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PUBLIC HEALTH

Sick Benefits for Aged

► THE PRESIDENT of the United States and the president of the American Medical Association agree that the aging should have medical security. But a bitter controversy is raging over how that security may best be achieved—by increasing the Social Security payroll tax or voluntarily through the charity of physicians and the provisions of existing legislation.

One of the most erroneous assumptions being advertised in speeches and articles on how to handle this problem is that the ultimate success of the Kerr-Mills law makes the King-Anderson bill an unnecessary piece of legislation.

The Kerr-Mills law provides matching Federal grants with those of states in medically assisting the needy aged, whereas the King-Anderson bill, backed by the Administration, includes all those eligible for Social Security.

"The physicians of America believe," the Medical Society of the State of New York said in New York Medicine, "that, instead of promoting the King-Anderson bill, the Federal Government should be giving its full support to the Kerr-Mills Act."

Dr. Leonard W. Larson, president of the AMA, said recently that left-wing zealots are forcing government medicine on the American people through the King-Anderson bill in spite of the Kerr-Mills law that provides "a method of aiding those of moderate or limited means." But the Kerr-Mills law aids only those of specified low income.

President Kennedy's message to Congress said: "Prolonged and costly illness in later years robs too many of our older citizens of pride, purpose and savings."

So far, the Kerr-Mills law has not gone far beyond the segment of the aged above the level of the old-age assistance program.

The most common figure for annual income providing eligibility for medical assistance to the aged under Kerr-Mills is

\$1,500 for a single man living alone. There is a need for "both the Kerr-Mills law and the King-Anderson bill providing social security," William L. Mitchell, Commissioner, Social Security Administration, told an American Hospital Association committee in Washington, D. C.

"Kerr-Mills is not a rival of King-Anderson, nor is one a substitute for the other," he said. "The needy persons covered by Kerr-Mills will continue to require help even when Social Security provides coverage for those working and eligible for social insurance."

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OPHTHALMOLOGY

Machine Corrects Vision Of Cross-eyed Patients

► A NEW METHOD of correcting the vision of cross-eyed and wall-eyed patients without surgery has been reported, using a small electrical instrument.

Through use of the six-inch cubical instrument, equipped with a red and a green light, a reorientation takes place in the cerebral cortex of the brain. This "re-education in perception" allows improvement of vision in many cases to normal, with eventual fusion of images from both eyes. A cross-eyed person cannot correlate what he is seeing.

Most of the patients successfully treated were considered hopeless by former standard techniques, Dr. David Johnson and Samuel McLaughlin of the Boston University School of Medicine reported.

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