The *Saturday Evening Post* and public relations

During the recent AOA convention in Las Vegas, D.O.s were very pleased with the November 1986 issue of the *Saturday Evening Post*. On the inside back cover and facing page, a pictorial advertisement explained the meaning of the D.O. degree and promoted the D.O. as the "family physician, an idea whose time has come—again."

This great public relations piece was cosponsored by the Missouri Association of Osteopathic Physicians and Surgeons and its Auxiliary. But this cooperative endeavor did not stop there. The original advertisement had been developed under the auspices of Normandy Osteopathic Hospital, with some seed money from the Missouri Auxiliary and the aid of several people both within and outside the profession. Not to be overlooked was the cooperation of the editor and the president of the *Saturday Evening Post* Society. Perhaps more than with any other public relations effort in the past decade, the result emphasizes the importance of a variety of sources coming together in a common purpose.

It is true that public relations begins as a solo effort in the physician's office, for he or she is often the only representative of the profession with whom many people come in contact. However, ads, television spots, talk shows, and the like are more often achieved through a joint effort. Together, people can make it happen.

GEORGE W. NORTHUP, D.O., FAAO

Somatic dysfunction and myocardial infarction

Investigation into the mechanisms which support the clinical observation that visceral disorders may be reflexly manifested as somatic dysfunction continues in many of our osteopathic medical colleges. Featured in the Original Contributions section of this issue are yet two more controlled clinical studies contributing to the scientific basis of this principle of osteopathic medicine.

In "A somatic component to myocardial infarction," reprinted from the *British Medical Journal*, Nicholas, DeBias, and associates report that myocardial infarction is accompanied by characteristic paravertebral soft-tissue changes, which are readily detected by palpation. The blinded study revealed a significantly higher incidence of soft-tissue changes in the study group of patients with confirmed acute myocardial infarction, as well as in an excluded group of patients with heart disease other than myocardial infarction, than in the control group of subjects without known cardiovascular disease. The site of somatic dysfunction was located almost exclusively in the area T1 to T4.

In "Correlation of palpatory observations with the anatomic locus of acute myocardial infarction," Rosero, Greene, and DeBias examine the link between the description of the somatic component of a myocardial infarction and its location. Their results suggest that somatic dysfunction is more apparent in myocardial infarction of the anterior wall and is less well defined in infarction of the other walls.

These investigations and others to come will aid in understanding the physiologic mechanisms involved in the complex somatovisceral interrelationship.

THOMAS W. ALLEN, D.O., FACOI

The bottom line—again

Although the average hospital stay in the U.S. fell from 6.6 days in 1984 to 6.4 days in 1985, the average cost per stay rose 7.5 percent. Hospital visits ranged from the longest stay of 8.5 days in Washington, D.C., to the shortest admission of 4.1 days in Alaska. And while the average stay cost was \$2,180 in South Dakota, the average bill in California would be \$5,107. These findings, the result of an annual survey of 2,362 hospitals conducted by the Hospital Association of America and the Equitable Group and Health Insurance Company, were published in the December 3, 1986, issue of *USA Today*.

Of course, any set of figures can be made to ap-