

Air Pollution Cure Urged By Engineer

Electric Vehicles, Study Suggested

By FRANK CAREY
Of the Associated Press

WASHINGTON — A Johns Hopkins engineer has suggested reducing air pollution by replacing big gasoline and diesel-powered vehicles with electric-powered ones.

The engineer, Abel Wolman, also proposed a study to determine whether individual family autos burning gasoline should be restricted from congested urban areas. All travel in such areas might be limited to mass transportation by electric-powered vehicles, he said.

Wolman, addressing The National Conference on Air Pollution, reserved judgment on whether such ideas are feasible or desirable.

'The Present Trend'

But, in discussing atmospheric poisoning by motor vehicles, he said:

"The present trend . . . is dominantly in the direction of adding devices to existing equipment and mechanisms in order to improve combustion and reduce contaminating materials. How soon will consideration be given to alternative sources of power?"

"Some suggestions have already been made that battery-driven vehicles of improved design and efficiency might well displace the urban freight and mass passenger vehicles of common use.

"Does the strategy of air pollution abatement encompass a recognition of alternative or substitute forms of energy for the more familiar and more objectionable sources now in use?"

Means Now Available

"Is there also some anti-pollution rationale in congested urban areas for the transport of people en masse, rather than in individual cars? Can the forces of logic and economy, joined with the throttling of urban movement by automobile, result in a major reduction of air pollution?"

He suggested that traffic managers of Los Angeles, New York City, Washington, Baltimore and Chicago and other urban areas should attend an air-pollution conference.

Human Heart Transplant Held Possible

By PRESTON GROVER

MOSCOW — Dr. Valdimir Demikov, who has transplanted hearts in dogs and monkeys, foresees the day when a bad human heart can be replaced by a new one. Perhaps in a year's time, the Soviet specialist will attempt the first human transplant.

He said in an interview the first experiment on a human heart transplant would likely be the removal of the heart from a person dying as the result of an accident.

The heart would be placed in a plastic container, he said, and this would be connected to the circulatory system of a living patient with an ailing heart.

The heart in the container, he said, would pump blood through the patient's system for an extended period. Later, the chest cavity could be opened extensively and the heart fixed inside.

Dr. Demikov said he has a number of offers from volunteers for the first human experiment. They include an offer from the parents of a 3-year-old Danish girl, Anita Jensen, who is suffering from fibro elastosis indocardi, described as a disease in which the heart walls thicken until the victim dies. Anita's parents say there is no cure.

The Jensens wrote to Demikov saying they would place their daughter in his hands, for they knew he could save her life. But Demikov said he could not perform the transplant at any time in the near future because more experiments must be carried out with animals.

Dr. Demikov is confident that heart transplants will work and are feasible. But he said experiments with dogs and experiments with humans are in two different fields.

So far, he has conducted one transplant on a monkey. Technically, the operation was a success, but the monkey died in five hours. Monkeys are more like people than dogs.

Here are some of the problems Demikov outlined:

With dogs, there does not seem to be such sensitivity about blood types as with human beings.

Before an experiment on a human can be performed, a human heart in good condition must be found available. That means somebody else must be found dead or dying with a good heart. And that person must have a type of blood suitable for mixing with the blood of the person to receive the heart.

Social Security Administration Reports

U.S. Bill for Private Medical Care Record \$21.1 Billion in '61

WASHINGTON — Americans paid a record \$21.1 billion for private medical care in 1961—\$1.3 billion more than in 1960—the Social Security Administration reports.

The total outlay last year included \$14.4 billion in direct out-of-pocket expenditures and \$6.7 billion paid for health insurance.

Expressed another way, an article prepared for the December issue of the administration's Social Security Bulletin said, the record 1961

consumer expenditure for medical care amounted to \$116.60 for each individual in the nation—direct expenditure of \$79.76 and payments for health insurance of \$36.84.

The figures cover only private individuals' expenditures for health care, not including government outlays or medical care provided through private charity.

The 1961 spending was higher in all categories than in 1960.

Hospital care increased by 9.8 per cent and nursing

home care increased by 8.9 per cent.

The net cost of health insurance—the difference between the amount paid for insurance and the benefits paid by insurance carriers—increased by 15.7 per cent.

Payments to physicians went up 6.5 per cent and expenditures for eyeglasses and appliances rose 2.3 per cent.

To show how the consumer's medical-care dollar was spent in 1961, the article gave this breakdown:

Hospital care accounted for

27.6 cents, the same as the amount which went for physicians' services; drugs accounted for 19 cents; dental care 9.8 cents; eyeglasses and appliances 6 cents; nursing and other professional care 4 cents; and nursing-home care 1.4 cents. The remaining 4.6 cents represented the net cost of health insurance.

Of the total \$6.7 billion expenditure for health insurance premiums, 45.4 per cent was paid to Blue Cross-Blue Shield plans, 38.1 per cent to insurance companies for group

coverage, 9.4 per cent to insurance companies for individual policies, and 7.1 per cent to independent health insurance plans.

It was estimated that insurance benefits paid 28.3 per cent of the consumers' total 1961 medical bill, exclusive of the cost of insurance. Insurance met 66 per cent of all charges for hospital care, 30 per cent of all charges for physicians' services, and 1.5 per cent of the cost of all other items, including dental care, nursing service, drugs, and nursing home care.

The agency said private expenditures for health care have increased by 175 per cent since 1948. It said that about two-thirds of the increase in per capita health care expenditures since 1948 is attributed to higher medical prices, with the remaining one-third resulting from increased use of health services and improvements in the level and scope of medical services.

It was noted that one reason for the over-all increase is simply the increase in population.

Two Plead Guilty To Bank Robbery

PORTLAND — Two of four men charged in the Nov. 13 holdup of an Amity bank pleaded guilty Wednesday.

They are Tommy Joe Melton, 22, Salem, and Harold Albert Ewert, 28, McMinnville. Federal Judge Gus J. Solomon ordered pre-sentence investigations.

Robbers took \$11,162 from the Amity branch of the U. S. National Bank of Portland. Most of the money was recovered when Melton and Ewert were arrested along with Lawrence Wilburn Crawford, 26, Carlton, and Manuel Andrade Jr., Portland.

Register-Guard Want Ads Bring Fast Results

Misrepresentation Charged to AMA

WASHINGTON — Aime J. Forand, former congressman from Rhode Island, accused American Medical Assn. officials Wednesday of misrepresenting the financial status of the aged to protect their own interests.

Forand, now president of the National Council of Senior Citizens which strongly backs President Kennedy's plan for medical care for the aged through Social Security, aimed specifically at a report of the AMA Committee on Aging made at a Nov. 27 meeting in Los Angeles.

In line with general AMA policy of unrelenting opposition to the medical care proposal, the group reported:

"Older persons are much better off economically than some people seem to think. Those with special financial situations are an exceedingly small group."

"Such statements," Forand said, "can only be the product of stupidity, dishonesty or cupidity. For they are completely opposite from the facts, as shown by all the studies of the economic problems of older people made by reliable researchers."

He cited a Senate committee report that more than half of all persons 65 and older had less than \$1,000 cash income in 1960 and fewer than one in four had as much as \$2,000, and a Labor Department standard of about \$3,000 a year for "modest but adequate" living for an elderly couple.

Forand made his comments in a speech prepared for a meeting of the Greater Washington Council of Senior Citizens.

He said AMA officials "can spew millions of words from their plush offices in Chicago on subjects outside their competence—such as the economic problems of retired people."

"But," Forand went on, "on subjects on which they have competence to speak — such as how to protect American mothers against untried drugs like thalidomide — they seem to have a muzzle over their mouths."

Forand said the AMA was afraid to speak out against the drug industry because "they may endanger the millions of dollars they collect from drug firms in advertising for their medical journals; they would interfere with the millions of dollars of free services they get from drug firms and druggists and they know doctors who own drug stores would scream with anger."

As for the contention that AMA opposes the Social Security medical care plan because it would lead to socialized medicine, Forand said:

"The truth is they don't want the government to have too close a check on the incomes of doctors—a check which might show they're playing fast and loose with their taxes. They're also afraid the government will put a damper on their already excessive medical fees."

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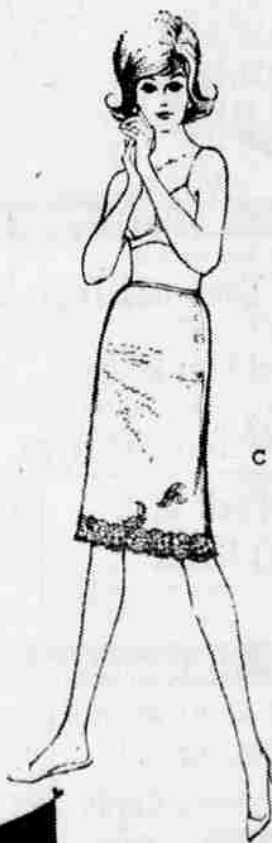
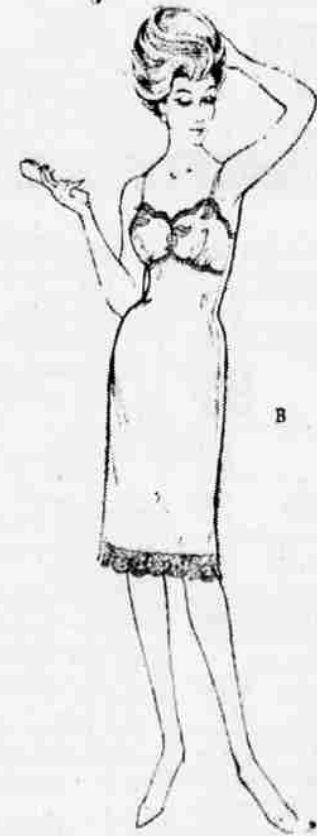
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