

# TRAINERS JOURNAL

SECTION

The NATIONAL ATHLETIC TRAINERS ASSOCIATION

DECEMBER, 1941

No. 4



Official Publication  
Of the National Athletic  
Trainers Association

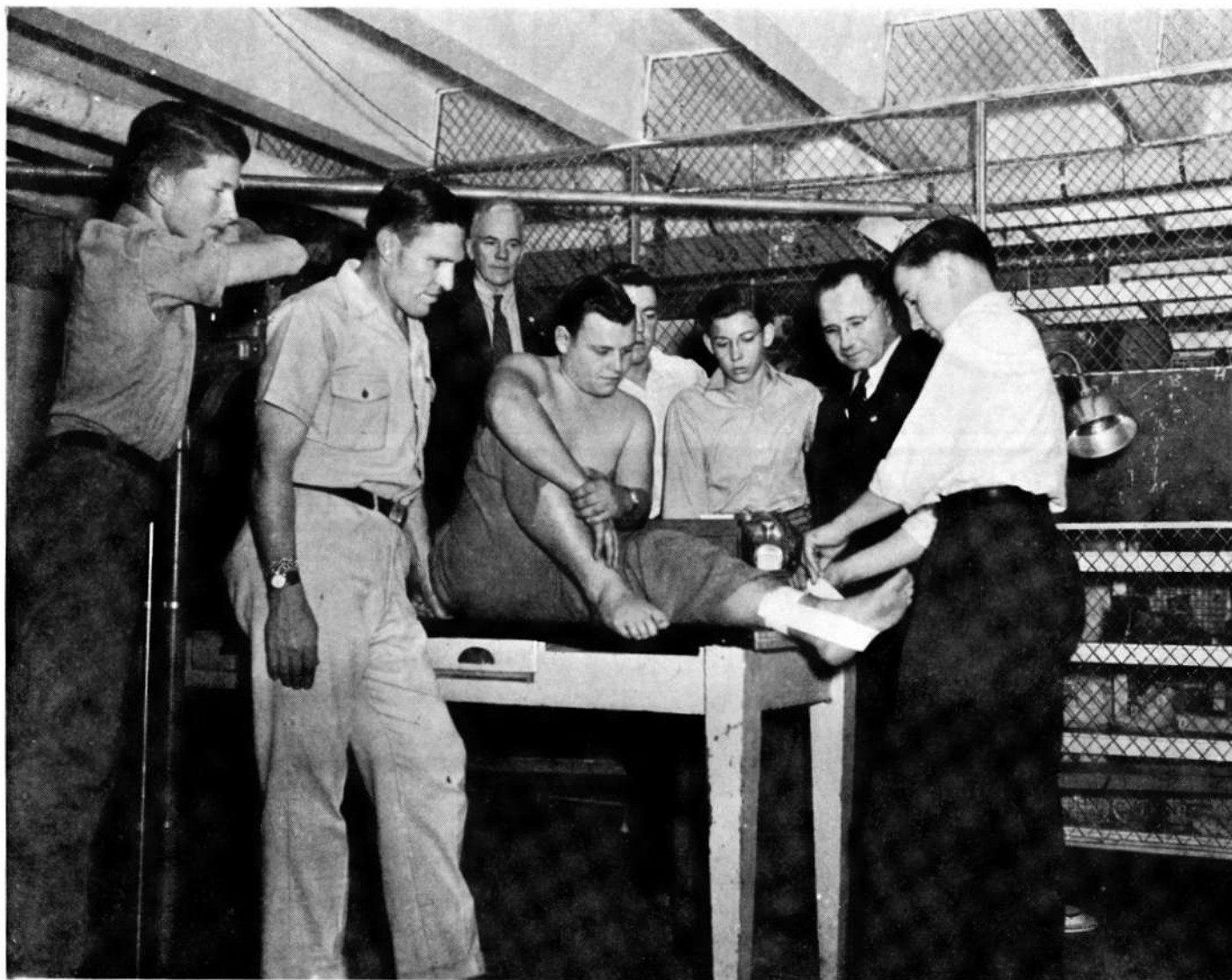
Feet and the Athlete  
Jay Colville

The Common Cold  
Dr. Wilbur Bohm

Taping Foot Injuries  
Bill Frey

Trainer Ollie De Victor and  
Coach Don Faurot  
University of Missouri





# The High School Trainers Plan in Operation

**W**HEN the National Athletic Trainers Association announced in the September issue of the Trainers Journal that they would this year sponsor a high school student trainers plan, they little realized that this would meet with such a nation-wide response. In all new enterprises much time is required for educational and promotional work. The student trainer plan caught on at once.

Coaches saw at once, that they themselves would be greatly benefited by the assistance of four boys in their taping requirements. Administrators realized that, although only four student trainers would benefit from the knowledge gained, it was much worth-while to have even as few as that number interested in a worth-while subject. Some of these administra-

tors, who have been especially interested in the subject of injuries in athletics, felt that the services of four additional trainers would insure a decrease in injuries.

It is not too late for schools to start the program this year. The student trainers may still secure the back lessons and start work so that they will be that much better equipped for the football season next year

when the training work is heaviest.

To keep up the interest of the student trainers, the National Athletic Trainers Association plans to keep in touch with the boys enrolled through their coaches. These boys will receive a trainer's certificate at the end of their course and will be entitled to wear the bronze insignia of the National Athletic Trainers Association as described elsewhere in this issue.

There is another angle, a broader angle, than that of benefit to the athletes and to the student trainers. There is the defense angle. When the plan gets on in full working force, we can visualize 80,000 student trainers throughout the country. These boys, a jump ahead of the other boys in the communities because of their knowledge of how to care for injuries may be called upon to help in the defense work.

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***T**HIS month the high school trainers' team represented in the picture above is from Liberal, Kansas. Reading from left to right, Charles Ferguson, freshman; C. G. Thompson, coach and supervisor of the training course; N. B. Mahuron, superintendent; Charles Tice, sophomore; Bertou Dubois, senior; Dr. A. L. Hilbig, Medical supervisor and Gene Overholt, junior.*

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# THE TRAINERS JOURNAL SECTION

Official Publication National Athletic Trainers Association

December, 1941

No. 4

Officers National Athletic Trainers Association  
For 1941-1942

President, Lloyd Stein, University of Minnesota  
1st Vice-President, John Kelly, New York University  
2nd Vice-President, Henry Schmidt, Santa Clara University  
3rd Vice-President, Wilbur Bohm, Washington State College  
Executive Secretary and Editor of Trainers Journal, Bill Frey  
Office of Publication, Iowa City, Iowa

## The Football Season Is Over

**T**HE football season is over. This means a breathing spell for the trainers from the strenuous days of the last three months.

Let us now get our bearings and go over a few things regarding the Trainers Journal and the National Athletic Trainers Association. We announced in September that we as an association would sponsor the high school student trainers plan. This we have done and the response from high school coaches and their student trainers has been most gratifying. You trainers can talk this up in your communities and explain our plan in detail to high school coaches in your localities.

As to the Trainers Journal, we want your suggestions and your co-operation. Some of our members have been on the job throughout the busy football season. They have written articles and made helpful suggestions.

We must remember that the organization is new and that every member must do his part. First check your memberships. Have you renewed? Keep in touch with the home office. Send your articles and your suggestions there.

The insignia that we have been working on at the suggestion of several members is now ready as explained elsewhere in this issue.

A reduced size of the certificate is also shown in this issue. New members should communicate with the home office regarding their certificates.

The general meeting of the trainers will not be held this year as tentatively announced.

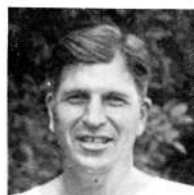
## Christmas Greetings

The officers and trustees of the National Athletic Trainers Association extend the season's greetings to the trainers and coaches of the schools and colleges.

## UNDER THE SHOWERS



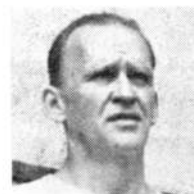
**T**HE author of the article "Feet and the Athlete" in this month's issue of the Trainers Journal, Jay Colville, is head trainer at Miami University, Oxford, Ohio. Jay has invented a portable water system for use on the football field. It is built of light material, mounted on wheels. Through gadgets on the top, water is transmitted in the form of a vapor.



**H**HEAD trainer at the University of Oregon, Bob Officer is also manager of the state of Oregon for the National Athletic Trainers Association. Bob recently wrote me that he hopes that we have a national clinic before many years. He also suggests an insignia in the form of a pin or fob for the members of the National Athletic Trainers Association. We have been working on this and now have a picture of the proposed insignia in this issue of the Trainers Journal.



**C**HAIARMEN for the various conferences are being appointed. The list will be ready for the January issue.



**I**N ADDITION to his work as athletic trainer at Washington University of St. Louis, Elmer Hill is an expert at building protective equipment. Hill was one of the charter members of the National Athletic Trainers Association. His continued interest in our association and co-operation in helping to get the organization going are appreciated.



**T**HE training program at the Fourth Annual Coaching School of the Georgia Athletic Coaches Association, held last summer at Athens, Georgia, was handled by Fitz Lutz, athletic trainer at the University of Georgia. Lutz gave a good demonstration of training methods and his work was much appreciated by the coaches attending the school.

(Continued on page 35)

# Taping for Foot Injuries

## High School Trainers Lesson No. 4

**T**HIS is the third in a series of articles on taping for injuries and the prevention of injuries. Percy Quinlan's article on Ankle Injuries in the September issue was followed in the October issue by an illustrated article on the taping of ankle injuries. The November issue carried a description of knee injuries and an illustrated article on taping. Shin Splints will be discussed and illustrated in the January issue.

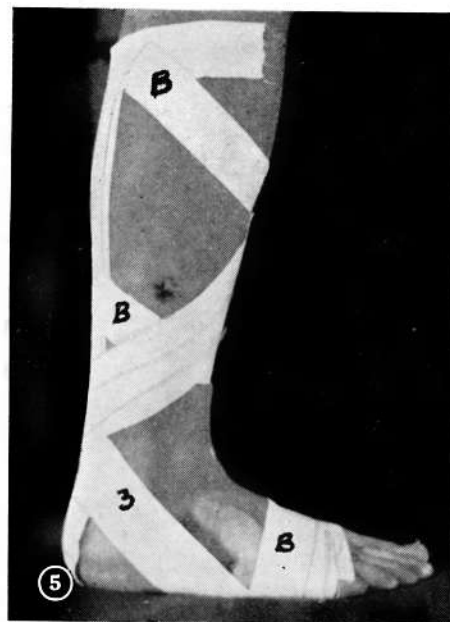
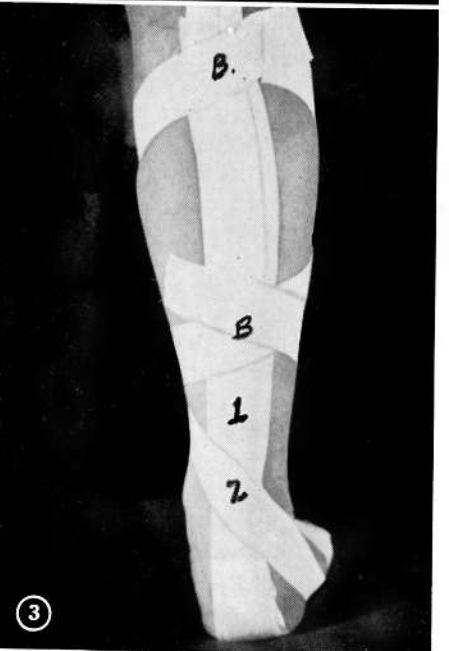
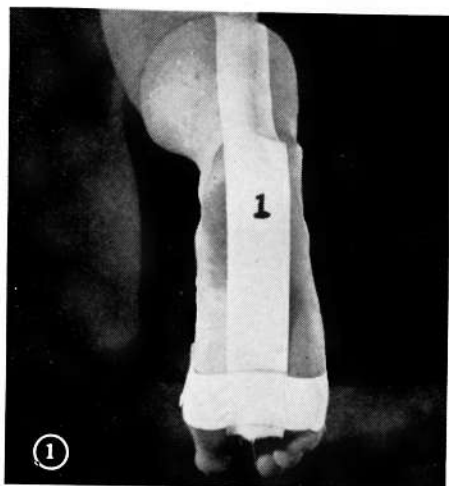
Illustration 1. The foot should be in a normal position. Start the tape (1½ inch size) at the ball of the foot, running it toward the heel, up and over the calf of the leg. It is advisable to use at least three strips of tape, running them one over the other.

Illustration 2. Using 1½ inch tape, attach it on the ball of the foot directly over the end of tape number 1, pulling the tape to the outside of the foot and over the ankle bone. Continue it around the back of the heel, up the shin bone and over it, as shown in Illustrations 3, 4, 6, 7 and 8. In all illustrations, tape B is the binder.

Illustration 5 shows tape number 3 on the inside of the foot applied in the same manner as tape number 2 in Illustration 2.

Illustration 6 shows tape number 2 as it crosses the shin.

Illustration 7 shows the conclusion of tapes 2, 3, 4 and 5, with binders in place to hold tape number 1.





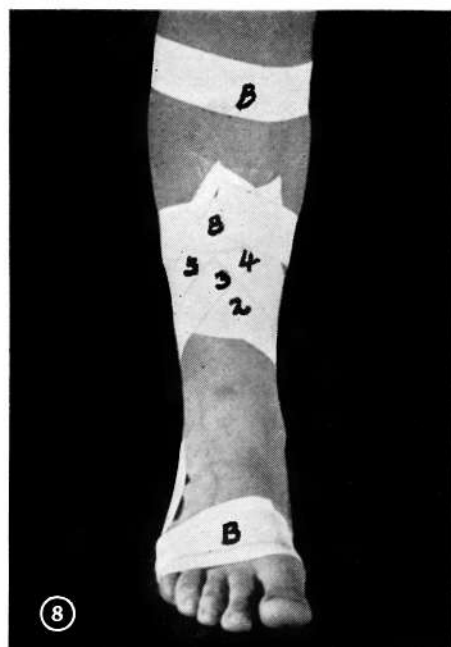


Illustration 8 shows the binder in place to hold tapes number 2, 3, 4 and 5.

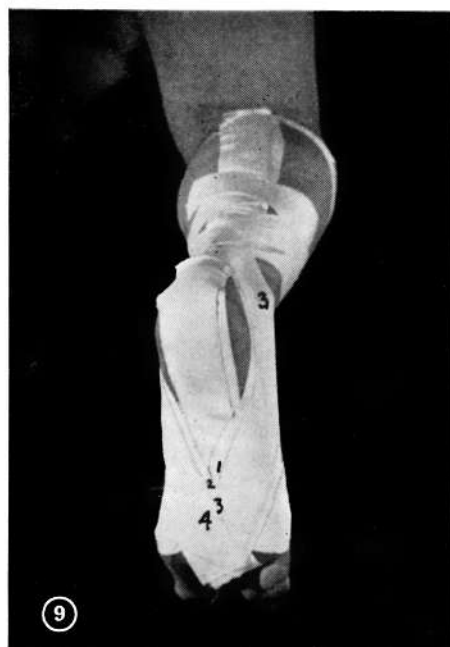


Illustration 9 shows the finished bandage viewed from the bottom.

Illustration 10 shows a gauze finish in figure-eight style.



This taping is used for strengthening muscles and tendons in the calf and in the ankle.

## Feet and the Athlete

By Jay Colville  
Miami University

THE part of the body with which the athletic trainer deals most often is the foot. In my contact with athletes I have come to know them by the appearance of their feet as quickly as I recognize their faces. This is because constant efforts are made to protect the foot and ankle from injury. If proper precautions are not taken to avoid it, the ankle sprain is, no doubt, the most common athletic injury. Fortunately, by using the ankle wrap during practice sessions and by strapping for contests, ankle injuries have been cut down to a minimum. We seldom have a boy out of a contest because of ankle injuries.

It has been found that athletes, and the general public, too, are negligent in the care of their feet and in personal hygiene of the feet. I find, particularly among freshmen athletes, that their feet have been neglected. A boy may be immaculate as to his hair, dress and clothes, but careless about his feet. Although the feet are the most used and hardest used part of the body, they are often given the least consideration, possibly because they are covered up and kept out of sight. The two most common causes of foot trouble are improperly fitting shoes, and improper care of the feet. Most athletes have fair feet as far as structure and stance are concerned. One of the mistakes which high school athletes frequently make is that they cut their nails round instead of

straight across. This often results in an ingrown toenail in the great toe. Hard corns on the outside of the small toe, and the painful soft corns on the inside of the toes may generally be traced to a pair of poorly fitting shoes. Feet which have not been given proper care often have an odor that is far from pleasant, and the boy oftentimes does not seem to realize that this condition exists. Another frequent condition is ringworm, or athletes' foot, as it is most commonly called. This is generally in a mild form and may be quickly cured. We have as yet barred no one from athletics because of ringworm, due to many good, safe medications now manufactured which make it impossible for the athletes' foot germ to exist. It is a general practice in most dressing rooms and shower rooms in the larger schools to disinfect the floors every day. This applies to showers which have an opportunity to dry out at least once every twenty-four hours.

In my experience I have found that boys' feet are in the poorest condition at the beginning of the school year. My first duty at the beginning of the football season is to examine feet, primarily for corns, ringworm, toughness of the skin and injuries which may have occurred during the summer vacation. The poor condition of the feet at this time is usually due to the fact that the boys have not had the facilities and drugs with which to care

for their feet as they do during the training season. In other words, when they are practicing daily they have regular showers and it is easy to apply alcohol and powder, because they are kept in quantities and near at hand in the training rooms. It has been a great satisfaction to me to see the permanent improvement in a boy's personal hygiene. I have threatened sophomore boys by telling them I would take away their training room privileges if they did not do something about their feet. The result is they leave school with good feet and an understanding of how to keep them that way.

Here are a few hints which may be helpful in teaching foot health to students. They are so simple it hardly seems necessary to mention them. The general public has become so foot conscious as a result of widespread publicity by radio, etc., that a simple condition which, in former years, would have been regarded as an indication of a need for more frequent use of soap and water is now brought to the consulting rooms of a dermatologist. People have a notion that this condition must be cured by some drug and forget the prevention angle. In my experience as a swimming pool manager it has been discouraging to see people deny themselves the pleasure and healthful benefits of water and sunshine by staying away because of fear of ringworm. As a matter of fact, the modern swimming pool with its shower baths,

antiseptic foot baths and chlorinated water, and the opportunity afforded there to expose the feet to fresh air and sunlight, offer the very best possible prophylactic and curative treatment for this common ailment.

My advice to anyone who has foot trouble such as excessive sweating, which causes the skin to be soft and appear white, or ringworm is as follows: Expose the feet as much as possible. In warm weather an athlete may carry his shoes to and from the practice field. Expose the feet on the sand at bathing beaches. This will tend to strengthen the feet materially. Remove the shoes at the middle of the day. Place them in a box on the window ledge while they are not in use. This will air them. During the summer wear light, loose fitting shoes and thin stockings. Bathe the feet frequently, using soap and *cool water*. Thoroughly dry the toe interspaces, apply alcohol, allow it to evaporate, and then dust freely with some antiseptic powder. The fact that women have ringworm less often than men convinces me of the wisdom of the above treatment. They wear lighter, lower shoes which are better ventilated and they change them oftener. One can hardly fail to notice the silk hose drying in almost every co-ed's window. I do not doubt that if we wore close fitting gloves summer and winter, fifteen hours a day, "athletes' hand" would be as common as athletes' foot.

A condition of the feet which must be given serious attention is that of blisters. This is particularly true at the beginning of the football and basketball season. The blisters are apt to appear early, before the

feet have become accustomed to hard usage. This condition has been helped a great deal by the better shoes now available and by skin tougheners such as tannic acid and tincture of benzoin. I have used the latter with much success. It is administered in the dressing room. I have a pan containing bottles of benzoin, the boy paints his feet with the liquid and then steps in a pan which contains a layer of purified talcum powder. The powder prevents the socks from sticking to the soles of the feet. This is done prior to practices and may be repeated after practices. Generally ten days to two weeks of this treatment is sufficient. I warn the boy to remove his shoe at the very first sign of irritation. If he does this, a blister may be avoided. Otherwise the skin will become loose, a fluid will form under the skin, and medical care will be necessary for a few days.

Blisters generally form at four places on the foot. They are most prevalent on the ball of the foot, on the ball of the great toe, on top of the toes, and high up back of the heel. The latter are the most difficult to treat because they heal by granulation and this is a slow process. They are caused by too tight or too loose a counter. These blisters are most apt to become infected. Once a blister forms, open it near the outside, drain the fluid off, and allow the loose skin to remain for one day to protect the tender skin underneath. The following day remove the skin, spray the area with tannic acid, and apply a wet dressing to it before practice and after it. Continue this treatment until the skin is healthy enough to get along with-

out the bandage. Give the boy bandages to take to his room so that he can expose the foot through the night. If the blister is on the back of the heel, it may be necessary to place bunion pads around it to ease the pressure of the shoe. For blisters on top of the toes, place a very thin bandage over them, because they have been caused by a too close-fitting shoe. Determine the cause of the blister and endeavor to remove that cause as quickly as possible. Blisters on the bottom of the feet are generally caused by cheap socks that roll up or wrinkle under the feet. If your supply of socks is limited, use your best socks early in the season. For basketball we use two pairs of socks, a thin pair next to the skin and a thick pair over them. This tends to give a sliding pad effect to the soles of the feet. I have found chiropodist tape to be very useful in the case of tender feet. It is a light felt with an adhesive side and acts as a cushion for the balls of the feet.

Hard corns are nothing more than callouses on the toe. They are caused by pressure from a poorly fitting shoe and unless they are kept trimmed down they will be painful under pressure of the shoe or of a sock that is too small. It is sometimes possible to cure a corn completely by keeping it covered with a piece of adhesive tape for a number of days. This generally softens it to the extent that complete removal is possible.

A little pressure by the men who are in a position to exert it can do much toward improving foot conditions among our athletes.

# The Common Cold

By Dr. Wilbur Bohm

Department of Physical Education and Athletics, State College of Washington

THE particular ailment which is considered in this article needs above all others to be made a subject of hygienic education. This is true first, because the common cold is the most frequent of all diseases; second, because its consequences are serious; and third, because it is an affliction which, to a very great extent, is preventable.

The common cold is certainly one of the most universal of the ills to which flesh is heir. The doctor, as well as the layman, has had his personal experience with it. It affects all alike, rich and poor, old and young, white and black. It occurs in all climates, in all countries, and at all seasons.

A workable definition of the common cold is as follows; an acute disorder presenting its most obvious symptoms in the nasal passages, occurring most frequently in the temperate climates, usually most frequently in the fall and early spring, and attacking great numbers of

the population almost simultaneously. The layman uses the term "a cold" to designate almost any type of inflammation in the body, but more often for any respiratory disturbance. The doctor may use the term rather loosely to designate inflammation in any part of the respiratory tract and accessory structures.

Located as it is at the very threshold of the respiratory tract, the nose is, in a sense, an internal organ with an external exposure, and it must bear the brunt of the attacking hordes of germs, together with dust and other impurities entering with the inspired air. A very special reason why colds have their favorite seat in the nasal passages is that in the performance of its respiratory functions, the nose has not only to warm but also to moisten the inspired air. Therefore it must react to variations in the physical properties of the surrounding atmosphere, and it is these variations which are looked

upon as the chief cause of colds.

There is evidently still some idea abroad that a cold is something very different from an inflammation. But we must recognize it as an inflammation, caused by the same agents as any inflammation, and requiring the same sort of treatment.

The uncomplicated head cold, confined to the nasal passages, is technically an acute rhinitis or coryza; when the inflammation has extended to the adjacent cavities known as sinuses, we have sinusitis; if the pharynx is the chief seat of the cold, the attack is known as pharyngitis; if the tonsils are involved we have tonsillitis; and if the cold is still lower, affecting the larynx and the bronchial tubes, we have laryngitis and bronchitis respectively.

The cold often leaves some trace of its visit, because it attacks the membrane lining the nasal cavity and the spongy tissue therein, engorges the blood vessels,

and affects many lymph glands as well. Undoubtedly it has injured these membranes, blood vessels and glands to such an extent as to harm them permanently, and in such a manner as to make them more susceptible to future attacks. Another bad feature of a cold is its dangerous tendency to extend. The inflammation often travels up the Eustachian tubes, and, in children especially, gives rise to middle ear inflammation; or it may travel downward setting up a laryngitis or bronchitis.

The cause of colds is a matter for intense discussion. Dr. Irving S. Cutter says, "No single bacillus has been discovered at whose doorstep this miserable affliction can be laid." In other words, we have no bacterium to blame, although a cold so inflames the nasal passages, throat, sinuses, and bronchi as to permit many organisms located in these areas to take a new lease on life and reproduce at an alarming rate.

Walter A. Wells, in his book, *The Common Cold*, holds that colds are directly superinduced by the joint action of micro-organisms and of certain unfavorable atmospheric factors, and that one is as necessary as the other.

Dr. Bohrer, in an article in the *Brooklyn Daily Eagle*, states that fatigue is the factor responsible for colds. Fatigue hinders digestion, and causes "pressure areas" which affect involuntary nerve terminals in the stomach and intestines. The stimulus is transmitted through the spinal cord to the base of the brain, and then distributed among delicate nerves which control the blood supply of the areas usually affected in the common cold. Since fatigue lowers one's resistance, and thus can be a causative factor of the common cold, the over-worked athlete should be susceptible to colds. The ailment could thus be prevented, to a certain extent, if workouts are conducted so that the athletes will have "a little bit left" after each practice period. This brings out to the trainer the importance of keeping a carefully supervised weight chart, and of seeing whether the boy holds his weight or regains the lost weight by the time of the succeeding workout, as overwork naturally is responsible for loss of weight and fatigue. That fatigue plays a major role in susceptibility to colds is indicated by an observation which is made by many victims. The individual who maintains his resistance at par, who secures enough sleep, who does not overeat, who exercises moderately, particularly in the open air, may escape season after season, only to succumb when some drop in the body reserve occurs.

For laying the foundation for future trouble in the air passages there is nothing equal to overheated places. The worst thing about confined, overheated air is that such air is likewise overdry. This is a very bad thing for the mucous membrane of the respiratory tract. As its affinity for water increases, it abstracts

water from the air passages, which places them under a severe strain, especially since the nasal function has become inactive and sluggish because of the heat. The correction for this is simply cold, fresh air, because it has an immediate stimulating effect upon the respiratory passages, and we feel its invigorating effects at once on mind, body, and spirit.

Dust as another causative agent is important. Persons who work at dusty trades develop regularly certain forms of catarrh, and naturally are more susceptible to colds. If such a person is subject to colds he should change his occupation and generally keep away from dust. In athletics, the dusty playfield contributes to many colds.

Incorrect dress is another cause of colds. To be absolutely effective from a hygienic standpoint, clothes should be efficient absorbers of moisture; they should have permeability; they should be of as little weight as possible and they should not make undue compression on any part of the body.

It seems to be generally agreed that the most common dietetic error which may cause colds is the ingestion of an excess of proteins, together with faulty elimination. This applies particularly to individuals who lead a sedentary life. As we know, the athlete requires a liberal amount of muscle-building food in his diet, of which proteins (meat) are our best source. It is good advice for the chronic "cold catcher" to eat less meat and more vegetables. Care must be taken that we allow sufficient vitamins, so important for vitality and well-being. These may be assured by a generous allowance of milk, yolk of egg, whole-grain bread, fresh fruits, and vegetables.

Any disease which tends to give rise to congestion of the respiratory tract indirectly makes the subject more susceptible to colds by creating a condition of lowered resistance in these parts. A leaky heart, for instance, gives rise to a general passive congestion which includes the mucous membranes. Diseases of the stomach and liver are also frequently responsible for an obstinate catarrhal condition of the respiratory passages. Disorders of the eliminating organs, kidneys, intestinal tract and skin are, above all others, those which have the most unfavorable influences. Too much stress cannot be placed upon the part played by the skin, and its influence upon the respiratory tract. It is an influence for good, if the cutaneous circulation is active and responsive. It is an influence for evil if it is inactive and sluggish. The mucous membranes may also suffer from defective elimination as a result of sluggish skin with inactive glands, just as they suffer from poorly functioning kidneys and intestinal organs. An extra burden of elimination is thrown upon the respiratory membranes by toxins which are not eliminated as usual.

The nasal organs in addition to their olfactory and respiratory functions have certain duties to perform in connection with the heat regulating operation of the body. While about 78 per cent of the heat of the body is eliminated by the skin, most of the remainder is eliminated by the nose, and in this capacity the latter organ must be regarded as a sort of adjunct to the skin. There is in fact a close relationship between the blood supply of these two systems through the sympathetic nervous system.

Various disorders of the blood itself may have to be considered as possible causes of colds. Anemia in its different forms may give rise to various disturbances in the upper air passages.

In children, the adenoids are the most prolific causes of head colds. We do not need to press the point, as it is well recognized by parent and physician. Again, chronic tonsillitis, diseased turbinates, a nose that has been broken, or a septum that has been deflected, invariably cause frequent colds. So often we see that an individual who has been suffering from the above abnormalities seldom suffers from a cold after such abnormalities have been corrected.

In the adult, it is held that sinuses which are diseased are more often responsible for cold attacks than anything else. In the case of the ever-present cold, a cold that never seems to leave, we may look for a focus of infection in one of the sinuses, the ethmoid, frontal, maxillary or sphenoid.

Among athletes in particular the most frequent causes of the common cold are: They stand around on the athletic field, or in the gymnasium during the practice session of any particular sport, and cool off after working up a good perspiration; They do not dry their hair well and do not cool off properly after taking the shower before going out into the cold air; They overwork with the result they are fatigued.

Ten good rules to follow in prevention of colds are:

1. Keep away from those who cough and sneeze.
2. Wash the hands often, especially before eating.
3. Never use a public drinking cup or towel.
4. Do not eat from dishes that have not been sterilized.
5. Wear clothes enough to keep warm.
6. Live in ventilated rooms of temperature 68 to 70 degrees.
7. Keep the feet dry. Wear overshoes in wet weather.
8. Cool off gradually after any exercise or perspiration.
9. Sleep in fresh air (not in a draft). Open the windows at night.
10. Maintain your resistance.

The typical cold is characterized by three stages: first, the dry stage; second,



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**TRAINER'S JOURNAL**  
Iowa City, Iowa

the stage of watery secretion; and third, the stage of mucous secretion. During the first stage, the mucous membranes are swollen, dry, and excessively sensitive. The second stage, which lasts usually from one to three days, is marked by the occurrence of abundant watery secretion. The third stage is characterized by discharges assuming a mucous or muco-purulent character. At the onset of this stage the acute constitutional symptoms, which have been present until now, usually subside.

Treatment that is proper to one stage of the affliction may be entirely inappropriate to the other. In the first and second stages the constitutional symptoms are prominent and internal treatment is indicated, but on account of the highly sensitive state of the mucous membranes, local treatment is generally to be avoided. Hot drinks, which are sometimes beneficial in the early stage of a cold, are of no value in the latter stages.

When it is certain that one has just contracted a cold, evidenced locally by a stuffy nose, and a tendency to sneeze, and generally by a sense of chilliness, followed by a feverishness, headache and general malaise, the wise thing to do is to remain indoors in a comfortable warm room. Rest in bed for a day or two is strongly advised; never try to wear a cold out, and this also means that an athlete suffering from a cold should rest, instead of even taking a light workout to promote a good perspiration, as is so often advised by many coaches. One should take care, also, to keep the body warm and to avoid drafts. One should refrain from cold baths and cold showers. However, a good procedure to follow is to close the bath room from all sides and fill the tub with water as hot as the individual can stand. Drink a couple of glasses of cold water and then lie in the water for ten or fifteen minutes. This should be followed by a thorough drying of the skin; the patient should then go to bed and keep well covered during the night.

### The Importance of Diet

The diet should be light, and free from nitrogenous foods. Overloading the stomach is directly harmful, and meats, gravies, fried food, and richly spiced foods are especially to be avoided. Some have secured excellent results by eating often of light, easily-digested foods during the day, but eating only a small amount of food at each helping. The aim is to keep the stomach from becoming empty. One should guard against constipation.

One should partake freely of fluids. A milk diet for a day or two is advisable for those who have no antipathy to milk. As stated before, fruit is permissible and fruit juices in the form of orange, lemon or grapefruit should be given freely. In fact, a fruit juice fast often accomplishes wonders in the treatment of the common cold.

## The National Athletic Trainers Association Insignia



FOR some time we have been working on an insignia for the association that may be worn by its members. This will be made up as a key or as a pin, gold for senior members; silver for junior and bronze for associate members and student trainers. In all keys and pins, the insignia is the same. The prices are as follows:

	Key	Pin
1/10 rolled gold plate		
(Senior) .....	\$4.00	\$2.50
Gold plated on sterling		
(Senior) .....	3.00	1.75
Sterling (Junior) .....	2.50	1.75
Bronze (Associate and Student Trainers) .....	2.00	1.50

If engraving is desired, the cost will be three cents per letter.

Orders should include the full amount of the key or pin and ten per cent for retail sales tax and shipping charges. Purchases must be made through the home office of the National Athletic Trainers Association, Iowa City, Iowa.

—BILL FREY, Secretary.

## The National Athletic Trainers Association Certificate

National Athletic Trainers Association

This is to Certify That

**Blond Stein**

has met the qualifications of the N. A. T. A. and is a

**Senior**  
member

*Bill Frey*

ABOVE is pictured in reduced size the certificate issued by the National Athletic Trainers Association. This certificate, in a size suitable for framing, is issued to Senior, Junior and Associate members. Student trainers, upon completion of the four-year training course as outlined by the Trainers Association will receive a certificate. All inquiries regarding the certificates should be addressed to

—BILL FREY, Iowa City, Iowa.

THE ATHLETIC JOURNAL



## Under the Showers

(Continued from page 29)

Herb Cormack, one of Iowa's most successful high school coaches, has always had a student trainer. This year he has Buzz Bennett, the son of a prominent doctor, do his taping. Cormack is a firm believer in fine equipment, plenty of training supplies with which to work, and an all-out program to safeguard high school athletes.

Dr. H. E. Farnsworth, one of our senior members, tells a complete story in a very few words. In the space used for "Record as a Trainer" on the membership blank, he wrote, "Twenty years watching over the boys."

Carl I. Youngworth, trainer of the Yankton College teams these past eighteen years, is now stationed at Fort Ord, California. Instead of Trainer Youngworth, it is now Captain Youngworth. Any of you trainers on the west coast who are within reach of Fort Ord, call on Carl.

Eddie Wojecki, head trainer at Louisiana Tech, Ruston, Louisiana, is passing his tenth year as a trainer. First located at Howard College, 1931-33, he then moved to Tech as trainer and boxing coach. Eddie is one of our aggressive trainers and a firm believer in his chosen profession. On these recommendations he has been

appointed Chairman of the Northern section of the Southern Intercollegiate Athletic Association. Bill Dayton of Miami is chairman of the Southern and Eastern sections of that conference.

One of our new members this year is Tom Gibbins of the University of Arizona. Tom is also varsity coach and associate professor of physical education. He will be our conference representative in the Border Intercollegiate Athletic Conference.

Steve Witkowski of Wesleyan University is another association member who is suggesting a get-together. Following our inquiry regarding the number of trainers who might get together at the time of the National Collegiate Athletic Association meetings in Detroit, we found so few could make plans on such short notice that it was decided to postpone the national trainers meeting this year. The conference meetings as planned this year will be a starter in our get-together meetings.

While many of us are relaxing a bit following the football season, I will venture a guess that several of our members will be hard at work until after the bowl games. Jake Weber of Fordham will be travelling

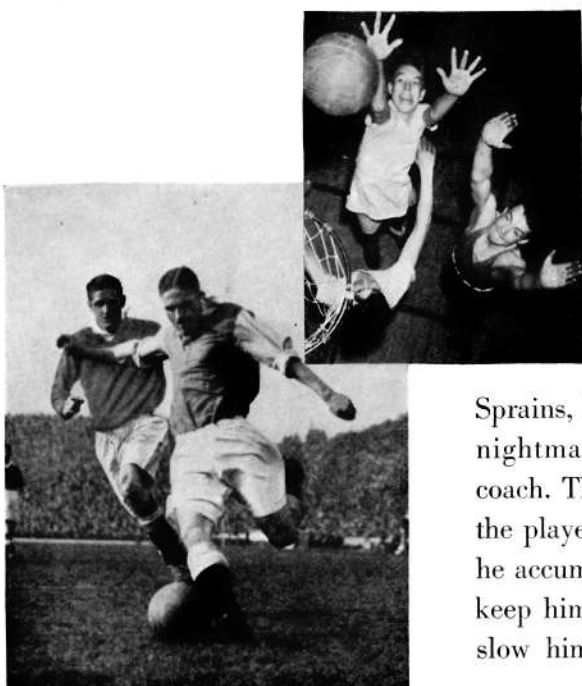
to some distant point with the Rams, who have had a fine season.

Then there is Ollie De Victor of the University of Missouri. He and his coach, Don Faurot, are shown in our cover picture this month. Missouri, as top-notcher in the Big Six, is sure of a bowl invitation.

Our president, Lloyd Stein, of the University of Minnesota, would be another bowl-game traveller, were it not for the conference ruling that prohibits post-season games. Some work and some satisfaction in getting All-American Bruce Smith back in playing condition after a severe knee injury wasn't it? Smith is one of the greats of modern football and Stein, his trainer, is one of the best.

Scrapiron Young of Notre Dame is another trainer whose school does not favor post-season playing, Scrapiron and his coach Frank Leahy had a great year, congratulations.

Walter Bakke, head trainer of athletics at the University of Wisconsin, is in his fifth year at that institution. Before going to Wisconsin, Bakke was assistant trainer at the University of Illinois and at Ohio State.



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