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Pr. Zung Says Spring Season for Suicides

For most people "spring fever" means a joyous, restless time, a renewal of life. But the poets have long known how painful spring can be to a man who feels empty, cold and dead inside.

"April is the cruellest month, breeding Lilacs out of the dead land, mixing Memory and desire, stirring Dull roots with spring rain..."

Now a Duke psychiatrist has come up with statistical data that tends to support T.S. Eliot's feeling about April.

Dr. William W. K. Zung has found that spring is the peak season of the year for suicides and depression with April the high month for suicides and March for depression.

His data on suicides came from the North Carolina Board of Health and included all the persons in the state who killed themselves from 1965 through 1971. The data on depression and other mental disorders came from records of all patients admitted on the psychiatry service at the Durham VA Hospital during the seven-year period.

Zung, who is a professor of psychiatry at Duke, is also affiliated with the VA Hospital.

He presented his findings today at the annual meeting of the American Association of Suicidology in Houston, Tex.

The purpose of his project was to determine whether the frequency of suicides and the rate of hospital admissions for depression have the same seasonal peaks and lows. Psychiatrists know that the two populations overlap—some people who are depressed commit suicide and some suicidal people

EYE PATHOLOGISTS FOCUS IN—The medical center was host April 12-14 to the Eastern Ophthalmic Pathology Society, which drew participation by eye pathologists from throughout the eastern United States, Canada and Puerto Rico. At the microscope in the foreground is Dr. Gordon Klintworth, associate professor of pathology and research associate in ophthalmology here. (Photo by Dale Moses)

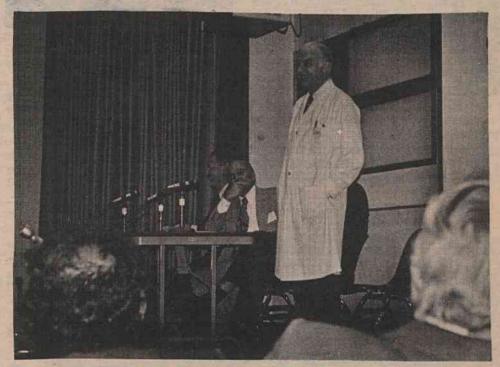
are depressed

The object is to try to find differences and similarities between the two groups to help identify potential suicide victims and give them treatment.

The study involved more than 3,600 suicides and approximately the same number of psychiatric cases.

When the suicides and depression cases were each plotted by months on a graph, the two curves were almost identical. Both phenomena peak in March-April with a secondary peak in November. Both suicides and depression cases drop to the lowest frequency in summer. During the seven-year period, there were 955 suicides in spring compared to 896 in summer. April had 327 suicides while July had the low of 282.

All the patients admitted to the VA
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PLASTIC SURGEONS MEET HERE—Dr. Nicholas Georgiade, professor of plastic, maxillofacial and oral surgery (standing), was chairman of a symposium on Management of the Cleft Lip and Cleft Palate and Associated Deformities here April 12, 13 and 14. The symposium, which drew surgeons from throughout the country, was sponsored by the Educational Foundation of the American Society of Plastic and Reconstructive Surgeons, Inc. (Photo by Dale Moses)

Major Medical Educators Recommend Guaranteed Quality Health Care For All

Twelve outstanding medical educators are recommending that the federal government guarantee before the end of this decade good quality health care to every American.

The educators also recommend major changes in the design and scope of medical education; periodic recertification of physicians; and the production by 1985 of 25,000 new physicians a year to meet the nation's health needs.

The recommendations are contained in a book entitled "The Future of Medical Education" published last week by the Duke Press. Dr. William G. Anlyan, vice president for health affairs, is one of four Duke educators involved in the writing of the book.

The others are Dr. William D. Bradford, associate professor of pathology; Dr. Thomas D. Kinney, director of medical and allied health education; and Dr. Eugene A. Stead, professor of medicine.

"The main objective of this book is to redefine the social responsibilities for medical educators of tomorrow," said Dr. Moshe Prywes of The Hebrew University, Jerusalem, in the foreword.

"They are clearly told that if they continue to disregard the community's demand for better, cheaper and more easily accessible health care and do not educate health professionals who are aware of their community role, medical education will not fulfill its objectives...," he writes.

Work on the book began in 1970, and each chapter represents hours of discussion between the chapter author and the other scientists and

administrators in the group. Each person in the group was allowed to append personal comments to the end of each chapter.

The recommendations at the front of the volume represent "the consensus of the coauthors as to the major thrusts of the document." The major ones include:

-"Before the end of this decade, good quality care should be universally guaranteed by federal statute to every American-not merely planned and financed but guaranteed."

-''Medical education should be designed as a true continuum extending from secondary school through college, medical school, hospital training and postgraduate education."

This would include better integration of medical school curricula with premedical programs to allow earlier admission into medical school, and also further medical center involvement in residency training and continuing education for physicians.

-"Funding for medical research and for the training of investigators in all of the sciences allied to medicine should be substantially expanded."

-"Periodic recertification of physicians and a system of incentives for continuing education must be introduced as mechanisms for insuring the maintenance of a high level of professional competence."

-"The federal government should accept ultimate major responsibility for financing medical education."

-The graduate education of doctors should be designed to produce specialists and skills as required by the health care

delivery system.

-By 1985, the U.S. should be able to produce 25,000 new doctors each year through "maximum use of facilities and faculties, adequate financing, shortened and innovative curricula and a modest number of new medical schools."

Anlyan, in his introduction to the volume, says the work is directed to the "deciders" who will make decisions

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