

-A Talk With Dr. Frederick C. Mays-

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School of Public Health's responsiveness to people's needs and wants, I don't know whether this is actual fact or not, but it certainly comes up in every conversation, the School of Public Health's consciousness of what people want and need, and what-not. This is the only school of public health of any size south of the Mason-Dixon Line, if you want to use that as a boundary. Tulane's is a department in its medical school, and most uni-

versities handle public health schools that way. So there's a great outreach from this school, over sixteen or eighteen states. We have a number of foreign students here, and three quarters of the enrollment is from outside North Carolina. So we have a tremendous responsibility." Despite having a more or less academic job, Dr. Mays is still a doctor. He is not a practicing physician in the accepted sense of the word, but he can practice.

"I'm going to join the local medical society. I have to have a license to practice medicine in North Carolina to do that, and I'm going before the State Board of Medical Examiners Friday to get my license. I had a license to practice when I was at Michigan, and a license to practice in Massachusetts when I was at Harvard, and of course I had one in my original state, Missouri. You give the Board your other licenses, and they write to the Dean of the medical school where you graduated, and they may consider you qualified to practice medicine on the basis of reciprocity, or they may want to give you a written or an oral examination. North Carolina has a reciprocal agreement with Missouri. If they consider you qualified, what they really want to find out is what kind of a man you are, whether you'll be an asset to the society or a detriment. I keep a license because it keeps me in touch. "Whenever we go to Cape Cod

for a summer vacation, which we've been doing for the past several years, I always take my doctors' bag. I remember once, we live a little way back in the woods, and some people nearby were working with a chain saw, and it slipped and a man ripped open his thigh with it. They were trying to figure out what to do with him, and they came to get me, and I went over and put a pressure bandage on. I made sure he hadn't opened any big arteries or severed a large nerve, it was just a flesh wound. If he had severed an artery I would have had to tie it off. There are other things that are not so dramatic. My daughter and her child are living with us now and I'm their family physician except for major things that require hospitalization or something like that. I don't have a narcotics license - you have to have a narcotics license to dispense narcotics. It doesn't come with a license to practice, though you get a narcotics license on the basis of having the license to practice. It qualifies you to keep and dispense the addictive narcotics - codeine, morphine, and so on. I don't have a narcotics license because I'm not really a practicing physician, and I don't want to leave myself open to pilfering, or something like that. You know people will use a physician sometimes, if they're addicts. You can lose a narcotics license without losing a license to practice.

their health. "What are the levels of wellness? This is the World Health Organization's approach. Not, how great is the presence of sickness in a community, but how well is a community, how much are the people working in it, participating in it? There are people now who are going to psychiatrists who years ago would wait until they were raving mad, if it ever came to that. Pediatrics is preventive medicine, though I suppose it starts with obstetrics - now you can go to an obstetrician and maintain your health throughout pregnancy and after pregnancy, starting six months before the baby is born. You can pay for it by the month, to make it easier. In pediatrics you're maintaining the health of the child for the future, you're working with the parents and the grandparents - you've got a whole range of three generations in there, and you're not really sure what you're working for. It's just something out there in front of you that you're aiming at, some nebulous future healthy man. "I started out as a practicing pediatrician. I grew up on a farm until I was twelve, and we went to Kansas City for an education, and while I was in Kansas I got into YMCA work. I was the boys secretary at a YMCA working my way through medical school. So when the time came for me to decide whether I'd go into general practice or specialize, the head of the pediatrics department knew about my YMCA work and asked me if I would be interested in being his resident. It seemed the natural thing to do. "One reason I liked pediatrics was because of the children's frankness. It's not that they walk in and say, 'I'm sick and this is where.' It's that children don't have preconceived ideas that cloud your diagnosis. Some of them are infants, and they can't give you any answers at all. But you know, adults often have preconceived ideas. They say, 'This is what's the matter and this is what's good for it, I've seen these things before and I know.' They don't deliberately mislead the doctor, but they have their own ideas. Parents will usually do anything for a child, if they have faith in the doctor. They'll do whatever the doctor says. But if you prescribe for adults, they'll go home and do what the doctor says if they feel like it, or if they think he's right. If they get to feeling better in a few days they won't bother with what the doctor says. But they'll do anything for a child. "Another reason I like pediatrics is that when a person gets to be thirty or forty he has limitations, but a child is brand new, a child can do anything, take advantage of any opportunity that comes along. A child still has a whole future ahead of it, and you're starting out fresh."

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"When you don't practice regularly you get so you're not so sharp on some things, but you get sharper on others. A practicing physician taking care of sick people is trying to protect an individual from the mass of people. A doctor will overturn practically anything to get a man back on his feet so that he's functioning again - quarantine a house, remove a man from a house even if he's needed there, anything. But in public health the organism you're dealing with is a whole community. You're trying to protect the mass of the people from an individual - a tubercular who's spreading his sputum over people's food or something. The approach is just the reverse. Some people say there aren't enough doctors to take care of the sick people, but there aren't enough doctors to take care of the people's demand for preventive medicine. More than ever now people are going to doctors for checkups, for examinations for insurance policies, to maintain

-School Sale-

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how the sale would go. The pressure on the Board to take steps to replace the Franklin Street school property, if it should be sold, appeared from two sources. One was the Board's architect selection subcommittee, which said it would recommend a choice of three architects at the Board's meeting next month. Mrs. Ross Scroggs, a member of the architect selection committee pointed out that 18 months was not very long to design, plan, and construct a high school. A replacement for the present high school would have to be ready by September of 1965, and Mrs. Scroggs said one architect, consulted as to his interest in the project, had "shuddered visibly" when told of the 18-month completion period. Further pressure came via Mr. Tenney, who urged the Board to acquire land for schools by January 1. "We only have one school site now," said Mr. Tenney, "and we're not sure whether we can use that." The site is the Bennett property south of town, on which the Board has an option. But the option has a time clause in it, not setting a specific time by which the property must be either bought or the option dropped, but leaving the matter up to the Board's "integrity." "Our integrity may not stretch too much longer," said Mr. Tenney. He said the present Franklin Street school buildings "have a lot of mileage left on them," and mentioned the fact that the University's Old East Dormitory has been standing up there since 1795 and they've been turning out students every year. In any case Mr. Tenney said, the Board will need a site for at least one new elementary school, which will be necessary regardless of whether the Franklin Street property is sold. On top of this, Mr. Tenney said he thought the schools should have better playing fields. "Carboro Lions Park is a disgrace," he said. "We shouldn't be leaning on the University. We probably have the worst (playing field) situation in the State." He said the schools should have a football field, a baseball field, tennis courts, and "anything else we can get" by next year.

-Pete Ivey's Town & Gown-

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men. Counterparts for human physiological functions may be found in many small animals. A toad frog may be useful in studying the human bladder functions. The human nose, when it gets into trouble, may be helped by laboratory experiments conducted on the sea gull. For the sea gull's nasal passage tells us much that is useful in studying the nose of homo sapiens. We can learn much of our nerve cells by looking at the squid. The flounder's kidney offers something that we ought to know about our own kidneys. In some way or another, the kidney specialists can find much about the human muscular contractions and other functions, by studying sea urchin eggs, rats and other animals. Prof. Forster said: "It is the unawareness of the practical value of these preparations that provokes such gales of derisive laughter when professional know-nothings in public office read to their backwoods constituents selected titles of government-sponsored research projects to point out the essential silliness of scientists and the irresponsible waste of taxpayers' money that comes from supporting their frivolities." Pretty strong words, but they are probably justified. Carl Larson, director of public relations at the University of Chicago, wrote a letter to the Chicago Sun-Times recently asking for space to reply to a Sun-Times editorial that had held up to the spotlight several topics involving laboratory research with small animals. The newspaper had wondered why anybody wanted to find out such trivial things about insignificant animals. Larson took each research topic and the so-called foolish title, and explained in detail how the experiments had resulted in sci-

MICHAEL ARVID SIEBER

Dr. and Mrs. Arvid C. Sieber, formerly of Chapel Hill, announce the birth of a son, Michael Arvid, on Sept. 29. Dr. and Mrs. Sieber are now residents of Hendersonville.

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-Editor-

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here and Columbia University. While attending UNC he was a full-time reporter for the Durham Herald.

Mr. Campbell said the Weekly staff was very happy in its new West Franklin Street building, and that he expected the new and enlarged quarters to enable the paper to improve considerably in coming months.

The Weekly's reportorial staff consists of woman's editor Paquita Fine, book page editor William H. Scarborough, and J. A. C. Dunn. Among the Weekly's regular contributors and columnists are Billy Arthur, Bill Prouty, UNC Sports Publicity Director Bob Quincy, UNC News Bureau Director Pete Ivey, drama critic John Clayton, and art columnist Ola Maie Foushee.

"With our present reportorial, editorial and mechanical staff," Mr. Campbell said, "we feel we have one of the better newspapers in North Carolina."

Malm To Speak To NC Section, ACS

Dr. John G. Malm of the Argonne National Laboratory will speak to the North Carolina Section of the American Chemical Society Friday in Chapel Hill.

The opening meeting of the society's year will begin at 8 p.m. in Room 207 of Venable Hall. Dr. Malm's talk will be on "The Chemistry of Xenon and the Perxenates."

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