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WE, WHO ARE ABOUT TO DIE, CALL THE FIRE DEPARTMENT

By P. J. FLAGG, M.D.

New York City

And the flame of life not infrequently flickers and goes out! How strange, how tragic, and how true. The firemen, the policemen, the first-aid squads of the industrial and utility corporations through no fault or desire of their own, find themselves in a position utterly unique in modern medicine, called upon in extreme medical and surgical emergencies to save the lives of those about to die from gas poisoning, drowning, drug poisoning, childbirth, and many other forms of suffocation.

Incredible as it may seem, these lay groups, innocent of medical knowledge or training, except for specialized training in a technique known as the Prone Pressure Schaeffer method of artificial respiration with or without the use of an inhalator, have actually been called into operating rooms to care for asphyxiated newborn babies, and even surgical patients.

Far from criticizing the excellent services performed by these highly-trained lay groups, one has nothing but praise to offer. The criticism of the situation does not turn on what they do, but upon the curiously abrupt limitation of strictly medical service in these emergencies.

Well may the historian, writing in 1988, smile with amusement when he encounters this curious anomaly appearing suddenly in the broad and consistent field of

medical advance characterizing the first half of the twentieth century.

One may very well ask—"How did we get this way?"

The answer, fortunately, is not far to seek.

The rapid spread and development of industry and the utilities, brought with them the hazard and the mortality which accompany carbon monoxide poisoning. The wide use of illuminating gas, mining operations, and the manufacture of chemicals created an insistent demand for a simple, effective, routine, emergency method by which to treat the gassed victims. A satisfactory manual emergency routine was found and developed as the Prone Pressure Schaeffer method of artificial respiration. Its use was popularized intensively. Through the assistance of the Bureau of Mines almost a half million persons were trained in the technique. There was later added the life-saving oxygen and CO₂ so splendidly popularized by Yandell Henderson of Yale. It was advised that the method be continued in use for hours if necessary. The fatigue experienced by the operator suggested the need of a team, which developed into the well-known first-aid squad.

The irresistible combination of first-class organization, glamour, and the perpetual publicity attendant upon the services performed,

gradually created a situation in which it seemed more important to call the rescue squad than it was to find out just what treatment the patient required.

Strange to relate, the medical profession, itself, seems to have been quite as susceptible to the glamour of the rescue squad as was the uninformed public. As a result, the ambulance surgeon, called to an asphyxiated patient, under treatment by a first-aid squad, rarely had anything to offer to complement what was going on. His effort was limited to giving hypodermic stimulation and "hanging around until he could pronounce the patient dead."

"So what?" you may say.

Well, first of all, two things have happened, which suggest that perhaps it might be a good idea to call a physician at the same time that we call the rescue squad. The first of these reasons is as follows:

Within the last decade it has been pointed out that when all the causes of asphyxia are added together, the resultant deaths may be conservatively estimated as

more than 50,000 a year, or at least twice that due to automobile accidents.

Secondly, a national movement to prevent asphyxial death has gradually developed over the same period. New light has been thrown upon the pathological physiology of asphyxia or in simple words upon the bio-chemical disturbances of the normal respiratory and circulatory functions. Special mechanical means have become available to the physician to carry out the indications suggested by these findings and to enable him to complement the work of the first-aid squad.

As a result of this new movement and because of these new findings the rescue squad of the future may shortly be asked—When was the physician called? When did he arrive at the scene of the accident? The physician may be requested to explain: What action did you take to augment the work of the first-aid squad which resulted in rescuing the patient?

*We, who are about to die,—
ask the physician to save us!*

News Item

Hartford, Conn. — The State Supreme Court today upheld the Connecticut Anti-Birth Control Law, which prohibits the use of contraceptives without exceptions. The ruling dealt with the case of

two Waterbury doctors and a nurse, accused of assisting, abetting, and counseling married women in the use of contraceptive drugs and instruments.

—*New York Times.*