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PROFESSIONAL NEWS

The Duke University Medical Center and the Statler Hilton Hotel in Durham, will be the scene of the 23rd Regional Conference on Disaster Medical Care sponsored by the American Medical Association Committee on Disaster Medical Care of the Council on National Security in cooperation with the State Medical Society. George W. Paschal, Jr., M.D. of Raleigh is Program Chairman. Among the topics to be discussed are Emergency Resource Plans at the State and National Levels, Role of Medicine in Emergency Preparedness, Hurricane Beulah, and the Mt. Washington Cog Railroad Train Disaster. Purpose of the conference is to promote and assist in the development of state and local programs of medical preparedness for disaster.

On Feb. 14 at 3 p.m., a meeting of the LPN's at Duke Medical Center was held with Miss Bedard and Mrs. Stitch present. The purpose of this meeting was to organize the LPN's on the staff at Duke. Mrs. Elizabeth Jones MPDC acted as chairman and Mrs. Villines of the pediatric clinic acted as secretary. A temporary nominating committee was appointed: Mrs. Onnie Rogers, Chairman; Mrs. L. Prince, Mrs. Hamm, Mrs. Dorothy McNeil, Mrs. Jessie Smith, Mrs. Nutt, Mrs. Lynch and Mrs. Harper. This committee met Feb. 19 to select a slate of officers and again on February 23.

The American Orthopaedic Association has just sponsored the first National Residents Meeting for Residents in training in Orthopaedic Surgery. The meeting was held in Pittsburgh. Members of the Duke Orthopaedic training program whose papers were accepted for presentation were Dr. Robert Mathews and Dr. Michael O'Neil, who presented a paper concerning arthritis of the hip and the relationship to gout. Dr. James Urbaniak presented a paper concerned with management of lacerations of the flexor tendon of the thumb. Others from Duke attending the meeting were Dr. Harry Bailey, Dr. Richard Nasca. There were about 300 residents from all over the Country attending.

Dr. J. Leonard Goldner was the guest of the Medical Society in Charleston, West Virginia, on March 12 and 13, and participated in an arthritis clinic at two local hospitals during that same visit. Dr. Goldner was then in Dallas, Texas, on March 15 and 16, for a meeting of the directors of Orthopaedic Training Programs, concerned with changes in curriculum. And on Thursday evening, March 28, and Friday, March 29, Dr. Goldner will be the guest of the Delaware State Crippled Children's Division, meeting at the A.I. duPont Institute in Wilmington, Delaware. The conference will cover the management of cerebral palsy and problems in the upper and lower extremities.

The physician of tomorrow will fit into one of three major categories--the Physical Science physician, the Community Health-Social Science physician, or the Health Care Consultant physician, according to Dr. Morton D. Bogdonoff, here at Duke and Editor of the Archives of Internal Medicine. "This tripartite division of the physician group," says Dr. Bogdonoff, "is merely the eventual outgrowth of what is happening at the present time." He outlined his thoughts on the future of medical practice in an editorial in the current issue of the professional publication.

FROM THE DESK OF . . . CHARLES H. FRENZEL

The task of keeping the Medical Center complex in a state of good repair and of installing more efficient, up-to-date mechanical equipment is a very demanding one. It requires the skill of many engineering and building trades. It utilizes many man hours of work on a seven-day, twenty-four hour per day week.

Keeping buildings and grounds attractive and functional is not, however, the responsibility of a maintenance force alone; it is everyone's job. A little thoughtfulness and pride in the organization will prevent much damage to buildings and equipment. Immediate reporting of a mal-functioning door, window, or machine will eliminate a major repair later. We should all feel we have the right, yes, even the obligation, to correct the person who is thoughtlessly damaging our Medical Center.

Building equipment and systems, like medical equipment, are constantly being improved upon and are often fast becoming obsolete when they are installed. It is difficult to make decisions as to when expenditures for replacements are justified by the improvement in performance or economy of new equipment. It is not always economical to use obsolete equipment until it wears out.

Medical equipment, like building equipment is researched and tested before it is made available but there is no assurance that it will operate successfully for a given institution. We have had, and will continue to have, problems of this type. A sound preventive maintenance program can keep these to a minimum.

Recent years have found our Maintenance and Engineering Department faced with the added task of major renovation projects. They have found it increasingly more difficult to keep up with our needs. Despite these pressures they have done a commendable job and are now adjusting their staffing in order to meet our growing requirements.

Maintenance of a medical center as large as ours is a big job; it requires the help of all of us if it is to be done effectively.

President Johnson sent a presidential aide, Mr. James Carter to Dr. Reeves' funeral here at Duke. Mr. Carter went to the Reeves' home afterwards to extend the President's personal sympathies to the family, as well as to express his appreciation for Dr. Reeves' contributions to our nation.