



S THERE anything in that place, or is it just scenery?" a tourist of the see-it-quick-and-hurry-on type once asked a young ranger behind the information desk in a National Park.

The young ranger was diplomatic. He sized up his interrogator. "Just scenery," he told the hurried one. "I think you can skip that part of this park."

When the U. S. National Park Service was first organized, the distinction was not so very clear between the awe-inspiring, crowd-drawing spectacles in the Parks—geysers, glaciers, canyons, giant trees and so on—and the "just scenery" areas which attract fewer visitors but hold these longer and more firmly.

Now, however, the distinction is clearly seen and is being acted upon. It is a definite part of the National Parks policy to set aside certain areas, chosen so far as possible for their untouched primitive conditions, as "wilderness parks." In these, roadbuilding is to be kept down to a minimum set by absolute necessity, there are to be no big hotels, and no effort is to be made to make life easy for visitors. They are for the hiker, the horseback trail rider, the fisherman, the observing naturalist.

In a few of the Western parks, where there is plenty of room, such areas can be included without interfering with normal tourist traffic. In the Yellowstone, for instance, hundreds of thousands of visitors behold and wonder at Old Faithful, and the Canyon, and the Mammoth Hot Springs. Yet there are tens of thousands of acres in that park so dedicated to solitude that even the rangers do not enter them except when a lightning stroke starts a forest fire.

The movement now on foot would set aside such regions as Isle Royale in Lake Michigan and the newly created

Olympic National Park in Washington, to be wholly "wilderness parks"; where the price of seeing "just scenery" is, in part at least, the ability to get to the vantage-points on your own two feet.

Science News Letter, January 21, 1939

SURGERY

Service Urged to Prevent Unnecessary Surgery

TO PREVENT unnecessary surgical operations, which are said to be "not uncommon in this country," Dr. J. J. Golub, director of the Hospital for Joint Diseases, New York City, and commissioner of the Saratoga Springs Authority of the State of New York, urges establishment of regional consultation boards to "serve all persons, regardless of income or status, who are advised to submit to surgical operation."

Details of the plan and the reasons why, in Dr. Golub's opinion, it is necessary have been presented to the American Hospital Association. (Hospitals, Oct.-Nov.-Dec.)

The service could be operated on a voluntary plan by local medical societies or under city government by the department of hospitals. Competent physicians and surgeons would consult with the patient's physician or surgeon, examine the patient, review the history and have laboratory tests made if necessary. Decision of a majority would rule, although of course the patient's consent would be required before operation.

Total cost of the service for the city of New York, Dr. Golub estimates, would be about \$2,000,000 a year, at \$5 for each consultation. The service could be paid for by tax funds and furnished free of charge to all persons or it might be furnished on a graded fee basis from nothing to \$10, or included in hospital service association arrangements.

Besides the service to the patient, Dr. Golub believes there would be advantages to the physicians and surgeons in providing graduate education and opening a new field of gainful part-time employment for many qualified physicians.

About 8,000,000 major and minor surgical operations are performed each year in this country by from 30,000 to 40,000 practitioners, Dr. Golub stated.

Science News Letter, January 21, 1939

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