

MEDICINE

Casualty Care Planned

Swift rescue ships, special litters and use of non-medical personnel to assist surgeons are among measures used by the U. S. Navy.

► SWIFT, LIGHT, easily handled ships for rescuing men from sinking vessels, special litters equally suited to transportation on land and onto ships, one-man-carry packs of medical supplies for landing parties, twin medical stations on ships, and planned use of non-medical personnel to assist the surgeons are among the measures used by the U. S. Navy for caring for battle casualties.

They were described by Captain William L. Mann, Medical Corps, U. S. N., at the meeting of the Association of Military Surgeons of the United States. Captain Mann, medical officer in command of the new Naval Medical Research Institute of Bethesda, Md., and first vice-president of the Association, spoke in behalf of Rear Admiral Ross T. McIntire, Surgeon General of the Navy.

The twin medical stations on ships with division of medical supplies and personnel are planned so that if one is put out of action by damage to part of the ship, medical care will still be available for the wounded.

The back-pack containing all items for battalion dressing station and company aid men with marine corps units is designed so that one hospital corpsman can carry it and at the same time have his hands free for use in debarking over the ship's side and over the gunwhales of ambulance boats. It is in line with the accepted idea of mobility of medical establishments and the principle of taking the treatment to the wounded rather than taking the wounded to the treatment.

This principle was developed by Dominique-Jean Larrey in 1792 when he organized a "flying ambulance corps" and was followed in World War I by the actual use of airplanes to transfer medical personnel and materiel near the scene of conflict. A demonstration of transporting field hospitals to the scene by airplane, and dropping tentage, supplies, doctors and nurses by parachute, Captain Mann said, was given in one of the European capitals a few years ago.

Assistance of non-medical personnel is planned because, he declared, it is almost axiomatic that in any catastrophe,

military or civil, adequate medical personnel is seldom available to handle the personnel casualties promptly and efficiently.

He expressed gratification that this principle has also been well recognized in civil life as shown by the many persons on the home front who have taken courses in first-aid training since the war started.

The problem of adapting a suitable litter for land and sea evacuation has been solved by use of the standard Army litter with bunk straps which are readily available on board ship. Light folding litters and a light waterproof substitute for blankets have been adopted for use during the highly mobile stage of land engagements. Collective litter hoists which Capt. Mann showed save valuable time in embarking the wounded on combined land and sea operations. If by the use of such expedients, he pointed out,

five minutes can be saved in handling each patient, there will be a saving of two days in loading one hospital ship with 575 casualties.

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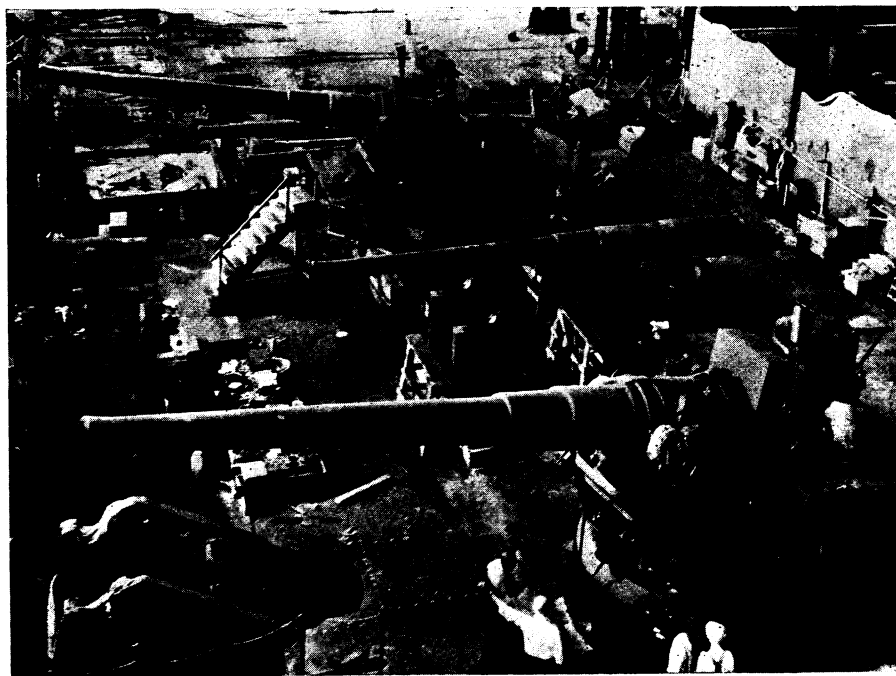
Epilepsy May Increase Due to War Wounds

► THOUSANDS of war workers are being wasted through neglect and prejudice because they have a background of epilepsy, Dr. William G. Lennox told the New York Academy of Medicine meeting in New York.

During the war the number of epileptics will increase due to brain wounds, of which 5% to 15% will cause epilepsy, judging from the last war. The proportion may even be higher this time, Dr. Lennox believes, because new drugs will save the lives of many with brain wounds who before would have died.

Most employers will not knowingly hire an epileptic, Dr. Lennox pointed out, yet probably upwards of two-thirds of the present 350,000 could do useful work.

Many of these persons are denied employment through prejudice or fear of the employer that he will be held liable



COAST ARTILLERY—Gun mounts in the shops of the Baldwin Locomotive Works. This famous builder of locomotives is now at work on several types of war material. The mounts shown weigh 250,000 pounds each and are built from steel castings produced in Baldwin foundries.

for injuries sustained as a result of a "fit" on the job.

Hope for decreasing the number of epileptics lies mainly in neurosurgery and finding more effective anticonvulsant

drugs. But the lot of almost every patient can be improved, Dr. Lennox declared, by encouragement in intellectual and vocational pursuits and by reorienting the hopes and attitude of the patient.

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Prepared for Wounded

Condition of Veterans Administration is better than at close of World War, but expanded Army and provisions of new bill may add to demands upon it.

► THE VETERANS Administration is today "far better prepared for eventualities" than it was at the close of the 1917-1918 war when it had to "start from scratch," Dr. Charles M. Griffith, medical director, declared at the meeting of the Association of Military Surgeons of the United States in San Antonio.

Total number of ill and injured ex-members of the armed forces for which the Veterans Administration will have to provide medical care after this war cannot be estimated and the Army's estimate for the number during the fiscal years 1943 and 1944 cannot, of course, be divulged. An idea of the expansion of Veterans Administration facilities that will be needed can be gleaned from the fact pointed out by Dr. Griffith that "enlargement of the Army and Navy has progressed, if press reports are to be credited, to a total already exceeding the entire enrollment in 1917-1918" and the "official statement of the Secretary of War that a strength of 7,500,000 men is the present objective."

The total number the Veterans Administration will have to care for, however, may be greatly increased if a bill already passed by the House of Representatives (H. R. 7311) becomes law, Dr. Griffith declared.

"Applicants discharged from the present armed forces," Dr. Griffith explained, "are not acceptable for hospital treatment or domiciliary care by the Veterans Administration unless they had been separated from the service for disability incurred in line of duty, or were in receipt of a pension for service-connected disability."

The new bill, however, "authorizes for persons who served in the present Army or Navy the same benefits of hospital treatment or domiciliary care which are provided for persons who served in the World War."

The effect of this proposal, Dr. Griffith

stated, "would be felt mainly upon the provision of hospital treatment or domiciliary care for disabilities not due to military or naval service. Millions of possible beneficiaries would be newly created who, because of a status as 'veteran of a war,' would be potentially entitled to such hospital treatment or domiciliary care at any time in their lives" provided they meet certain eligibility requirements. These requirements do not exact an honorable discharge. A discharge not dishonorable will suffice, and there is no delimiting requirement as to the nature of the condition causing the disability.

In the present war, up to Sept. 1, 1942, under present regulations, a total of 4,377 applicants have been admitted to the Veterans Administration, Dr. Griffith reported. Of these, 1,886 were suffering from general medical or surgical illnesses and injuries; 1,463 were tuberculous; and 1,028 had neuropsychiatric disorders.

"These beneficiaries were, in the great preponderance, simply men who broke down in their training," Dr. Griffith stated.

The Veterans Administration has today a nucleus of hospital buildings with modern equipment and trained personnel and hopes by the time the war is over to have acquired more hospital beds and to be able to enlarge its medical and other necessary personnel from among doctors, nurses and others who will be demobilized.

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Pennsylvania Plan

► THE PENNSYLVANIA plan for handling the medical and health problems brought to light by Army service rejections was described by Major General C. R. Reynolds, U. S. A. Ret., now with the Pennsylvania Department of Health.

The 8,262 Pennsylvania men rejected up to Oct. 1, 1942, because of tuberculosis have been reported to State Tuberculosis Clinics and private physicians for treatment and for follow-up of possibilities of their having spread the disease to others or of those from whom they may have acquired it. The same sort of service and epidemiological follow-up has been extended to the more than 7,200 cases of syphilis in Pennsylvania men discovered in Army examinations.

The problem of men rejected for nervous and mental conditions is causing great concern among physicians and health authorities, General Reynolds emphasized. The proportion of rejections for this condition has risen lately, especially among Negroes, until it now accounts for about 13% of all 4-F rejections and is the largest single group in that classification. The number of mental and nervous cases in the Veterans and other government hospitals now accounts for about 57% of the total beds occupied and the peakload for the last World War alone has not yet been reached, he declared.

The medical care of these men is one of the most difficult problems of rehabilitation of men rejected for Army service. One important reason is that publicizing the fact that the men have been rejected because of nervous or mental conditions prejudices their position in society and their opportunities for employment.

Selective Service examinations today show no more physical fitness than in 1917, General Reynolds stated. Apparently, he pointed out, we have "the same kind of people, only more of them."

Present physical standards are high and should remain so, he believes, so that we may have an Army fit to "win the toughest war in history." But most of the physical unfitness is due to structural or physical defect rather than disease and much of it results from neglect and faulty use of the body which could have been prevented or remedied.

The situation, he said, "calls for physical training in our whole educational system and emphasizes the importance of physical medicine."

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The Federal Bureau of Mines is studying the possibility of mixing oil and pulverized coal to produce a *liquid fuel* that can be used in certain types of industrial oil-burning furnaces.