jefferson Medical College in Philadelphia. Anesthesia? Local. Recovery? Patient ambulatory within a few hours. Should you recommend this operation to your next inguinal hernia patient? Two surgeons who have performed over 1,000 Shouldice procedures say "yes" and demonstrate the technique.

(17 minutes) (in color)

0923433

MALE FERTILITY: DIAGNOSIS, TREATMENT, CONTROL, with Robert S. Hotchkiss, M.D., with the Department of Urology, New York University School of Medicine; and John MacLeod, Ph.D., with the Department of Anatomy, Cornell University Medical College.

First, the biology of male fertility is discussed. Then the history taking, physical examination and sperm specimen collection are described. Remarks are made on the regulation of fertility with drugs. And finally, surgical treatment for infertility is explored.

(18 minutes) (in color)

1311003

PROSTATE CANCER: CHOOSE YOUR WEAPONS, with Harry Grabstald, M.D., Urologic Surgeon; Basil S. Hilaris, M.D., Radiologist; and Charles W. Young, M.D., Medical Oncologist; all from Memorial Hospital for Cancer and Allied Diseases, New York City. What happens after the primary care physician and the hospital pathologist diagnose prostate cancer? Drs. Grabstald, Hilaris and Young discuss the effective treatment alternatives and the grading and staging involved in therapeutic decisions. A look at the therapeutic alternatives and the controversies surrounding this common and often curable form of cancer.

(20 minutes) (in color)

1617241

RECURRENT URINARY TRACT INFECTIONS IN CHILDREN, with A. Barry Belman, M.D., Attending Pediatric Urologist, Children's Memorial Hospital, and Assistant Professor of Urology, Northwestern University Medical School, Chicago. How should you evaluate a child with recurrent U.T.I.? Compare your routine with that of a pediatric urologist.

(14 minutes) (in color)

1821632

SEX IN AGING AND DISEASE, with Philip A. Sarrel, M.D., Associate Professor of Obstetrics and Gynecology at Yale University Medical School; and Lorna Sarrel, Co-Director of the Human Sexuality Program at the Yale University Student Mental Hygiene Department in New Haven, Connecticut. Sexual development of healthy aging persons, as well as patients with the more common geriatric disorders, is discussed. (19 minutes) (in color) **1921438**

THE TWIN-COIL ARTIFICIAL KIDNEY. In recent years, hemodialysis has proved its usefulness in maintaining chronic uremic patients. At New York University-Bellevue Medical Center, four units are used to maintain as many as eight patients who are candidates for kidney transplantation.

The special problems faced by physicians and nurses responsible for the care of these patients are discussed by Avron I. Daniller, M.D., Transplantation Fellow, and Lee Zatowski, R.N., Charge Nurse at New York University's Dialysis Units. Salah Al-Askari, M.D., Associate Professor of Urology, demonstrates the twin-coil artificial kidney. (27 minutes). **2701727**

TREATING THE INFERTILE COUPLE: DIFFICULT DIAGNOSES AND MANAGEMENT, with Melvin R. Cohen, M.D., of the Michael Reese Hospital and Medical Center and the Chicago Fertility Institute, Chicago, Ill. When medical and marital histories, interviews and fertility tests fail to reveal the reasons for infertility, a series of sophisticated tests can be performed. Such techniques as the Rubin Gas Test or hysterosalpingography, culdoscopy and laparoscopy are among those that Dr. Cohen describes during this program. (17 minutes) (in color). **2013321**

TREATING THE INFERTILE COUPLE: INITIAL WORKUP AND DETERMINATION OF OVULATION, with Melvin R. Cohen, M.D., of the Michael Reese Hospital and Medical Center and the Chicago Fertility Institute, Chicago, Ill. Dr. Cohen conducts an interview with an infertile couple to demonstrate the gathering of a marital and medical history, to ascertain abnormalities in the wife and to determine the fertility of the husband. (16 minutes) (in color). **2013220**

TREATMENT OF CHRONIC UREMIA: CONSERVATIVE THERAPY

This is the second program on kidney disease produced at the Cedars-Sinai Medical Center in Los Angeles, Calif., with Morton H. Maxwell, M.D., Director of the Kidney and Hypertension Service; Charles R. Kleeman, M.D., Director of Medicine; Arthur Gordon, M.D., Assistant Chief of the Kidney and Hypertension Service; and Stanley S. Franklin, M.D., Medical Director of the Transplantation Program. (20 minutes). **2010012**

TREATMENT OF CHRONIC UREMIA: HEMODIALYSIS

This program was produced at the Cedars-Sinai Medical Center in Los Angeles, Calif., with Morton H. Maxwell, M.D., Director of the Kidney and Hypertension Service; Arthur Gordon, M.D., Assistant Chief of the Kidney and Hypertension Service; John R. DePalma, M.D., Director of Hemodialysis; and Thomas R. Gral, M.D., Associate Director of Hemodialysis. They describe the relatively new modality of therapy for patients with the types of uremia that were formerly terminal. (18 minutes). **2009913**

URINARY CALCULI — A UNIVERSAL, THERAPEUTIC CHALLENGE

William H. Boyce, M.D., Chief of the Section on Urology at the Bowman Gray School of Medicine in Winston-Salem, N. C., presents the range of the disease including the etiology. (13 minutes). **2109603**

URINARY TRACT INFECTION — PART I. Distinguishing between upper and lower urinary tract infection is crucial to proper treatment. How this can be most easily accomplished is demonstrated by Bernard Resnick, M.D., and Roger P. Kennedy, M.D., Assistant Chiefs of Medicine, The Permanente Medical Group and Kaiser Foundation Hospitals, Santa Clara and Oakland, California. (19 minutes). **2107604**

URINARY TRACT INFECTION — PART II. Treatment of this condition, which depends on classification and identification of the offending organisms, is demonstrated by Roger P. Kennedy, M.D., Assistant Chief of Medicine, and Bernard Resnick, M.D., Assistant Chief of Medicine, The Permanente Medical Group and Kaiser Foundation Hospitals, Santa Clara and Oakland, California. (18 minutes). **2107705**

VASECTOMY PERFORMED IN THE OFFICE, with Philip Roen, M.D., Associate Professor of Urology, New York Medical College, and Director of Urology, St. Barnabas Hospital, New York City. In 1960, 100,000 men underwent vasectomy in the United States. The trend now indicates more than a million a year will be conducted during the seventies. Dr. Roen shows us an actual vasectomy — from incision to fascial closure — to demonstrate the efficacy of performing the procedure in the office. (17 minutes) (in color). **2214501**

VESICoureTERAL REFLUX IN CHILDREN, with A. Barry Belman, M.D., Attending Pediatric Urologist, Children's Memorial Hospital, and Assistant Professor of Urology, Northwestern University Medical School, Chicago. How to find the congenital anomaly that can cause renal damage in children with recurrent U.T.I.s. (9 minutes) (in color). **2221703**

VIROLOGY

A SPECIAL REPORT: RUBELLA IMMUNIZATION.

A program containing information about the Rubella Vaccine, its development and its recommended administration is presented by H. Bruce Dull, M.D., Assistant Director of the National Communicable Disease Center in Atlanta, Ga.

(22 minutes).

1908815

DIAGNOSTIC VIRUS LABORATORY, with Thomas C. Merigan, M.D., Associate Professor of Medicine and Director of the Diagnostic Virus Laboratory, Stanford University Medical Center, Stanford, California.

Dr. Merigan conducts a tour of Stanford's Virus Laboratory to point out the techniques of rapidly diagnosing a specific virus. This is extremely important as we move into an era of anti-viral chemotherapy. (13 minutes). **0412812**

HERPES SIMPLEX: VIRAL DILEMMA, with Richard C. Gibbs, M.D., Associate Professor of Clinical Dermatology, New York University Medical Center, New York City. A clinical presentation, stressing some precautions in the differential diagnosis and treatment of the herpes simplex virus, Types I and II.

(13 minutes) (in color)

0820135

INTERFERON, with Thomas C. Merigan, M.D., Associate Professor of Medicine and Director of Diagnostic Virus Laboratory at Stanford University Medical Center, Stanford, California.

There is considerable interest in the role of interferon as an anti-viral agent in the body's cells. Dr. Merigan explains interferon, discusses what triggers it and considers the long range possibilities of stimulating interferon to head off a virus. (17 minutes). **0911808**

RUBELLA. Albert McKee, M.D., Department of Microbiology, University of Iowa School of Medicine, discusses the isolation of the rubella virus and the problems that the disease causes in pregnancy. (26 minutes). **2800002**

ZOSTER: ITS COURSE AND TREATMENT, with Richard C. Gibbs, M.D., Associate Professor of Clinical Dermatology, and Philip A. Brunell, M.D., Director, Laboratory of Infectious Disease, Pediatrics Department; both of New York University Medical Center in New York City. Recommends treatment for the severe pain of this generally one-time, but unforgettable, illness.

(9 minutes) (in color)

2620201

Many NCME programs have self-assessment quizzes, one copy of which will accompany each videocassette. You may duplicate the quiz as your needs require. Upon completion, return the quizzes to NCME, and we will maintain a record of participation (not the score) for each physician. These records are keyed to the physician's Social Security numbers: please take care that the numbers are clearly written. Physicians may request their NCME activity records at any time.



A DIVISION
OF REPUBLIC
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July 9, 1976

The Honorable Gaylord Nelson
United States Senate
Select Committee On Small Business
Subcommittee on Monopoly
Russell Senate Office Building
Washington, D.C. 20510

My dear Senator Nelson:

The transcript of my recent testimony (May 10) before the Subcommittee on Monopoly includes reference (p. 35) to information about the tapes distributed by us to be inserted in the record at a later date. I have since had our tape output carefully examined and would like to enter in the record, if it is not too late, the following analysis which, I believe, goes to the heart of the Subcommittee's concerns. I believe these findings should be a part of the record and a part of the Subcommittee's awareness as it considers issues raised by drug company support of medical information.

NCME distributes 69 programs each year. In the interest of easy quantification, I asked our staff to examine the last 100 programs distributed by us. Here is their analysis:

Of the 100 programs, 64 do not deal with drugs at all except in a few instances, peripherally. In 5 additional programs, the amount of time devoted to drugs was very small but slightly more than "peripheral." Thirty-one programs did devote a significant portion of their time to drugs.

Of these 31, 17 are judged to have dealt with the drugs in a balanced way, presenting both their desirable and undesirable characteristics. Another 12 of the 31, while presenting both desirable and undesirable drug characteristics stressed the limitations of the drugs. The two programs remaining dealt in depth with the limitations of drugs. Not a single program emphasized the favorable qualities of a drug.

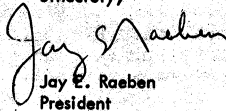
COMPETITIVE PROBLEMS IN THE DRUG INDUSTRY 14403

We believe that this examination of all programs distributed by us since January, 1975 shows first, that NCME programs generally do not deal with drugs and that, when they do, they are as likely to present unfavorable as favorable information about them. This bears out statements made in my May 10 testimony.

Of course, this is our own analysis and it seems to me you would very much want to make your own in order to confirm these findings. I should be pleased to make these and any other tapes available to you and I respectfully submit that it is only in an examination of these that one can find the answer to the question of whether drug company support biases the information contained in NCME programs.

I shall appreciate learning whether this information can be added to my statement and would like to know what we might do to assist the Subcommittee in its examination of our materials.

Sincerely,



Jay E. Raeben
President

JER:bp

cc: Mr. Benjamin Gordon

STATEMENT OF EARL J. SCHERAGO, PRESIDENT, SCHERAGO ASSOCIATES, INC.

Mr. Chairman, I want to thank you for inviting me here today, to alert you to a problem which is jeopardizing the scientific and technical capabilities of our nation. It is a threat which if not aborted, could well produce a serious delay in the solving of many medical and scientific problems. Dr. George Crout of the Food and Drug Administration, in his recent testimony before this committee, touched on the problems Controlled Circulation (Throw Away) publications have generated in the medical field. Dr. Crout talked mainly about the intellectual problems presented by pharmaceutical industry dominated post graduate education for medical doctors. I would like to discuss with you today, the financial impact of Throw Away Journals, not only upon the medical profession but the entire scientific research community as well.

Before I begin, however, I would like to tell you what our firm does so that you will have a better understanding of how we fit into the picture. Scherago Associates has for the past 20 years served as a publisher's representative for scientific and medical societies. In essence, this involves the solicitation of advertising for placement in the journals published by non-profit societies. As a scientist, I have long recognized that Scientific Societies need revenue other than membership dues in order to publish their journals. Most scientific societies do not have their own sales staff because they prefer not to be involved in the commercial aspects of publishing. Because of this, they leave such details to us. In the market place, we compete with the sales staffs of the Throw Away Magazines, published by profit making organizations, who have unlimited staffs and resources at their command.

Because of our involvement with the sale or loss of sales in Society Journals, we are in the best position to evaluate the impact of Throw Aways on Society publishing programs. Before proceeding further with my discussion, I think it necessary to define here, the meaning of peer review, as it applies to publishing and recap briefly the history of Scientific Societies and Publishing in the U.S. From the beginning of Scientific Research Reporting, the accepted method of recording, has been through Peer Review Scientific Journals. Each area of scientific specialty has its own Journal and serves as a means of communication with other scientists in the same field. These scientists of like interest often band together into groups which ultimately grow into scientific societies. These societies range in size from a few members to the 140,000 constituency of the American Association for the Advancement of Science.

Early in the history of organized science, it became apparent that a system of assuring the authenticity of the scientific work appearing in Society Journals was essential, for the scientific community was not without its share of charlatans. Since each piece of research in a given area served as a basis for further work in the same field, an erroneous piece of information could cause untold damage to the whole field. To protect themselves, scientists established the Peer Review Doctrine. In its simplest form, the doctrine says that no piece of scientific research can be considered valid unless it has been reviewed by at least two recognized authorities in the field of science involved. Furthermore, these reviewers can have no financial or academic involvement in the work reviewed and in most cases are to remain unknown to the performer of the work. Through the years, scientists have tenaciously stuck to the Peer Review System of Journal Editing.

The tremendous strides in science and medicine of the last hundred years, would not have been possible without strict adherence to Peer Review and the existence of Society Journals as a means of communicating Peer Reviewed information to other scientists. I would like to emphasize here that once a piece of scientific work is published in a Peer Review Journal, it becomes forever a part of the archives of Science. Consequently, Peer Review or Society Journals are often referred to as archival or scholarly journals. Virtually all archival journals are published by non-profit societies. That is because commercial publishing firms have found that it is very difficult to make a profit with Peer Review Journals. They have turned to other ways of profiteering from the scientific communities, which I shall discuss later.

It is my sad duty to inform this committee that Peer Review Journals as a group, are in serious financial difficulty. So much so, in fact that more and more meetings are being held by Society Journal editors to discuss the problem. One

such symposium took place at the annual meeting of the American Association for the Advancement of Science in February of this year. In a paper delivered to this meeting, Robert Day, Managing Editor of the publications of the American Society for Microbiology made this statement. I quote, "But will the current trend of rising costs continue? If they do, the scientific journal as we know it today, that is a package of research papers which is distributed each month directly into the hands of many of the individuals who are peers of the authors and into virtually all of the departments and laboratories involved with similar research will no longer be endangered, it will be extinct." Mr. Day is not alone in his concern. Virtually every Peer Review Journal has seen its number of scientific pages dwindling to half their former number.

Most societies have increased membership fees to the point where fewer and fewer scientists can afford them. Mr. Day says that the subscription price for the Journal of Bacteriology has tripled since 1968 and by 1985 will triple again, if present trends continue. Most society officials agree that they have reached the point where no further reduction in scientific pages, and increases in membership dues and subscriptions can be made.

Let me dwell a moment here on the current state of scientific research. Each year this country spends almost 18 billion dollars on scientific research. A substantial portion of those research funds are supplied by the federal government. The National Institutes of Health alone spends almost 2 billion dollars in grants and intramural research. This colossal investment in research activity has in recent years produced an avalanche of new important scientific and medical information. Dr. Donald S. Fredrickson, Director of the National Institutes of Health, said in a speech at the recent meeting of the American Association for the Advancement of Science (see appendix 2). Biomedical knowledge like all scientific knowledge, has been accumulating at an exponential rate, as reflected in the output of scientific literature. One sampling of biomedical publications suggests an average annual increase in scientific papers of between 4 and 5% each year from 1965 to 1973. Not all papers which are delivered before a society are published in Peer Review Journals. Some authorities estimate that less than 60% of significant scientific papers ever appear in established scientific or medical journals. It is tragic to think that much of the productive research generated by this enormous expenditure in research dollars is never seen by the scientists and doctors who could best utilize it. What then has led to this sorry state of affairs in scientific publishing?

Four factors have been at work during recent history, which have created this dilemma.

The first of these is the tremendous increase in the number of scientific papers competing for the available pages in scientific journals. The second is the rapidly spiraling costs of journal production. The cost for printing a page of scientific material in the average journal has increased 80% in the last two years. Postage too has increased substantially. Increases in labor and salaries due to inflation are well known facts. Most societies have sought to fight these spiraling costs by increasing membership dues. This in turn has led to a downturn in association members which keeps the net increase in society revenue small. Reduction in pages published is also an unsatisfactory solution. All things considered, however, attempts at cost reduction and increases in subscriptions and dues will not solve the problem.

The third factor and by far the most volatile, is the decreased or lack of increase in advertising revenue. Societies have traditionally subsidized a good portion of their publication costs with paid advertising from firms selling the products used in the conduct of scientific research. In the case of Medical Journals, this advertising support has come largely from drug manufacturers. In Peer Review Journals, advertisers are never allowed to influence the editorial content. This is because the control of editorial content is in the hands of reviewers who do not participate in the revenue from advertising. Peer Review journals have steadfastly refused to let advertisers influence either their editorial content, graphic presentation or advertising positioning. This policy has led advertisers to seek other means of communicating with their customers which would cater to their demands of editorial and format involvement. The business press community was waiting and willing to provide such a service.

Thus was born, the Controlled Circulation or Throw Away Magazine. Controlled Circulation magazines as a group, constitute a serious financial threat to

Peer Review Publishing. In addition, because their scientific and editorial content does not undergo a stringent review process as do scholarly journals, they provide no service to the scientific or medical community. Yet each year, such publications syphon off sizeable amounts of advertising revenue from Peer Review Journals. Last year, as a group 10 publications distributed to the research and laboratory field collectively billed over 10 million dollars in advertising revenue, money that would have been used to publish Peer Review material, had those ads appeared in scholarly journals. At this point, it might be helpful to look at the various types of controlled circulation journals. Essentially, there are three types:

1. Product tabloids which publish as their sole editorial content, non-advertising product descriptions from advertisers which are essentially free ads. In general these publications are newspaper size and it is commonly accepted in the trade that one must advertise in order to get an article published about their product.

2. Clinical or Research Type Journals, which have the appearance of scholarly Journals, but do not utilize any accepted review process for editorial. It is not unknown for these journals to allow an advertiser to write an article or to accept an article from an individual designated by the advertiser.

3. News Publications which contain News Releases that are handed out by industry, reviews or abstracts of articles appearing in Peer Review Journals or interviews with scientists who give papers at scientific meetings. It is often possible for a scientist or doctor to obtain publicity, in such a magazine about scientific theories or drugs which are held in disrepute by most scientists. In this manner, an unscrupulous scientist or doctor may circumvent the traditional Peer Review Process. I have brought with me today, some excerpts of ads from some of these publications, which appear in a trade journal circulated to buyers of advertising space.

It is interesting to note that in many cases, these magazines infer that doctors cannot effectively practice without these non-scholarly journals. By this time, some of you may be asking why Scholarly publications cannot compete effectively in the advertising market place with Throw Away Journals. The answer to that is simple. They just aren't willing to make the compromises with established scientific practice which advertisers demand. To do so, would mean there would no longer be any Peer Review Journals. Better to preserve the few that survive under the old system, than to have no communication system for authentic scientific material. What do Throw Aways do for advertisers that learned journals cannot?

First of all they send all copies of their magazines to the place where scientists and doctors work. Advertisers feel that professionals read on their jobs more than they do at home. For the most part, Scholarly scientific and medical journals are sent to home address at the request of the subscribers. This would seem to indicate that advertisers are wrong about where scientists and doctors read professional journals. On the other hand, advertising executives often ask their salesmen what publications they see on their prospect's desk. Obviously, a salesman sees fewer scholarly journals on customer's desks because the doctor receives them at home. Since Throw Away Publishers insist on sending their products to laboratories and doctors' offices, most professionals receive at least six and as many as twelve of these journals. One wonders when they find time to work! Another reason that learned journals cannot compete with Throw Aways is that no Peer Review Journal will allow an advertiser or prospect to influence its editorial and scientific content. Furthermore, learned journals often print adverse references to advertisers' products or present views which are unpopular with groups of advertisers. In no instance, will a scholarly Journal ever agree to run articles or product descriptions in exchange for advertising.

Advertisers and advertising agencies both abhor the grouping together of ads in the front and back of Scholarly Journals. They want to see their ads next to scientific content because they believe the ads will receive more attention there. Learned journals group ads in order to keep from having them sandwiched in the scientific articles thus causing articles to be continued on other pages. Editors of Peer Review Journals also resist this practice because they feel it implies advertisers influence, if advertisements appear mixed in with the articles. In general, advertisers group publications into stacked and interspersed,

depending on whether ads are grouped. Most society journals are stacked and all Throw Aways are interspersed.

Another prime reason for the popularity of Throw Aways with advertisers, is that they can understand the articles in them. In general non-scientists cannot believe that anyone would read articles written in Scholarly style which is perceived by advertisers as dull and uninteresting. One other selling advantage is the fact that society journals usually have drab and uncolorful formats while Throw Aways make ample use of graphics, color and artwork to make their journals more attractive. So it is easy to see that in the classic sense of providing the customer with what he wants, Throw Aways have done a much better job of giving the advertiser what he wants. Scholarly journals have concentrated on the other hand, on giving the scientific and medical community what it needs. It is interesting to note that in virtually every case, where Throw Aways are competing with society journals for advertising, the society journal was in existence long before the Throw Away. Usually, it was the Scholarly Journals' volume of advertising which accumulated because there were no other journals in the field, that attracted the Throw Away in the first place. History has shown that every time a controlled circulation enters a field served by a Learned Journal, it syphons off advertising.

In some cases this produces disastrous results. One respected chemical journal has lost over 50% of its advertising revenue to two Throw Aways. It is common practice in the Journal field to make scientists pay to have their papers published in a scientific journal. This is especially true in the case of journals having little or no advertising revenue. It is an interesting paradox that some scientists are paying to have their papers published while buying supplies and equipment from firms who support that journal's Throw Away competition. For the last 10 years, the business publishers have used their Association to put pressure on the Internal Revenue Service to force societies to pay tax on their advertising. In 1969, the IRS established new guide lines which have resulted in many societies having to pay taxes on advertising revenue.

Thus, the society uses money to pay taxes that otherwise would go to publish more scientific information. The paradox here is almost ludicrous. On the one hand, the government creates a non-profit status for scientific societies so that continued scientific excellence will be assured, and then turns around and takes away a substantial portion of its money in taxes. The business publishers have insisted that the tax free status of societies constitutes unfair competition. They say this even though the society was here first and, as we have seen, there is no way the Scholarly Journal can compete effectively against the Throw Away. In Dr. Crout's testimony, he listed for you twenty eight publications which have circulations of seventy thousand or more. Of these publications only two employed the Peer Review system. I have included in the appendix a list of the same publications, indicating also, the total advertising billings of these publications for the year 1975. These 28 Throw Away publications billed over \$60,000,000 in advertising revenue. One wonders how much important scientific information could have been published in Peer Review Journals with that amount of money.

It is time now for the Congress to address itself to this problem, for without legislative assistance, I believe that our system of Scholarly Publications may become extinct. Obviously, any legislative relief must be governed by our tradition of Freedom of the Press. However, I do not believe that such freedom was meant to be used where it so obviously adversely affects the best interests of our society. We must preserve the Peer Review system, if science is to survive. Here then are some remedies which this committee might consider:

1. Encourage the Congress to repeal the tax code provision which requires associations to pay tax on their advertising.

2. Require vendors of products used by scientists or medical doctors, who are buying such products with Federal Funds to confine the advertising of such products to publications employing Peer Review techniques. Such a regulation would not exclude commercial publications for the market place, for they also can use the Peer Review System.

3. Make it illegal for any publisher who distributes his publication to scientists or medical doctors working with Federal Funds to engage in the direct exchange of editorial coverage for advertising.

Thank you again for allowing me to present my views. I sincerely hope they will be helpful.

EXCERPTS FROM A STATEMENT MADE BY ROBERT ORMES, MANAGING EDITOR OF SCIENCE MAGAZINE, PUBLISHED BY THE AMERICAN ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE

Purposes of Society Publications

The journals published by scientific and other professional societies differ from typical commercial and business or trade publications in a number of ways. The basic objective of the society publications is to provide readers with information relevant to their scholarly discipline, while that of commercial publications is to make a profit and that of business or trade publications is to help their readers make a profit. In view of these disparate objectives the contents of the three types of magazines usually are quite different both with respect to quality and quantity of editorial material and also with respect to advertisements.

In general, the editorial content of the society journals meets the very high intellectual standards of the scholars in the disciplines which they cover. Articles are donated by their authors. These articles are judged by outside reviewers of high professional reputation. Selection is made on the basis of the article's contribution to the discipline and is not affected by business considerations. Business considerations may force the society to delay publication of an article, but they do not affect the decision to publish. Publication delays of 1, 2, or more years are not at all uncommon among scholarly journals, particularly if the society is primarily dependent on dues for support or if the journal can attract only small amounts of advertising or other revenue. Other things being equal, the society spends incremental revenue from dues, advertising, or other sources to reduce the backlog of unpublished but accepted manuscripts.

In contrast, the editorial content of commercial and business or trade publications is determined by the editorial staff without recourse to outside experts. The editorial staff, however large, can never be large enough to bring uniformly excellent intellectual resources to bear on the choice of what to accept or reject. Furthermore, the staff must necessarily give thought to business considerations if profit is to be made -- payments to authors, effects on advertisers, effects on copy sales and subscriptions. Trivial, intellectually mediocre, and even bizarre stories often get into print. Other things being equal, incremental revenue is expected to flow through to profit. Some business and trade publications include considerable editorial content consisting of advertisers' new product releases, which may or may not be rewritten to conform to editorial style. A few publications have no editorial content except product releases.

In general, the advertising content of scholarly journals varies from zero up to about 30 percent and occasionally to 40 percent,

Scientific Journals: An Endangered Species¹

ROBERT A. DAY

Managing Editor, American Society for Microbiology, Washington, D.C. 20006

Are scientific journals an endangered species? I will express my opinion in the current idiom: *you'd better believe it.*

In my position with the American Society for Microbiology, I am responsible for the management of nine scientific journals. In



Robert A. Day

1975, we published about 18,000 text pages in these nine journals and another 3,000 pages of books. For the past 15 years, I have spent most of my waking hours thinking, worrying, and scheming about ways to pay the costs of producing the ASM publications.

Let us look at this cost problem, because it is the *cost* that is endangering the species.

In 1965, it cost our Society \$452,384 to produce its publications. In 1975, the cost was about \$2.6 million. True, there has been a substantial increase in the number of pages published, from 7,000 in 1965 to 21,000 in 1975; however, with more pages in more publications, we can and do attract more subscribers (income). But what is endangering us is the tremendous increase in the *cost per page*. In our basic journals, the per-page manufacturing cost has gone up by 30% in just the past two years. As most of you know, the primary culprit in recent years has been the skyrocketing cost of paper, greatly exacerbating the debilitating effects of our Nation's woeful inflationary problems.

These increased per-page costs certainly do *not* attract increased numbers of subscribers. On the contrary, these costs, which represent the largest expense component in journal publishing, must in large measure be matched by income from subscriptions, which is the largest income component in journal publishing. And, as subscription prices go up, the number of subscribers tends to go down.

The nonmember subscription price for the *Journal of Bacteriology* in 1965 was \$28; now

it is \$90. If present trends continue, it is quite possible that another trebling of the rate will be required in the next 10 years, giving a 1985 subscription price of about \$270. At such a price, the last of the individual subscribers will have long since been priced out of the market, as will all but the larger institutions.

But will these trends continue? If they do, the scientific journal as we know it today, that is, as a package of research papers which is distributed each month directly into the hands of many of the individuals who are peers of the authors and into virtually all of the departments and laboratories involved with similar research, will no longer be endangered; it will be extinct.

So let us examine any alternatives that might be available whereby we might reverse the current trends.

First, however, we should ask the question: should the scientific journal as we know it be preserved, or should we assume that a new and better (and more economic) system of scientific communication will become available to us?

One rather interesting answer to this question has been offered by Professor Hubert Lechevalier, of Rutgers University, in a Letter to the Editor of *ASM News* in a recent issue (February 1976). Dr. Lechevalier says:

Obviously the only solution to our publication problem is to stop publishing. This, of course, is about as easy to do as it is for the USA and the USSR to stop meddling in other countries' affairs.

The proposal that I have the honor to draw to the attention of the members of our Society may not be perfect but still may have some merit. In the USA we should disseminate information only through *The New York Times*. If this newspaper would devote only one page a day to microbiology, our problems would be solved. Of course, I don't mean a full page, but only what would be left after advertisements of microbiological products would have been assured.

With the limited space available, *The New York Times* reporters would be forced to practice brevity, a virtue which so far has escaped them, thus leading as a by-product to an improvement in the quality of this outstanding newspaper.

At the risk of offending several of my colleagues on this panel, and obviously the good Professor Lechevalier, I will give my opinion without qualifiers: the scientific journal, and

¹ Presented at the Annual Meeting of the American Association for the Advancement of Science, Boston, Massachusetts, 22 February 1976.

The Impact of Biomedical Research on Health Care¹

DONALD S. FREDRICKSON

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Health care today is one of the most complex of human endeavors. It involves all kinds of practitioners, diverse in their organization and modes of delivery, facilities of special design, and a constantly proliferating array of instruments, techniques, devices, and therapies. At the base of it all is biomedical research.

Medicine is still empirical enough; without research it would be medieval. We might still be relying on leeches and the purge, be resigned to periodic outbreaks of devastating plagues, and have to endure calamity with uncontrolled anxiety and pain.

The purpose of biomedical research is to improve the well-being of man through greater understanding of the nature of life. At the basic level, knowledge is generated about the functioning of biological systems and about the processes of growth, development, and decay. Resynthesis and development of this information leads to ways of understanding, preventing, treating, and curing disease.

Biomedical knowledge, like scientific knowledge generally, has been accumulating at an exponential rate, as reflected in the output of scientific literature. One sampling of biomedical

cal publications suggests an average annual increase in scientific papers of between 4 and 5% for each year from 1965 to 1973 (1).

It will take years to assess the impact of this avalanche of new knowledge, if indeed we can ever accurately measure it. In fact, one of our important tasks is to sharpen the tools for such measurement. Once gained, knowledge is added to a pool from which it can be drawn forever, and future applications cannot be foretold.

The results of biomedical research seem usually designed for the professional who delivers health care. They sharpen his skills and increase his armamentarium. Often research results become, translated into social action, such as mass fluoridation, mandatory sanitation practices, and pollution control. Sometimes the individual can directly participate in research application, by changes in life style, for example, in improving nutrition and stopping smoking. When biomedical knowledge becomes a part of daily living, we tend to forget its origins in the processes of discovery and development.

Some claim can be made, of course, that the disappearance of smallpox should also mean an end to amortizing our debt to William

¹ Presented at the AAAS Meeting, Boston, Mass., 18 February 1976.

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Circulation of U.S. Medical Journals With Total Circulation Over Seventy Thousand According to March 24, 1976 Issue of Standard Rate & Data Service

<u>JOURNAL</u>	<u>DISTRIBUTION</u>	<u>1975 BILLING</u>
American Family Physician	108,714	\$ 3,429,391.
American Medical News	261,118	667,643.
Consultant	142,120	3,449,776.
Current Prescribing	118,168	528,952.
Drug Therapy	113,793	2,715,616.
Emergency Medicine	109,974	4,176,358.
Hospital Medicine	178,687	1,932,165.
Hospital Practice	187,134	2,843,413.
Hospital Tribune	100,000	698,156.
Infectious Diseases	139,840	516,275.
* Journal of the American		
Medical Association	239,435	3,912,878.
Journal of Legal Medicine	125,626	211,961.
MD Medical Newsmagazine	181,481	3,566,184.
Medical Aspects of Human Sexuality	161,522	3,128,745.
Medical Challenge	77,749	not available
Medical Economics	169,624	10,221,480.
Medical Opinion	152,191	1,102,447.
Medical Tribune	150,000	2,157,365.
Medical World News	164,652	4,793,021.
Modern Medicine	170,311	1,873,372.
* New England Journal of Medicine	159,113	2,395,607.
Patient Care	101,145	1,274,123.
Physicians Management	179,386	1,101,501.
Physician And Sportsmedicine	90,533	1,424,066.
Postgraduate Medicine	108,068	2,054,874.
Practical Psychology	104,092	807,756.
Private Practice	171,659	1,274,123.
Resident and Staff Physician	96,267	1,561,083.
Total Billing (excluding Medical Challenge)		\$ 63,818,331.

* Denotes Peer Review Journals according to Dr. Crout's testimony

1975 Billing figures obtained from Perq Corp, Ridgefield, Conn.

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TOTAL 1975 BILLINGS FOR THROW AWAYS

SERVING THE

LABORATORY AND SCIENTIFIC FIELDS

<u>JOURNAL</u>	<u>1975 BILLING</u>
Clinical Laboratory Products	702,564.
Laboratory Management	435,904.
Lab World	332,146.
Medical Laboratory	177,780.
Medical Laboratory Observer	920,883.
American Laboratory	891,050.
Industrial Research	1,764,800.
Laboratory Equipment	850,000.
Research & Development	<u>1,244,130.</u>
Total	\$ 7,319,257.

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Testimony of Henry E. Simmons, M.D., M.P.H.
Senior Vice President
J. Walter Thompson Company, New York

Mr. Chairman, I appreciate your invitation to testify today on the transfer of medical information (Technology Transfer), how to bring about appropriate behavioral changes in the use of drugs by the public and health professionals and how the tool of "Social Marketing" can help bring about necessary improvements in these areas.

We are all aware of the serious problems which today face the health care system. These include rapidly rising costs, poor quality of care, the lack of standards for care, problems in compliance with therapeutic regimens and problems in information and technology transfer. For the purposes of this discussion, I will consider any useful new medical information as synonymous with technology which must be transferred from its point of origin to those who need it (health professionals and consumers) to enable them to make rational decisions and ultimately to maximally enhance or preserve the health of the public.

Many of our problems in the health care system are due to deficiencies in information transfer or efficient and effective technology transfer. There is a wide and probably widening gap between what we know should be done and what is done or practiced in this nation's medical care system. Problems exist in the premature introduction of inadequately tested technology, the failure to eliminate outmoded technology promptly and the failure to rapidly adopt new technology which has been established as beneficial. Examples of the latter include inadequate use of the drugs available for treatment of hypertension and immunization against the common childhood diseases.

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We have all witnessed with dismay the spectacle of important new scientific information falling on deaf ears -- or, worse, remaining unspoken at all. Time and time again, the objective of research -- benefit to the consumer public -- has been frustrated as the communications abort. The disparity between our operant knowledge of communications and its application is crippling and, finally, intolerable. You are well aware of the frustrations of the congress as it surveyed H. E. W. 's efforts in technology transfer.

That is why I ventured into the world of communications to see if there were elements we have been overlooking in our efforts to implement the health information we possess. The answer to my inquiry is resoundingly positive. A brief overview of the technology transfer process of biomedical research communications points them up.

There seem to be two factors which necessitate taking a fresh look at how effectively biomedical communications (technology transfer) are conducted. One is the fact of the sheer volume of information now being generated -- many thousands of discrete items per year. The other is the fact that many of these findings now require the active cooperation, often times necessitating a reversal of long-term practice, attitudes and behavior, not only of health professionals but of the public at large in order to become beneficial. A pair of communications tasks are then manifest: sensitive priorities and persuasive messages. The two tasks are inextricably intertwined, at each of three stages of communication between 1) scientist and scientist; 2) scientist and practitioner; 3) and scientist/practitioner and the public.

Communications between scientist and scientist are the most effectively managed at present. A communications expert would probably attribute this to the following factors:

- a) biomedical scientists are a relatively homogeneous population conditioned by a well-understood set of procedures and underlying principles of investigation;
- b) scientists communicate with considerable precision through the use of an assiduously defined and carefully used set of language and symbols;
- c) the scientific community is largely pre-motivated to understand and implement accurately what new information is communicated to them, as the price of neglect to do so is eventual if not immediate failure at one's life work, given the high degree of peer review and testing operative in science; to discover error is to further one's success, in pure terms;
- d) the channels of communication -- primarily scientific journals, seminars, and working papers -- are relatively few in number and are attended by virtually all scientists active in a given field; additionally, they have ready access to supplementary data through efficient storage and retrieval systems now in place;

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- e) the context of 'communications' reception is businesslike and absent of significant diversionary messages or efforts to persuade opposite conclusions for non-scientific reasons.

Although some of the assumptions above may be subject to thoughtful evaluation in the field, requiring some modification, they are probably reasonable, for our purposes. Taking the same categories, however, and applying them to subsequent stages of communication en route to the goal of consumer-benefit, it quickly becomes clear why the process breaks down.

Between scientist and practitioner, the factors are different:

- a) practitioners' diversity is encouraged by such forces as the development of medical specialties, the emergence of para- and sub-professionals, and the flourishing of competing attitudes and philosophies of treatment, oftentimes influenced by such idiosyncratic elements as practitioners' personality:
- b) Motives of practitioners are highly diversified, ranging from the totally altruistic to the totally materialistic, and the responsiveness of practitioners to new information is not as subject to the rigorous process of peer review and interdependence which characterizes the scientist-to-scientist communication; nor is the controverting of previously held data taken as sheer advance of knowledge: the authoritative contradiction of current practices may be thought -- by both

the practitioner and his client -- to reflect unfavorably on the practitioner;

- c) Channels of communication drawn upon by the practitioner include not only professional literature from sanctioned scientific sources but also professional polemics, pharmaceutical and other medical industry information or rebuttals, federal and other regulatory documents, continuing education materials of uncertain consistency, and popular media;
- d) The context of reception of communication is awash with diverting and/or competing messages.

As complex as the factors in the scientist-to-practitioner stage appear, they all but pale when compared with efforts to communicate with the public, whose informed cooperation is increasingly the sine qua non of translating scientific advance into personal health benefit. Here we have to contend with awesome obstacles:

- a) The diversity of the public is patent, manifested in literally dozens of sub-groups segmentable by demographics, and medically relevant predispositional factors;
- b) Far from sharing a finely honed operational language constantly redefined in function, the various publics rely on figurative and

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connatative -- and even non-verbal -- communications for the most part; and these, of course, are subject to a nearly infinite range of local and regional expressions and interpretations;

- c) Whereas the motives of the scientist to heed new knowledge are relatively clear-cut and positive, and those of the practitioner also strong if somewhat conflicting, the motives of the individuals in the public are thoroughly contaminated with inhibiting forces, ranging from fear of discovering disease or risk, to unconscious perpetuation of self-defeating behaviors, to life-style habits; and the example of their peers tends, by and large, to support a willful resistance;
- d) The channels of communication used by the public are legion, including every imaginable medium of mass communication, local health professionals, family and friends;
- e) The context into which health communications come, is cluttered with stimuli to an unimaginable extent; it is estimated that in a given day, the average person is subject to more than 5,000 separate communications seeking to promote some response; no small number of these seek to reinforce the behaviors which may be inimical to health, and others reinforce misinformation and confusion.

In addition to recognition of the awesome obstacles to communication mentioned above a communicator must be aware of certain principles of effective communication.

1. The first of these principles is to assume non-compliance from your audience. In the case of physicians, we know that they are bombarded with literally thousands of messages in the course of a month that deal with technical drug information, new drug introductions, new research findings on existing drugs, new Food and Drug administration regulations, etc. We should assume that these physicians will not necessarily do what the messages ask them to do or even listen to the messages.
2. A mistake commonly made in communications is to assume that information is enough to produce behavioral change. If information were enough, very few people in this country would still be smoking. On the side of every pack of cigarettes sold in this country there is a warning from the Surgeon General stating that cigarette smoking is harmful to health. We can assume that every smoker has been informed. Many, however, have not yet been persuaded.
3. It is unwise to assume that a need is recognized by the intended consumer of a product or program. Personal hygiene is a self-evident need from the point of view of health departments everywhere, yet in country after country that need has had to be explained, or, if you will, sold. And very few

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farmers recognized that they needed a tractor the first time they saw one.

4. Do not take relevance for granted. It is possible to perceive a need without understanding its applicability to you. It is possible to listen to a message and yet not hear it because the language is that of another age group, another social class, another ethnic group.
5. The mass market is a fiction. Our population is made up of an accumulation of special markets with special attitudes and interests. Communications must be designed with a precise knowledge of the group or groups to which they are addressed.
6. Repetition is necessary both for widespread awareness and for the maintenance of that awareness.
7. Conflict of information exists in most significant communications areas. It must be allowed for and dealt with.
8. In all areas there are barriers to persuasion. In the health care area these are frequently profoundly emotional and must be clearly understood before communications are undertaken.
9. The relationship between stimulus and response must be clearly understood. A message is a stimulus, the receiver's reaction to that message is the

response. Professional communications start by identifying the response that is desired from the target audience before developing the message. The desired response should dictate the message, not vice versa.

It is very dangerous to assume that your audience will receive your idea exactly as written. They will color it; they will change it; they will interpret it. In short, by making it their own, they can also make it different from what you intended.

In the marketing of goods and services, which for 106 years has been the daily business of the J. Walter Thompson Company, they have developed a plan for the production of communications which help solve a client's marketing problem. This is called the "T" plan and consists of five steps.

The "T" plan process contains no magic. It is simply organized common sense. A method designed to help arrive at an accurate fact base and to help avoid operating under false assumptions. It involves the posing and answering of five very basic questions. Questions designed to focus and concentrate thinking where it will be most productive.

Though these questions are listed in a certain order during the development process, as the environment changes or new information becomes available, we will backtrack, reasking and reanswering certain questions. It is in short a fluid process that we can never assume is finished. Even when success is achieved, continual pressure must be used to maintain that degree of success.

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In attempting to motivate people, in making a deliberate attempt to influence change and not just passively react to events, we need the best planning possible. In answering the following questions, we make important strides toward that end.

- Where are we and why are we there?
- Where do we want to be?
- How do we get there?
- Are we getting there?
- Should we change direction?

The application to social problems of the principles we have described, coupled with the asking and answering of the questions posed above, is what we describe as "Social Marketing". Social Marketing is defined as the design, implementation, and control of programs, calculated to influence the acceptability of social ideas. It involves considerations of program or product planning, pricing, communication or education, distribution, and marketing research. These marketing techniques serve as the bridging mechanisms between the simple possession of medical or health knowledge and the socially useful implementation of what such knowledge allows. In the hands of its best practitioners, "Social Marketing" is applied behavioral science.

I would now like to describe how the technique of Social Marketing would be applied to solve a major current medical problem involving a type of drug use. The case in point is the necessity to immunize almost 200 million Americans against swine influenza before a new flu season begins this fall. A related and also urgent

problem is the need to raise the present dangerously low immunization levels of many American children to the recommended levels for the common childhood diseases. Without use of these Social Marketing techniques it is unlikely that success in either area will be achieved since both problems are much more complex than they would appear to be at first glance and both will require wide public understanding, acceptance and support if we are to succeed.

Applying this development process to the area of Swine virus, we find that posing the question seems simple, but the intelligent answering of the question will probably require the employment of a number of different research techniques. We must know what consumers' attitudes are toward immunization in general and toward the Swine vaccine in particular. Does the name "Swine Influenza" create confusion (Since I haven't been near a pig in the last year, am I safe?)? What do doctors think of this immunization effort?

Do they agree with the position taken by authorities? Certainly not all agree, and the press in recent weeks has given a great deal of attention to doctors of opposing views who maintain that immunization itself poses a greater risk than the imagined epidemic it wants to alleviate. Will newspapers and journalists considerably hamper this effort or are they doing so now? These are but a few of the points that must be clarified.

The second question we must ask is one that sets the goal we are attempting to achieve, "Where do we want to be?". Again, we should attempt to answer this

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in the most detailed manner possible. Not only do we wish to have immunization of all Americans by later this year, but we would like to have immunization of high-risk individuals first. In short, a complete timetable must be developed for different audience segments, identifying high-risk groups and areas as well as a host of other factors.

The third question takes us from the area of planning and into the harsh reality of execution. Question No. 3 is "How do we get there?". I won't go through a detailed listing of all the strategies that are involved in the process, but I would like to mention a few. First, in the area of audiences and audience segmentation, we would begin by specifically identifying our target audience, their geographic and demographic characteristics. In short, their profiles and what groups they would logically fall into. Having identified our audience, we would define through market research those specific appeals most effective at eliciting the desired response from each segment. For instance, it may be found that the suburban housewife should be the primary target for our communications in Midwest areas where the median income is \$20,000 and above; and it might be determined that the appeal most effective with her would be love of family or the desire to be a "good mother". It may, however, be found that in the lower income areas of the city that the father should be the target, and perhaps the most effective appeal with him would be pride in being a good protector.

In short, we must develop the most appropriate fact base and make the most effective appeals to the proper audiences, and we must rigorously resist operating under false assumptions.

We would also identify the actual materials and messages and the actual public relations strategies and approaches that would be needed. An example of the creative materials which might be required for the effort would be 6 television commercials for prime and fringe time television; 3 television commercials for children's television programs; 12 radio commercials or radio fact sheets for radio personalities to develop their own commercials; 6 posters or poster designs, probably leaving blank space so that locations, times, organizations, etc., can be identified; 6 newspaper advertisements; 6 magazine advertisements; button designs; bumper stickers; comic books; leaflets explaining immunization timetables; maps showing directions to nearest immunization centers; direct mail inserts for mailing with welfare checks; an immunization stamp developed by the Post Office, etc. These materials should also be developed in various language versions.

Having segmented the audience, identifying the appeal, developed the creative materials and the public relations approaches, the next step is media placement; and in this step, as in all other steps, you must have planning which includes stated objectives, strategy to meet those objectives, an agreed-upon timetable and also a method of evaluation to find out if in fact you have met your objectives, and if not, how you can make adjustments in the overall plan.

In the area of media it is imperative that reach (the percentage of each audience segment you wish to appear before) and frequency (the number of appearances) targets be developed for all audiences, developed on a week-by-week plan, and that the campaign builds towards a peak before October 1976.

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Another crucial factor is manpower. We might broadly sub-divide this into 3 different areas and these of course can be sub-divided again and again. For purposes of this discussion, let's just concentrate broadly on volunteer organizations, professional organizations and business organizations.

Certainly the core of this effort will be the professional organizations and we must secure the active assistance of such groups as the medical profession, League of Nursing, Agricultural Assistance Service and the Center for Disease Control and others as vital. In the area of implementation, certainly a detailed plan must be made for each group dovetailing their actions with the other manpower groups.

A second group would be volunteer organizations, and this is a vast reservoir of organizational and creative talent; a reservoir whose efforts are vital to the success of this effort. We must enlist, train and supply with localized market plans, community action kits, timetables and quotas, organizations such as the National PTA, Girl Scouts, Boy Scouts, Little League and many others.

Finally, business organizations. Too often, this audience is overlooked as a source of volunteer manpower and professional expertise. Yet there is no group on the American scene better equipped or more experienced in charting a clear course and getting things done. We would enlist their assistance whenever possible. We would talk to package goods companies and request that they insert messages either inside packages of cereal, or on the exteriors of packages, we would also ask them to use their considerable influence to get displays, banners, and signs placed in grocery stores, drug stores; in short, anyplace where a member of our target audience may see it.

Finally, another crucial area to be considered is the delivery system or immunization locations. We must determine how we plug into the existing system and, if we admit it's not sufficient for our needs, we must determine how we build on to that system, how we amplify it for this specific effort. Unlike a package goods marketer, who can always rely on the grocery stores or drug stores as the outlet for his product, a national immunization program requires the creation of a new delivery system. Strategically, we want to plan for the optimum use for this system and the manpower we have available. We want a controlled traffic flow. Certainly, this program will be a failure if all children appear on Monday, October 25 for immunization. We must control the flow of traffic. We must plan for and attempt as far as possible to guarantee the orderly use of clinics, school locations, mobile vans, doctors' offices, hospitals and any other location that may be needed or be effective.

Having established this system, we must also, through communications, create an awareness of the locations, times of operations, the fact of its convenience, etc., etc.

These are just the highlights of some of the actions required for a successful program but having put a plan in motion, question No. 4 arises. "Are we getting there?"

In far too many cases, programs are enacted at great expense and never evaluated. Only by answering this question do we have a sufficient fact base for future decision-

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making. As it pertains to immunization, we must ascertain what our success ratios are with each of our target publics. Are we reaching the inner cities but not the suburbs? Why? Are we 20% more successful in the midwest than on the east coast? Why? Are our late night television commercials on television shows that have a sufficiently high rating? Are our Nebraska immunization centers conveniently located? Do they remain open late enough at night? Are younger west coast physicians distributing our literature in their waiting rooms and clinics?

Only when we have this information can we make the decision called for in our final question. "Should we change direction?" We must believe that no part of a strategy is sacrosanct, and if we have been thoroughly objective in our answering of question No. 4, we will have set the stage for effective decision-making at this point. We might simply engage in fine-tuning such as seeking increased commercial exposures to the 20 to 30 age groups or by eliminating mobile van immunizations as inefficient delivery tools. We might, however, have to rework our entire appeal or possibly scale down our objective.

In short, the application of this Social Marketing process to the area of social needs is a step too vital to be overlooked if we want to insure success.

The approach just described for a successful immunization effort might be equally necessary for the successful transfer of any new information on drugs, achievement of appropriate behavior change in the use of the drugs in question, or improvement in compliance with therapeutic regimens which is today such a serious problem. A case in point would be the implementation of the drug use changes warranted by the results of the Coronary Drug Project or indeed the implementation of any new beneficial or adverse drug information.

Some of these same Social Marketing techniques should be applied before major fundamental procedural changes are promulgated in the drug area, such as the requirement for patient package inserts for all prescription drugs. Unless this is required, neither society or policy makers will have any way of knowing whether a desirable end is achieved by a new policy.

In summary, I have attempted to describe for you the difficulties inherent in the communication process and the techniques necessary to bring about successful technology transfer and appropriate behavior change on the part of health professionals and the public.

It is clear we are not doing this job well today. It is equally clear that information alone, or a seminar report, or a scientific article, or a study report, or a drug bulletin, or a press release, or a regulation, or a warning alone are not enough. The technique of Social Marketing, does not share government's apparent confidence that the public or health professional care to listen, and to act on what they hear. Rather, the practitioners of Social Marketing assume

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just the opposite -- that both are bombarded with a surfeit of messages day and night, and they will resolutely ignore all but the most carefully crafted and persuasively conveyed communications which attract their attention.

It is high time for all of us concerned about the health care system to acknowledge the clear truth of that assumption. There are many illustrations of the bankruptcy of a passive communications policy.

The health establishment has a "product", and a worthy one at that. The product is information -- vital, life-giving information. But the life-giving capacity of those data is often aborted in the absence of a determined and effective effort to make them heard and heeded.

The application of the techniques of Social Marketing will be necessary for the technology transfer NIH and FDA and others are required to accomplish and to impact on the prevention, early diagnosis of and appropriate and timely therapy of disease. This will involve communicating with the public and the health professions in such a way as to bring about appropriate attitude and behavior changes.

At this point, it might be useful to recount some real life examples of Social Marketing in several other countries.

In Great Britain, we undertook a two year educational effort to prepare the entire population for the changeover from pound-shilling to decimal currency. We believe this represents the most intense and successful Social Marketing campaign ever undertaken. This necessarily involved not only the comprehensive promulgation of somewhat technical data to a wide variety of publics (consumers, merchants, bankers, teachers, etc.) but also the cultivation of attitudes favorable to cooperating in the effort. After all, they were phasing out a custom and habit of four hundred years' standing for the nation, and of perhaps sixty or seventy years' standing for many individuals.

But the campaign was professionally wrought, governmentally financed, and publicly respected. It was effective beyond the most optimistic expectations.

The same was true for an anti-drug program in West Germany, directed primarily to potential teenage abusers. Once again, the professional marketing communicators employed their unparalleled understanding of their audience and of how communications must be used to effect real change. They avoided mistakes made by other well-intended but less astute anti-drug campaigns, and the project appears to have rendered a demonstrable public service.

I believe there are areas where we must now bend to our own ends the competence of professional communicators, in a deliberate stroke of public policy, to accomplish widely desired health benefits. Such a policy is prefigured in other areas of public priority -- the military, for instance. All of the U.S. armed services routinely engage in the use of marketing communications and paid media -- broadcast and otherwise -- to ensure fulfillment of their recruiting objectives.

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Surely the objectives of the NIH, FDA and innumerable other health agencies are no less worthy.

Every public agency which is party or privy to the development of technology has an obligation, it seems to me, to actively foster the fruitful application of that technology. It is clear that information dissemination alone does not necessarily bring about appropriate change. The Congress can make that obligation explicit and irrefutable by calling for each agency to demonstrate the provisions it has made to market its knowledge. Only then can we achieve a conscionable balance among medical technology, medical practice, the rights of the private sector to promote its viewpoint, agency accountability, and -- ultimately -- the health of our citizens.

Thank you.