

dence. The intellectual force and power of 8,000 medical men in Ohio, carrying with it the unlimited support and influential aid that able men must certainly command, borne on by the conviction of right and duty, is sufficient to sweep a dishonest lobby out of existence, and to compel the respectful consideration of any law making body. There is no reason why a delegation from a hod-carrier's union should be shown more deference than a delegation of doctors. That is the fault of the doctors themselves. Not because they have no political standing; but because they prefer professional standing, and in consequence lack system and organization to produce results; not by political influence but by the far greater and irresistible force of energetic moral conviction. Indifference, lack of conviction and effort, mean professional stagnation. With proper co-operation and enthusiasm, even though it be a dignified enthusiasm, the medical profession will secure whatever legislation it demands, because that which it demands is right and above suspicion. It will mean, more and more, a profession to be proud of, and one that will win to itself that which is its due, a genuine universal public esteem.

### Cleveland's Present Ambulance Service

By MYRON METZENBAUM, B. S., M. D.

At the present time the ambulance service of Cleveland is a private enterprise, conducted solely by the undertaking establishments. It is unlicensed and uncontrolled.

Cleveland's first ambulance was put into operation by a firm of undertakers 28 years ago. There are now 16 such establishments operating 21 ambulances. The only hospitals operating ambulances are the City Hospital and Lakeside Hospital which do not respond to emergency calls. For several years St. Alexis Hospital had an ambulance, but this was given up 10 years ago because it entailed an expense which is now borne by the various ambulance firms.

Most of the ambulances are very good vehicles, they run smoothly and are well protected. They are provided with clean blankets, clean sheets, tourniquets, splints, stimulants, etc. However, some of the wagons lack many of these necessities.

The drivers are the regular employees of the undertakers and some of them have been hospital orderlies, while others have gained such qualifications as they possess by long service on an

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ambulance. However, many of the drivers are uneducated in the least degree in the knowledge of first aid to the injured, and often a driver's only merit is his ability to drive his horse at such a speed as to bring his ambulance first on the scene of accident that he may be able to lay claim to the injured before any other driver.

The attendant on the rear of the wagon is not usually an employee but one who is simply loafing around the barn and finds delight in making the runs.

Whenever an accident occurs one or several persons run to the nearest telephones. At the side of most telephones hangs a card of some ambulance and undertaking firm. The chance Samaritan does not stop to consider how near or how far away the ambulance may be. On this haphazard method much valuable time is often lost waiting for the distant wagon to arrive. On personal inquiry, every firm operating ambulances in the city, with the exception of two, informed me that they will make a trip anywhere, no matter how far distant, and take their chance of arriving first.

Frequently more than one ambulance, sometimes three or four, are called by various persons to the same accident. This not only entails an expense on the ambulance firms but it is a calamity, inasmuch as it takes out of service for a time several wagons which might be needed on other calls.

The cases have not been infrequent when several ambulances simultaneously having reached the scene of an accident, instead of helping one another, the drivers have rushed at the victim and fought over him for his possession.

The hospitals welcome the accidentally injured not for what it pays but for the experience it gives to the visiting surgeons, house physicians and nurses, and for the popularity it brings to the institution and because of the healthy rivalry among the hospitals to do all the good and charitable work they can. It is possible that a feeling of reciprocity may exist between the hospital staff and the ambulance firms by reasons of which courtesies are exchanged. The ambulance brings its injured to a particular hospital, and the hospital in turn favors that particular ambulance firm. In this there may be essentially nothing wrong, but the practice has led to instances of cruel treatment in which injured persons have been carried directly past a nearby hospital to some favored hospital farther away. For example, a west-side ambulance carried a man from Muirson Street, which is one block from



Lakeside Hospital, to St. John's Hospital, a distance of six miles, and, again, at the fire of the Holmden Avenue car barns, which are but three blocks away from the City Hospital, three firemen, one fatally injured, were carried four miles to Charity Hospital.

No ambulance is run with profit. The cost of maintenance is far greater than the sum of fees received for the service. Undertaking establishments run ambulances because of the possible funeral work that comes from it.

In order to secure this possible funeral work some undertakers render ambulance service to the large corporations either for nothing or for a very small fee, and consequently, often to his detriment, an injured employee must await the arrival from a distance of the firm's contract ambulance when a nearer one might have proved of lifesaving advantage.

It is needless to go into further details of the gross mishandling of the accidentally injured. Anyone who has had hospital experience knows how often the injured could have been better cared for had the ambulance attendants had some little knowledge of how to render "first aid."

There were 4200 accidentally injured persons conveyed by the ambulances in the year 1906. There were many more removed from scenes of accident in carriages, buggies and other vehicles. For their ambulance service the undertakers deserve great credit, but the time has come when the present system should be improved.

In order to obtain some definite information as to how other large cities operate their ambulance systems a letter was addressed to the Health Department, and another to the Police Department of every large city in the United States, asking for answers to the following questions:

1. How does your city conduct its ambulance service?
2. Have you a police ambulance service?
3. Do the various hospitals run ambulances?
4. Do the undertakers run ambulances?
5. Can you furnish a copy of the ordinances governing your ambulance service?

It was found that in the cities, New York, Brooklyn, Boston, Baltimore, Albany, Cincinnati, Detroit, St. Louis and Chicago, the ambulance service is under the control of the Police Department. They receive all calls and send the nearest ambulance or patrol ambulance.

In the same cities there exists a patrol ambulance system in which the patrol wagons are equipped for ambulance use and are either the only ambulances or are run in conjunction with the ambulances owned by the various hospitals. In Boston the Police Department operates 10 regular ambulances in addition to patrol ambulances.

In most cities where the hospitals maintain ambulances they are not the only ones. Usually the police ambulances are in requisition.

In no other city do the undertakers alone conduct the ambulance system. In this Cleveland has a unique system.

In very few cities is there an ordinance governing the ambulance system except to give the vehicles right of way and the privilege of unlimited speed. The service is usually operated by the police department, and this possibly because this department has a complete system of signals, a central bureau to which all calls can be sent, and an organized force of trained men.

In some cities, notably Cincinnati and Boston where they have a patrol ambulance system, a wagon responds to every fire call. In New York the ambulances receive all fire calls and a wagon responds at the third call.

With these facts and with the information and suggestions solicited from various sources, especially from the ambulance men themselves, the following possible plan suggests itself by which the services could be substantially and quite easily improved: it is one by which the present operators of ambulances would have proper recognition for their past good work and by which a little change would effect great improvement. The first plan suggested for the improvement of the present ambulance system was approved by the Legislative Committee and the Council of the Academy of Medicine, and the Legislative Committee was instructed to present the same to the City Council for possible adoption and enforcement.

1. Each ambulance operator should be licensed and before securing the license the establishment must be proved fully equipped with all the necessities for the proper conduct of its work.
2. The ambulance driver or attendant should be required to prove to the Board of Health that he has a sufficient knowledge of the principles of first aid to the injured.
3. All ambulance calls should be sent to the Police Central Exchange. The attendant here should despatch that ambulance



nearest the scene of accident, and in case that one is not available, the next nearest one should be sent.

4. Each ambulance should be assigned a certain territory.

5. The patient should positively be conveyed to the nearest hospital, except when he expresses a desire to be taken elsewhere.

6. The City Hospital should be opened to all classes of injured and this fact should be made known, and its ambulance should be required to respond to emergency calls.

By this simple plan the ambulance service will be under systematic control. The drivers or attendants will have to show competency. The wagons will be properly equipped. The public will know where to call. It will place the nearest ambulance on the scene in the shortest possible time. It will avoid more than one wagon making the same run. It will prevent the possible collision of drivers. It will assure the injured that they will be conveyed to the nearest hospital, and if the operator knows something of the nature of the accident, he can inform the hospital and they can be in readiness for the injured. To this plan very few, if any, valid objections can be raised, except that the department may be accused of showing favoritism, when two or more ambulances are in the same district.

To the foregoing could be added the police patrol wagon service. In many of the large cities the patrol wagons are equipped for ambulance service. Our present patrol wagons could easily be transformed into combination wagons. There are policemen who readily could acquire considerable degree of proficiency. There are in Cleveland 12 patrol stations some of which are situated in a district where there is at present need of an ambulance service. At the present time the untrained patrol wagon officers take the disabled to the patrol station and if in their wisdom it is deemed necessary, they then call an ambulance to carry the subject of their mercy to a hospital. The patrol ambulance wagon could be required to respond to every fire call, thus first rendering police service and secondly giving to the fireman a confidence similar to that which a soldier feels on a field of battle—that in case of injury he will be promptly cared for by the hospital corps.

To this latter plan some objections can be raised. It requires money to equip the wagons. The patrolmen might find this work not to their liking. At the present time many patrolmen have been given this assignment because they are not physically able to perform the regular beat service, or for other considerations.

Then, too, it may be objected that by this arrangement the wagon might be called out at times when needed for police service.

The ideal ambulance service is that which is owned, equipped and maintained by the hospitals and manned by hospital men trained in the handling of the sick and injured, who are privileged to exercise their judgment in all that pertains to the service. However, no such scheme for such an ideal service is now proposed, for we must not waste our time in the contemplation of the now unattainable. But in this age of rapid transit, swiftly-moving street cars, numerous railroad crossings at grade, speeding automobiles, electrically-charged overhead wires, thousands of factories vibrating under the power of dangerous engines, these and countless other factors having great possibilities for injury to men, demand some effort to reform this city's atrocious and haphazard way of mishandling the accidentally injured.

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### Achondroplasia

By S. L. BERNSTEIN, M. D., Cleveland, O.

The rarity of achondroplasia justifies the reporting of every case that comes under observation. Though of an ancient origin, for the gods of Ptah and Bes were undoubtedly examples of it, it has not been commonly recognized as a special form of antenatal bone disease. That it has been mistaken for simple rickets or cretinism may explain the unusually few cases recorded. Already in 1856 Virchow had his attention occupied by certain fetuses with unusually large heads and short limbs. In 1860 Müller<sup>1</sup> recognized it as a definite pathologic entity, also that the disease is one of primordial bone cartilage and that the inhibition of the growth of the long bones is due to a disturbance of the normal arrangement in rows of the proliferating cartilage cells. Winkler in 1871 distinguished the condition from ordinary rickets and suggested the name "rachitis micromelia." Urtel<sup>2</sup> in 1873 gave an account of the macroscopic and microscopic appearances presented by a still-born child which corresponded in all details to Müller's case presented some years before. Earlier observers noted cases as congenital rickets but which, in the light of more recent investigations, were examples of achondroplasia.

The name "achondroplasia" was suggested by Parrot in

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