

MEDICINE

# Enter Family Doctor

Air surgeon predicts that he will return to the American family scene after the war. Flight surgeons, although specialists, find they need to know patients.

► THE FAMILY doctor is coming back to the American medical scene after the war, Brig. Gen. David N. W. Grant, Air Surgeon, U. S. Army Air Forces, told the American Medical Association at its meeting in Chicago.

Many an American family, it appears, will in the post-war period be taking its measles and sprained ankles and pneumonia and other troubles to doctors who are now flight surgeons.

The reason for this predicted change in the medical picture is that the flight surgeons, now being trained by the thousand, act as physicians to the flying men under their care. Although they are specialists, they have the family physician's intimate knowledge of each patient in his care, and his view of the patient as an individual.

They know, from such signs as a man's starting to smoke more than his usual one pack of cigarettes a day, or taking two drinks instead of one before dinner, that he needs a short rest from flying and its nerve-racking strain, even though the man himself still feels perfectly fit.

This type of care, which is preventive medicine of the highest order, is how the flight surgeons "keep 'em flying."

Keeping them flying, Gen. Grant emphasized, is itself of vast importance to the men's health and morale. If they are not given rests at intervals, they will reach the point where they have to stop flying permanently. No hard-and-fast rules, however, can be followed about when the men should have rest periods. It must be determined for each individual.

Highlights of the Air Forces medical activities in the war, besides keeping its own men fit, as given by Gen. Grant at a press conference:

Complete operating rooms will in the future be glided to the battlefield, so that men wounded during invasion can have life-saving surgical attention right at the clearing station.

Helicopters will operate on a shuttle system to evacuate wounded from field to hospital, transporting in ten minutes casualties who would have had to face a three- or four-hour ambulance ride to

the rear. Such helicopters are being experimented with but none is yet in service.

A complete 25-bed hospital was flown from St. Louis, Mo., to Nome, Alaska, to replace one that burned while Gen. Grant was there a few months ago. Any sized hospital can be shipped by air by using enough planes, Gen. Grant said.

Two tons of sulfanilamide were flown from Seattle, across North America, Africa and India to China, arriving within ten days, for civilian use.

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MEDICINE

## Army Nurses Toughened Before Leaving for Duty

► ARMY NURSES are toughened up just as soldiers are before leaving for duty in the combat zone. Nurses, the only women privileged to go wherever the American soldier goes, before embarkation receive special training to equip them for the strenuous life and work to follow in the combat zone. They are even taught to detect booby traps.

Each time the soldiers go on maneuvers, Army nurses accompany them, stated Capt. Kathleen Atto, Assistant Superintendent of the Army Nurse Corps.

Some nurses are given special instruction while in training at an Army hospital, Capt. Atto declared. They are taught how to wear gas masks and drilled in putting them on. They undergo a course in chemical warfare where they learn how to detect the chemicals and the treatment of gas casualties.

At the "School of the Soldier," however, the nurses learn individual defense against air and mechanical attack. They practice ambulance loading, and litter drill is given. Demonstrations in insect control are made. The nurses are drilled in the importance of safeguarding military information.

The Army nurse learns regular drill formation and how to move quickly and obey orders. She goes on long marches and gradually acquires the ability to



**ROUGHING IT**—Members of the Army Nurse Corps are toughened up before being sent for service in the combat area. This nurse, living in a tent in the California desert, is struggling with a pair of G. I. shoes.

carry her own heavy equipment. A class held at Camp McCoy, Wis., in midwinter was appropriately listed as "Operations in Snow and Cold."

Other nurses, on temporary leave of absence from the hospitals, accompany the men on maneuvers. They live on field rations, have an A. P. O. number, and are treated just as though they were out of the country. On these maneuvers the nurses make ingenious substitutes for former "necessities." G. I. helmets have been found to make satisfactory wash basins, and mirrors often go unused. If there is grumbling at all, it is more likely to be about the delay in being sent overseas rather than personal discomforts.

In California some of the nurses are receiving training at a desert center. Here they live in tents and have only the equipment which would probably be available in Africa. Army uniforms and boots are the accepted costume for the nurses, and operations are performed in tents.

Up to the present time, stated Capt. Atto, the need for Army nurses, all of whom have volunteered, has been so great that it has been impossible to give them all this preliminary training. How-