Army Recall for Physical Therapists

The Department of the Army has announced that 125 Women's Medical Specialist Corps Company Grade Reserve officers will be recalled to active military service during the months of February, March and April 1953. This total includes thirty-one physical therapists, to be called from six Army Areas in accordance with the following quotas:

- First Army: 8
- Fourth Army: 2
- Second Army: 5
- Fifth Army: 8
- Third Army: 2
- Sixth Army: 6

Selection for recall of these officers will follow, in general, the same procedural pattern as that used in implementing the "Doctor Draft Law." Through civilian national, state and local advisory committees, the cooperation of the appropriate professional organizations will be enlisted in the selection of individual officers to insure equitable consideration of both the military and civilian needs. The criteria of deferment will be the same as those used in the previous recall program.

Those who are pursuing a full time course of instruction on a university level will be deferred until completion of the current academic year. Others who will be deferred are Reserve officers who hold key administrative or teaching positions in civilian training programs or those whose entry on active duty might jeopardize the health of the community in which they are currently employed.

The quotas for each of the Armies as listed will be met by selection from groups in accordance with the following priorities:

1. Volunteers—All volunteers will be credited to Army Area quotas.
2. Volunteers or Inactive Reservists who have received active duty training pay since June 23, 1950.
4. Members of Troop Program Units of the Organized Reserves.

Selection within these groups will be made in the following order of priority:

- Unmarried officers with no dependents.
- Unmarried officers with dependents.
- Married officers with no dependents.
- Married officers with dependents.

The maximum age limitation is 50 years of age and no person will be recalled to duty without her consent if she has already served involuntarily in active military service subsequent to June 25, 1950.

Category commitments signed by officers in this recall program will be as follows:

1. Volunteers—Category II—24 months; or Category III—36 months.
2. Non-Volunteers—Category IV—17 months for those persons who served on active duty for one year or more between December 7, 1941 and September 2, 1945; or 24 months for those without the service referred to above.

Selected officers found physically qualified will be ordered to active duty not earlier than 120 days from the date of physical examination unless this mandatory number of days is waived by the individual concerned.

Reorganization of Nurses

In June at their biennial convention the professional nurses of six national nursing organizations voted to combine in two organizations. Now the American Nurses' Association becomes the organization exclusively for professional nurses and nursing students.

The National League for Nursing with a Division of Nursing Services and a Division of Nursing Education was organized to help meet the nursing needs of the people by furthering the development and improvement of nursing education and of organized nursing services in communities.

The National League for Nursing includes both individuals and agencies. Among the individuals who already belong to NLN or who are eligible to join are: registered professional nurses in all fields and positions of nursing; members of boards and committees associated with nursing services and educational units; members of allied professional groups such as physicians and non-nurse educators who are associated with educational institutions providing nursing education; and other citizens interested in seeing that there are sound standards for organized nursing services and education.
A National League for Nursing service unit of particular interest to physical therapists is the Advisory Nursing Service for Poliomyelitis and Orthopedics (formerly JONAS) to which Louise Suchomel has been named Service Consultant.

Alfred Sasser, Jr. Appointed Employment Consultant

Mr. Alfred Sasser, Jr. has been appointed as consultant in employment for the National Society for Crippled Children and Adults. Mr. Sasser, who has attracted wide attention for his work in the pioneering program of rehabilitation at the State Hospital for Epileptics, Parsons, Kansas, succeeds Mr. Edward L. Morris, who recently became executive director of Chicago’s Portal House. He takes over his new duties September 1, assuming also at that time active supervision of the Easter Seal Society’s National Personnel Registry and Employment Service.

Manuals on Home Care for Multiple Sclerosis Patients

"You still have a lot more ability than you have disability," states Dr. Edward E. Gordon, Medical Director of the Institute for Crippled and Disabled, and author of four manuals written for multiple sclerosis patients and just published by the National Multiple Sclerosis Society. The four manuals will be distributed through physicians to: (1) independently ambulatory patients; (2) patients ambulatory with aids; (3) wheel chair patients and (4) more confined patients. First of their kind ever printed, the manuals represent a concrete forward step in the goal of the Society to promote management of the widespread disabilities of multiple sclerosis. Contributing towards the printing of the manuals was the Metropolitan Life Insurance Company in recognition of the fact that this chronic disease is an important public health problem.

The patient manuals, written for patients in varying stages of disabilities, aim to promote a home program of rehabilitation, physical therapy, and recreation for patients under the supervision of the physician. The need for a rehabilitation program in the home is urgent in most cases because of the lack of adequate rehabilitation centers for chronic diseases in this country. Even where a patient may have access to outside rehabilitation facilities, a home program provides an important supplement.

Written in simple nontechnical terms and amplified by diagrams and illustrations, the manuals describe exercises which can be performed in the home to strengthen muscles, loosen tight muscles, improve coordination, prevent atrophy from disuse, and increase motor efficiency. Although all useful exercises are described, Dr. Gordon recommends that the patient’s physician should prescribe the type and duration of the exercises. Pulleys, weights, parallel bars, and other apparatus are recommended for use in the program.

An important section of each manual is devoted to suggestions on how to efficiently perform the many functions that are essential to daily living, and includes technics of dressing, opening doors, turning faucets, and of others. A form is provided for patients to score themselves by checking at regular intervals those functions they can perform by themselves; the degree of improvement is thus noted.

A section on occupational therapy points out that hobbies not only make for interesting living but improve motor efficiency. Hobbies are listed in the manual along with what they may accomplish in the way of improving motor efficiency. Sources of interesting hobbies are included. One section of the manual is devoted to helpful suggestions, useful gadgets and devices designed to promote enjoyable and efficient living. These range from the advice that "Anger, anxiety, and anguish are the enemies of man" to simple recommendations on how to arrange a closet or hold a pencil more easily.

The patient manuals will be sent without charge to all multiple sclerosis patients at the request of a physician who will specify the appropriate manual needed for the patient. Inquiries should be addressed to: National Multiple Sclerosis Society, 270 Park Avenue, New York City.

Pamphlet on Health Protection Available

Your Neighbor’s Health is Your Business, a pamphlet sponsored by the National Health Council, the coordinating agency of the Nation’s major voluntary and governmental health agencies, emphasizes the inadequacy of health departments in most cities and counties of the United States and offers a “yardstick” for measuring the efficiency of a local health department.

By outlining what a “good health department” does, this booklet encourages citizens to organize to meet the standards necessary for health protection, and shows them how to work through clubs.
and newspapers for a full quota of physicians, nurses and auxiliary personnel to meet the health problems of their community. That some progress has been made is indicated by the fact that ten years ago there were no full time health departments for two-thirds of the population, while today nearly three-fourths of the population has some protection. Credit for much of this is given to the voluntary health agencies and other citizen groups. The need for improving existing health services, while working for the establishment of health departments in communities still unprotected, is stressed.

The pamphlet is available at cost through the Public Affairs Committee at 22 East 38th Street, New York City.

Index to Current Literature

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