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10. Give the patient the amount of fluids he requires for comfort. If you force fluids especially when giving sulfathiazole you may cut down the blood concentration to a point where it will not be effective,
11. Watch the blood; but don't be too disturbed about it. If you get your medication started quickly, you will be through with it before a blood disturbance has time to occur. Any exception in pneumonia cases will be very, very rare.

PIONEERING IN MEDICINE 1930-1940

A Reflection and a Tribute

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NEW YORK

If progress in medicine were limited to the experimental method, to a succession of physically demonstrable facts, we might find difficulty in ascribing motivation for progress from the mainspring of religion.

But may we not look for the effect of religion in the typical habit of mind which flows from the Catholic outlook. Reverend G. D. Bull, S.J., briefly summarized this habit of mind, a quest for unity, a flair for integration, and in an "other-worldly" outlook in which the present is unconsciously measured by the yard-stick of eternity.

It is with the purpose of rendering due tribute to its source that the following is offered in evidence that religion is not infrequently the inspiration of medical progress.

In the fall of 1929 Professor Yandell Henderson of Yale, addressing a meeting of anesthetists in Boston, said, "You men are more than anesthetists, you give gases for the saving of life and the treatment of disease, you are gas therapeutists."

This remark, falling upon a soil inspired by the Catholic quest for unity supported by a naive other-worldliness, resulted in the present movement to prevent asphyxial death, a movement which in the last ten years has made the medical profession "Asphyxia conscious."

Studies in the technique of resuscitation conducted during the late twenties revealed that a common bond of unity formed the twenty or more causes of asphyxia. This bond is "a common treatment," the same in each case,

whether the patient had been gassed, electrocuted, hung, overcome in a manhole or asphyxiated in some other manner. The expectancy of prompt and complete recovery following resuscitative measures differentiates this group from those patients dying from other causes, in which asphyxia supervenes as a terminal phenomena.

Because the vital statistics indicated that the death rate from all the causes of asphyxia amounted to at least 50,000 lives a year, a society was incorporated in 1933. Its objective was to prevent this asphyxial death. The response of the medical profession was immediate. Key men in the profession became members of the advisory board and have continued in this service to the present time. In less than a year the aims and purposes of the Society for the Prevention of Asphyxial Death were approved by the County of New York Medical Society (Dec. 4, 1933), the *New York State Medical Journal* (May 14, 1934) and the American Medical Association (June 12, 1934).

The ideal organization demanded the country's medical leaders. Seven surgeon generals have acted on its Advisory Board: from the Army, Surgeon Generals Patterson, Reynolds and McGee; from the Navy, Surgeon Generals Rossiter and McIntire; from the Public Health, Surgeon Generals Cummings and Parran. Brigadier General Hines, Director of

the Veterans Bureau, has recently become a member of this Board.

Immediately following the incorporation of the Society in 1933 a full-day conference was held at the New York Academy of Medicine. In the following year a two-day conference took place at the Hotel Biltmore in New York City. In 1935 there was a scientific exhibit at the Atlantic City meeting of the American Medical Association. In 1936 the American Medical Association appointed a committee to study asphyxia. In 1937 this committee made its report.

In the course of the publicity released by the Society, the economic loss by death from asphyxiation has been repeatedly pointed out. Those who die are usually drawn from active life. While figures of this character are subject to too many variables to be exact, a cross section of the problem will indicate its importance.

Let us assume that two-thirds of the total of 50,000 deaths from asphyxiation are men averaging 35 years of age, and that these men earn an average of \$1,200 a year. The estimated value of a man of this class and age is \$12,500. The loss of this group represents a loss to their families of \$437,000,000 annually. When we consider that this figure represents only two-thirds of the total, the figure then of a total loss of half a billion dollars a year from all causes of asphyxia is not likely to be an exaggeration.

With this brief reference to the

problem as a whole, its recognition by organized medicine and the appraisal of the economic loss which is faced annually, we may well ask what are we going to do about it? Where does our ideal lead us? How shall the principle of unity, of further integration serve?

It is clear from the foregoing that the problem of asphyxial death and resuscitation is a major

medical problem.

It is one that is also of interest to the Church, for it gives a Catholic who has been asphyxiated and resuscitated—even if only temporarily—the precious opportunity of making an Act of Contrition; and—if a priest be near—of receiving the inestimable blessing that only the Sacraments of Penance, Extreme Unction, and the Holy Eucharist can give.

"THE BLOODLESS PHLEBOTOMIST"

We have just received an advance copy of *The Bloodless Phlebotomist*, Vol. VIII, No. 6, which is usually issued in 15 languages with a total circulation among members of the medical and allied professions throughout the world of 1,500,000 copies.

This little journal is replete with interesting articles and while the purpose of the publication is

to acquaint its medical readers with Antiphlogistine and Galatest, physicians will find a number of items and illustrations which will excite their curiosity and interest.

If you do not receive a copy write to the Denver Chemical Mfg. Company, New York, who will place your name on their list. The journal will be supplied you free of all charges.

THE SOCIETY OF CATHOLIC MEDICAL MISSIONARIES

The Society of Catholic Medical Missionaries was established to provide skilled medical care for mission countries. The need is summed up in these words of the Apostolic Delegate of China: "You are daily witnesses to the misery, the extremely high infant mortality, the lamentable hygienic conditions, the infirmities and diseases of all kinds which weigh on this people and which it can neither prevent nor cure."

The members of the Society are

religious and are popularly known as the Medical Mission Sisters. Some are doctors; others, nurses, pharmacists, and members of other professions dealing with the prevention and cure of disease. Others devote themselves to promotional, secretarial and domestic work. Some join the Society already professionally trained. Some enter after high school or college and take up the study of medicine, pharmacy, or nursing after completing the novitiate.