

Doctor's Dream Realized In Highway First Aid Stations



DR. E. PAYNE PALMER removed his surgical apron slowly, hardly conscious of the gesture. He was deep in thought. Life to Dr. Palmer is very important; he has dedicated his own life to the saving of others—and he had just turned from the operating room where the victim of an accident had passed beyond human aid.

So many victims—so many lives lost because first aid had been too far away! Dr. Palmer is one of the Fellows of the American College of Surgeons, and president of the staff of St. Joseph's Hospital, Phoenix, Arizona. Much of his work is done on the Great American Desert, and here he has grown to be one of the most important surgeons of the West.

Turning from the death of a victim, he decided that something should be done, and accordingly went to the American College of Surgeons with the suggestion that first-aid stations should be placed all over the United States. This was in 1933, and the surgeon's dream was approved and endorsed

by this great army of medical men. Then the American Red Cross followed with their approval so today Dr. Palmer is rewarded by the assurance that by July there will be more than 1000 first-aid stations throughout the nation.

Backed by an organization networking the nation which has already trained 1,000,000 persons in first aid and accorded practical, lasting help to millions of disaster sufferers, the Red Cross has set machinery in motion to establish 15,000 highway first-aid stations throughout the country in the near future and to provide motorized first-aid highway patrols.

IT IS Dr. Palmer's contention that thousands of people now undergo unnecessary suffering, have their injuries complicated by improper handling, and even die for the want of simple emergency help, because of the remoteness of many accidents from medical aid. Having served the desert folk, he should know.

The surgeon suggests that even



private citizens should be trained to act as volunteer workers, to be given charge of these stations. "We are spending millions in improving our highways and more millions in buying machines with greater speed and power. It is a deadly combination," said Dr. Palmer. "During the year 1934, there were 53,000 deaths in public accidents. A million and a quarter people were injured in automobile accidents alone. Many of these accidents occur in remote and lonely places where there are no physicians, and no facilities for taking care of the injured. Consequently before trained assistance can be secured, prolonged suffering is bound to occur, to say

They save lives through rendering highway first aid. Throughout the West, hundreds of units in the new life-saving service are being established—and one man's determination to do something about the appalling accident situation is responsible. The man, Dr. E. Payne Palmer, is shown below. Left is A. L. Schafer, Red Cross manager in the Pacific area, discussing with first-aid experts locations for proposed stations. Center, a highway marker, and right, Beagle's Station, 14 miles north of Vancouver, Washington. Left to right, J. A. Ziegler, A. L. Schafer, C. A. Beagle, B. B. Beagle, Dr. John Blair, Mrs. C. A. Beagle, Ralph E. Carlson and Harry Williams.

nothing of the complications and sequelae which retard recovery, and the possible permanent deformities. In addition there is the ever-present possibility of delay proving fatal to the injured person.

"The first-aid committee of the American Red Cross and the Regional Committee of the College should co-operate and train those selected to serve at these stations. An adequate training would be that provided in the American Red Cross regulations course of 15 hours' instruction.

"BY WAY of equipment, each station must keep on hand a sufficient quantity of first-aid supplies such as is contained in the Red Cross kits; a blanket, wooden splints, a Thomas-Murray upper extremity splint, a Keller-Blake lower extremity splint, and a

stretcher. There should be two or more persons trained in administering first aid to the injured, and a fixed traction method of transportation available at all times at each station. Day and night service should be operative. If certain stations remain open only during the daytime, then they should display a sign giving location of the nearest full-time station.

"The airway first-aid stations should be established at emergency landing fields as well as at established ports, as it is here that accidents are most apt to occur."

The American Red Cross reports that there are more than 100,000 crippling injuries and over a million temporarily disabling hurts each year, not to mention the fatalities which have mounted to more than 53,000. They report also that during 1936 more

than one-third of all Americans scheduled to die accidentally will hurry to meet death in an automobile unless motorists are made to realize the ultimate cost of carelessness—unless intelligent first-aid service, available at the scene of accident, is provided to limit the extent of injuries and prevent manhandling by the well-meaning.

REPORTS from field workers already active give an indication of the great good to be accomplished by these first-aid stations. At one station, when two cars met head-on, the first-aid attendant procured an ambulance at once, covered the three injured and kept them quiet and fought off a passing unknown driver who stated he was a doctor. The latter pushed forward to take the woman who had been in-

jured to the hospital in his car, but was prevented from so doing by the station attendant, trained in Red Cross first aid. At the hospital it later developed that the woman had broken a hip bone. The station attendant was told that he had prevented a much greater injury and perhaps saved a life by refusing to allow the woman to be moved until the ambulance had arrived.

To assure maximum availability of first-aid care on the highway, the Red Cross is enlisting the co-operation of public utility companies in the formation of mobile first-aid units. Fleets of trucks maintained by these companies constantly patrol these roads, and the Red Cross program calls for the installation of first-aid equipment in each truck and comprehensive instruction in its use by the truck's crew.

OTIS BARTON INVENTOR OF THE BATHYSPHERE

DIVES OVER 3000 FT. DOWN INTO THE OCEAN

HE HAS TO KEEP IN FIRST-CLASS CONDITION, AND FAVORS CAMELS FOR STEADY SMOKING BECAUSE: "ATHLETES SMOKE CAMELS FREELY, AND I KNOW FROM MY OWN EXPERIENCE THAT CAMELS ARE MILD. THEY NEVER GET MY WIND, NEVER BOTHER MY THROAT OR NERVES".

WELL, HERE WE GO, JEAN—ARE THE TELEPHONE CONNECTIONS OKAY?

YES, OTIS, BUT I CAN'T HELP BEING A BIT NERVOUS ABOUT THE TERRIFIC PRESSURE ON THE BATHYSPHERE AT THE DEPTH YOU HOPE TO REACH.

WHAT WORRIES ME IS THE OVER-ALL WEIGHT IN THE WATER—ALMOST 5 TONS IF YOU GO TO THE MAXIMUM DEPTH.

WHILE THE BATHYSPHERE IS LOWERED INTO THE DEPTHS, JEAN IS ALL SET ON DECK TO TAKE NOTES FROM THE TELEPHONED OBSERVATIONS OF THE OCCUPANTS OF THE SPHERE.

WE'VE JUST SIGHTED A LARGE NUMBER OF BEAUTIFULLY COLORED STRANGE FISH. TELL THE CAPTAIN TO KEEP ON LOWERING.

A FEW MINUTES LATER... THE SPHERE IS NOW AT THE RECORD DEPTH OF 3,028 FT. ONLY A FEW FT. OF CABLE LEFT—

THEY WANT YOU TO KEEP ON LOWERING—HOW DEEP ARE THEY NOW?

3,028 FT. AND I'M WORRIED. THIS IS ONLY A 5-TON WINCH AND THE BOILERS ARE 'WAY OVER THEIR RATED PRESSURE RIGHT NOW.

WE JUST SAW A MONSTER FISH 20 FT. LONG WITH LIGHTS ALL ALONG ITS BODY—LOWER US FARTHER.

CAN YOU LOWER ANY FARTHER?

WE WON'T BE ABLE TO PULL 'EM UP IF WE PAY OUT ANY MORE CABLE—

JEAN SAYS THE CABLE IS NEARLY ALL PAID OUT. SHALL I SIGNAL TO GO UP?

GOOD-NIGHT! SHE WON'T MOVE! LOOK AT THAT TACKLE SHAKE!

GREAT HEAVENS! WHAT CAN WE DO?

AH! THANK GOODNESS! WE'VE STARTED TO ASCEND—

OH BOY! AM I GLAD TO SEE YOU SAFELY BACK!

AM I GLAD TO BE BACK! WAIT'LL I LIGHT A CAMEL, AND I'LL TELL YOU ABOUT IT—

I SMOKE AS MANY CAMELS AS I LIKE. THEY DON'T GIVE ME JITTERY NERVES. CAMELS HAVE A SWELL TASTE—MILD, AND YET WITH RICH MELLOW FLAVOR.

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CAMELS ARE MADE FROM FINER, MORE EXPENSIVE TOBACCOS—TURKISH AND DOMESTIC—THAN ANY OTHER POPULAR BRAND.
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