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If sent before August
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Frostville, Iowa

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Maquoketa, Iowa

J. F. Johnson Supt.
Rockwell Public School
Rockwell, Ia
(Bill. School) not Pd
Bill Easton?
Drake?

A.J. Van Citters
716 W 3rd St. No
Eagle Grove
Iowa

Wm L. Breeding
Jesup, Ia

ex.

(Rechnell, Jr.)
Burr

Philip C. Turner
Elliott, Iowa

G. E. Holmes
Supt of Schools
Stary City Iowa

W. G. Starny
Supt School

TENNANT
Tennant, Iowa

Clarence L. Hall
Supt of Schools
Rock Falls
Iowa

Bernard Galloway
Coach Northeast High
Lincoln, Nebraska.
Address.

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Lincoln, Nebraska

Charles Rupert

Lenox, Ia

G. W. Wright

Mobridge, S. Dak.

Edward L. Anderson

Truesdale, Iowa

Hubert W. Turner

Strawberry Point, Iowa

Carl Coulson, Massena, Iowa
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* Manford Moore Dallas, Iowa
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Kent, Iowa

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Lloyd H. Smith, Rockford, Iowa
W. L. Evans, Keswick, Iowa
Rev. J. M. Weiss, Earling, Iowa

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In Reply Refer
to No.

NAVAL SUPPLY DEPOT
Spokane, Washington

April 30, 1944

My dear Admiral:

Mr. William C. Rast of the Peda-Spray Company of Seattle has asked me to give you a few observations upon the performance of the Peda-Spray appliance under actual service conditions; which I am glad to do.

I was medical officer of the Receiving Station, P.S.N.Y., Bremerton during the first relatively large scale trial of the Peda-Spray under the conditions for which it was designed.

Ring-worm foot infections, as you know, have become so widespread as to present a problem that is practically universal wherever any sizeable groups of men are concentrated.

As an individual problem this infection can be, and usually is, a relatively simple matter. Treated individually, with proper understanding of its etiology, prophylaxis, etc., it presents few difficulties. In the barracks and on board the larger ships, especially in warm weather, it assumes a very different role, often becoming extremely troublesome and resulting in numerous incapacitations from the secondary infections that so commonly occur.

In large groups with a shifting personnel or wherever working parties, training courses or dispersion of the command render individual inspections and care difficult or impossible (receiving stations, training stations, large vessels on combat duty, etc.) this infection can not be therapeutically treated with satisfactory results. It then ceases to be a simple dermatological problem and often becomes a rather complex emergency in which the degree of cooperation possible under the exigencies of service conditions, the widespread lack of knowledge of the etiology of this infection and the usual psychological considerations always presented by sizeable groups play important parts.

Individual interest in the subject is in the direct proportion to the amount of individual discomfort experienced. Individual cooperation based primarily upon the welfare of the command as a whole is therefore practically non-existent for any sustained period, with the result that the largest group of carriers and mildly infected escape detection and treatment.

The long popular, and under many circumstances, successful thiosulphate foot bath is no longer available due to inability to obtain this drug. This method of prophylaxis did not, however, prove satisfactory under many circumstances (receiving barracks, training camps, etc.) due to the antipathy of the average man for its use after its appearance had become unpleasant from the turbidity of soapy water dilutions. The constantly changing concentrations resulting from bath water dilutions also rendered its value questionable for more than short periods and its full effectiveness paralleled the upkeep attention received; which in the experience of most was usually limited.

No other satisfactory chemical has been discovered for foot bath use. The effective antiseptics are either too poisonous to distribute at large or too unpleasant in odor or color to induce satisfactory generalized use.

The Peda-Spray overcame many of the objections cited and after more than a year under my observation continued to fulfill the claims made for it by the Peda-Spray Company.

It is effective largely because there is little difficulty in getting the personnel to use it. It is pleasant to use and there is not the psychological barrier of attempting to induce the use of an apparently dirty foot bath.

We found that the models supplied to us (now I understand changed) stood constant usage well and had an estimated life without major repair of at least two years. We found these models delivered good service and worked well with proper upkeep - and I stress that last. The machines require little care, but they do need that little.

These machines will furnish satisfactory prophylaxis against ring-worm of the feet under conditions that will almost certainly prove otherwise decidedly unsatisfactory.

Very respectfully,

R.B. Miller
Comdr. (MC), U.S.N.

Admiral W.J. Carter, (SC), U.S.N.
Bureau of Supplies and Accounts,
Navy Department,
Washington, D.C.

U. S. NAVY AND AMERICAN MEDICAL ASSOCIATION REPORT

on

PEDA-SPRAY PROPHYLAXIS

MARINE BARRACKS - P. S. N. Y. BREMERTON, WASH.

H. S. HARDING, CAPT. (MC) U.S.N.

to

BUREAU OF MEDICINE AND SURGERY, U.S. NAVY

WASHINGTON, D.C.

Peda Spray Company, Inc.
630 Skinner Building
Seattle 1, Wash.

U. S. NAVY AND AMERICAN MEDICAL ASSOCIATION REPORT

(RINGWORM OF THE FEET)

The purpose of the Bremerton Naval Test of Peda-Spray as a prophylaxis of Ringworm of the Feet is (1) to demonstrate the efficacy of the solution as having curative qualities and (2) to demonstrate its ability to prevent recurrence of Ringworm.

PROPHYLAXIS: To demonstrate a prophylaxis, it is first necessary to effect a cure.

It is proposed that these cases that are susceptible to Ringworm of the Feet be put under treatment and cured. It is further proposed to demonstrate that, with the daily use of this prophylaxis dispenser, it will prove effective in preventing ringworm recurrences. It will also demonstrate its value to these highly susceptible cases.

TREATMENT: Not less than fifty severe or advanced cases of Ringworm of the Feet should be selected for treatment. The solution as dispensed by the Peda-Spray machines, should be used in this treatment to demonstrate the curative qualities the solution may possess. The method of treatment as recommended by the manufacturer will determine the efficacy of the solution as a cure and preventive. Following and during the treatment of the selected and controlled cases, the use of the Peda-Spray prophylaxis is permitted. As many men as wish to use the prophylaxis is permitted, but the cases selected should be controlled for the purpose of this specific test.

HISTORY: An individual card bearing the patient's name, age, previous station, present address and length of infection and length of time in service is recommended. The same card should record the information as outlined below. The date of each examination should

be kept and the common symptoms the case presents should be listed, such as weeping, fissuring and exfoliation. The length of time the patient has suffered from this infection should be recorded as well as previous treatment and the previous prophylactics employed. A final examination is requested to demonstrate whether the Peda-Spray prophylaxis prevented recurrence to these highly susceptible cases.

COMPLAINTS: Complaints should be recorded as follows: (1) itching, bleeding, soreness between toes; (2) perspiring and bad odor of the feet. This will indicate the various and secondary manifestations of the affliction. Mention should be made under this heading where the affliction has reached the hands and other parts of the body.

For the purpose of correlating results and writing a paper or report of findings, it will be possible to compile some very interesting and instructive statistics hitherto not available. It will be possible to show that boys from certain states and areas present a greater susceptibility to Ringworm. Also, length of service in the Navy is an important factor to record.

CHRONOLOGICAL REPORT--PEDA SPRAY TEST
MARINE BARRACKS, PUGET SOUND NAVY YARD
BREMERTON, WASHINGTON

Synopsis

The purpose of the Bremerton Naval and American Medical Association test of the Peda-Spray solution and dispenser is to (1) demonstrate the efficacy of the Peda-Spray solution as having curative qualities, and (2) to demonstrate its ability to prevent recurrence of ringworm.

Location of tests

Marine Barracks, Puget Sound Navy Yard, Bremerton, Washington.

Manner of Control

A Marine Barracks Bulletin was posted and an order by Col. A. De Carre and Major R. Livingston requested all men to appear at the Barracks Sick Bay at 1 P.M. August 28th for examination of the feet for evidence of athlete's foot.

Procedure

Sixty-seven of the most severe type cases were selected for control and were instructed to receive regular treatment from the Pharmacist Mates in the Sick Bay, which consisted of submerging the afflicted areas of the feet for a period of from five to ten minutes in accordance with the severity of the affliction.

Controlled Cases

Individual cards of each of the sixty-seven controlled cases recorded the name, age, previous station, length of time in service, length of time afflicted, and history of the patient. On the reverse side of the card the nature of involvement observed by the examining physician was re-

corded by an assistant. This method allowed comparison upon each re-examination against the preceding examination.

Involvement of Infections

Each individual selected for control presented a definite acute or severe chronic infection. The nail beds of seventeen of the control group were involved. Past history showed nine men were hospitalized due to either cellulitis of toes or foot, and glandular adenopathy involving the inguinal region, or red streaking which was indicative of acute lymphangitis due to secondary infection. Twenty-seven presented cases extending to the plantar surface, sides or heel of the foot and causing inability to work on the feet. In ten cases the hands were afflicted, two severely.

Re-examinations

The first examination of the sixty-seven controlled cases were made August 29. Each re-examination was made on every Monday and Thursday including the final examination Thursday of this October 9. In some instances the re-examination did not catch the entire number of individuals examined the time before. However, upon the completion of the final test, fifty-one of the total sixty-seven cases offered complete and final evidence to report. Sixteen of the original sixty-seven cases had either been transferred, or for other reasons, were not available for results at the conclusion of the test.

Results of Controlled Cases

Thirty-four of the completed fifty-one controlled cases were decidedly negative, showing normal epidermis upon the final examination. Approximately eight or ten of these cases showed negative even as early as the

second week or upon the third or fourth examination. Only six of the total of fifty-one controlled cases showed old necrotic skin that had not yet completed exfoliation. Twelve cases remained that presented exfoliation not yet complete on distal end of toes, between toes, and which could not yet be classed as negative, although definite improvement was noted against the card showing a previous record of fissuring and weeping with incrustation.

Cases Classified Negative

Only after epidermis of afflicted parts appeared perfectly normal in color and texture was the case regarded negative.

Slant Cultures

Forty-four slant cultures were obtained for the purpose of substantiating the diagnosis of doubtful sub-acute cases. One slant culture was streaked with sterile platinum point and used as a control. Fourteen slant cultures were taken from acute cases that were under treatment. All proved negative for fungi but obtained bacterial growth on six diagnosed as Staphylococci-Aureus. Twenty-eight slant cultures were positive for fungi growth. Four samples were made in addition to those of the feet. The thread from the toe part of a pair of socks worn by one of the controlled patients presented fungus growth. The remaining three cultures taken were of the wooden drain boards and walk-ways inside and outside the shower rooms. These, as did the other cultures, produced fungus growth. The cooperation of all the individual controlled members was probably greater than it would ordinarily be, due to the fact that these cases sought relief from the discomforts of their affliction. The use of the

Peda-Spray was not abnormal, as showers were taken only when the men were at liberty once per day, and at which time the Peda-Spray machine was used. Three members of the controlled group expressed their impression of the results obtained from the treatment at our request. Copies of their letters addressed to Captain Harding on this subject are enclosed.

Semi-controlled Cases

September 1st an additional twenty-five cases presenting definite acute epidermophytosis were instructed to use only the Peda-Spray machine in the shower room, and to report for re-examination twice per week. These twenty-five cases were termed as three plus type*, as a means of identifying them as cases which presented fissuring, weeping, and exfoliation between the toes of both feet, in several instances extending beyond the pedal extremities.

- * Three plus--Both feet presenting either fissuring and weeping, fissuring and exfoliation, weeping and exfoliation, or all three symptoms together.
- Two Plus--One foot presenting the above symptoms and one foot minor or negative.
- One Plus--One or both feet showing exfoliation, and redness and itching between toes.

Cooperation of these men resulted in a remarkable improvement, and although only nineteen men remained of this original twenty-five at the conclusion of the test, the results were as follows: The second week four cases were negative, seventeen classed as two plus type, and the remainder showing no marked results. The third and fourth weeks continued to produce satisfactory results. The final examination left only one case presenting a fissure between the first and second toe of

the left foot and slight weeping between the first and second, and third and fourth toes of the right foot. These cases were no more severe than to be classed as the one plus type, and the balance negative. It might be said here that where there has been an original deep fissuring and severe weeping with incrustation the normal process of healing results in exfoliation and sluffing of the old necrotic epidermis, causing the normal restoration of the contour of the web with new epidermis. This cycle of healing was brought about more rapidly by the daily foot bath than by the use of the machine only, but the end results were the same. No patient was diagnosed positive that showed the normal exfoliation between the toes or that had marked redness due to uncleanliness. Past history has shown me that many cases diagnosed as epidermophytosis was chiefly due to the above reasons. Any case that was doubtful, slant cultures were taken from the fissures or blebs.

General Inspection

Separate of the first selected controlled group of sixty-seven and of the twenty-five semi-controlled cases, a record was kept on two hundred and thirty-nine of the remaining total of four hundred and fourteen men examined throughout the entire period.

Due to the fact that time did not permit examining all of the men until as late as the third week, it was noticeable that more men presented minor and negative cases than during the first and second weeks. An explanation for this decrease in severity and more negative cases is that while these men remained unexamined they had used the Peda-Spray regularly. During this daily course of contact with the solution they were

subject to the effects of the solution, and thereby benefited in the same manner as if they had received treatment. Particularly noted was the variation of prevalency of men from incoming ships. The following statistics were computed:

15% Contracted the affliction before entering the service.
23% Doubtful as to when affliction was contracted.
50% Contracted the affliction while in the service.
3% Negative as to having the affliction.

100%

End Results of Test--August 23, 1941 to October 9, 1941

The grand total of four hundred and fourteen men consisting of the three groups presented a 94% prevalency of epidermophytosis. At the conclusion of the final examinations the prevalency had decreased to 12%.

Conclusion

There have been many suggested treatments for athlete's foot, and without doubt many cases would respond to the various medicines used, whether in the form of liquids, ointments, therapy treatments, as ultra-violet lights and x-rays. The problem, though, that should be confronting the medical profession, is, how can we stamp out this infection which has spread by leaps and bounds to such an extent that a large percentage of the boys and girls in high schools and colleges now have become affected? In fact, no age is exempt from this disease which we so simply classify as "athlete's foot".

The seriousness of this simple infection has occurred to me only after treating, examining and taking histories of over two thousand cases.

We of the medical profession have brushed it lightly aside for the reason that few of us see the serious results of this slow gradual

process in which it spreads. Yet, how many of us have had a case serious enough that it brought the patient in to us, in which we have tried many types of treatment, each giving us partial success, when on the next visit we find an acute flare-up? The patient can rarely afford to pay for so many visits, and we become impatient and so refer him to a dermatologist. Following the referred cases we find that even the dermatologist has his trouble in clearing up the condition.

The proper prevention of these serious cases is some method of prophylaxis that can be placed in all public shower rooms, so that we can protect the person against re-infection. There have been medicated foot baths, pads, and thorough cleansing of floors, but none of these have answered our problem.

The Peda-Spray system answers the problem most common to us. Let me enumerate:

1. The machine is attractive.
2. It is adaptable to any shower room.
3. Mechanically it is simple.
4. One filling of the machine treats around 2400 men.
5. The movement of grill with its nebulizing spray appeals to the user.
6. The application of the fresh medication to the feet, with every tilting of the grill as it works on a central fulcrum.
7. The individual knowing that the machine is self-sterilizing.
8. The solution in the machine has curative qualities proven by this report and previous examinations made.
9. The machine is easy to keep clean.

Many doctors will doubt the efficacy of the percentages of salicylic acid, thymol iodide, menthol, oil of eucalyptus, and its vehicle purified naphthol. These percentages were worked out for each ingredient after much deliberation regarding compatibility, corrosive action, nebulization, mechanical irritation to skin, odor of solution, and the psychological appeal to the user by cooling effect to the feet.

Generally the true percentage of athlete's foot is not revealed by the doctors or authorities in their respective districts. The fact that this has remained an unreportable disease probably accounts for the reason that true statistics are not available.

It is easier to prevent a disease than it is to cure after pathological disturbances have taken place. Let me state here that my interest was created after having many complaints from the student body of the college which I serve as examining physician. Many types of treatment had been employed, a few being potassium permanganate baths, various ointments and liquids containing combinations of salicylic acid, resorcinol, boric acid, tincture merthiolate, thymol iodide, oil of wormwood, tincture of benzoin, trichophytin, vaccine by Arlington, coal tar derivatives, ultra-violet light, powders of various types, fractional x-ray, and even various pharmaceutical ointments. These are the common methods employed by doctors to whom these students were referred for treatment.

In closing, may I state that the inventor of this machine has made many progressive changes as a result of the research and tests conducted by this investigation. This method of prophylaxis has not been placed commercially before the public. His earnest endeavor is to win the approval of the medical profession.

IOWA HIGH SCHOOL ATHLETIC ASSOCIATION

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EXECUTIVE SECRETARY

1132 DES MOINES BUILDING
TELEPHONE 4-4543
DES MOINES, IOWA

Boone, Iowa
August 2, 1944

Dr. Forrest C. Allen
Director of Physical Education
University of Kansas
Lawrence, Kansas

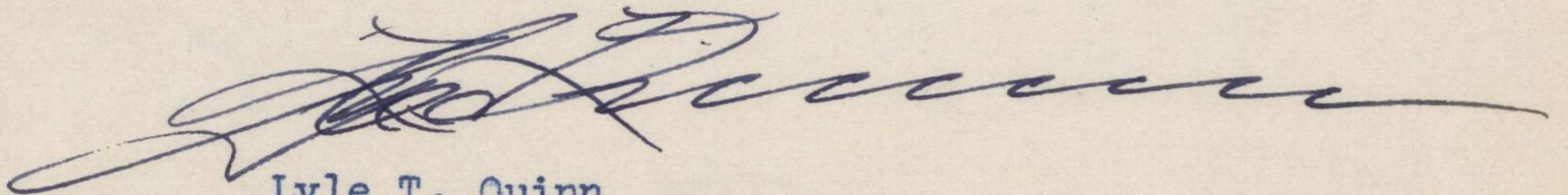
Dear Dr. Allen:

The time is rapidly approaching for the beginning of our Fourth Annual Summer Coaching School and Officials' Clinic. We are expecting a capacity crowd.

We are wondering if you have succeeded in making satisfactory train reservations so that you will be able to arrive in Boone at the time scheduled. If for any reason you are having difficulty, especially in the matter of securing reservations for your return trip, we will be very happy to undertake to make those reservations for you from this end.

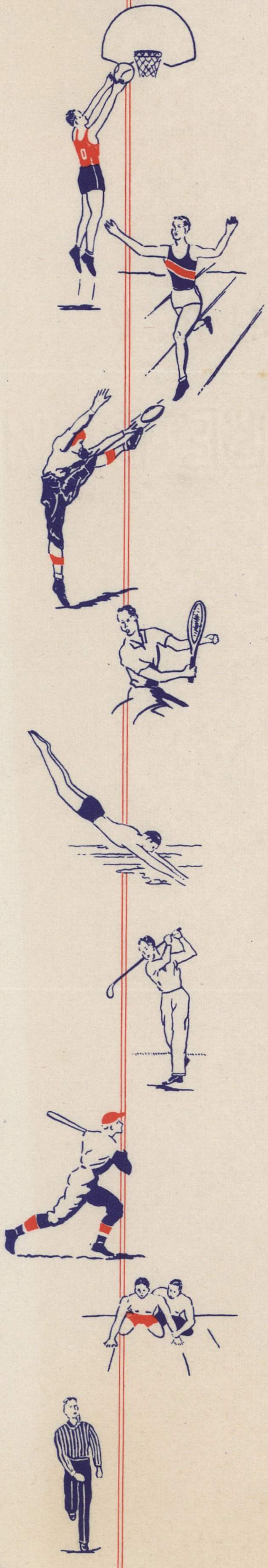
We are enclosing a postal card which we wish you would fill in and return to us at your earliest convenience indicating just what train and what time you plan to arrive in Boone or at our camp. We will then be able to complete our arrangements to have someone meet you and escort you to your quarters.

Yours very truly,



Lyle T. Quinn,
Executive Secretary

LTQ:EMF



May 4, 1944.

Mr. Lyle T. Quinn, Executive Secretary,
Iowa High School Athletic Association,
Boone, Iowa.

Dear Lyle:

Naturally I would like to have some contact with basketball since I have been steadily coaching it since 1907 and have been steadily at it, and since this is my major sports activity I would much prefer to teach that than to teach treatment of athletic injuries. Of course, I specialized in the treatment of athletic injuries for the reason that I realized so many coaches knew so little about the machine they were working with.

I had seen where the key man on a team had been knocked out so many times and after the injury to the man the team went into a tail-spin. This applied to all major sports. Therefore, I reasoned that if I could keep the same combination in the game I could win many more games than if I lost the key man.

I received an injury in 1905 playing football and for two years I suffered with a severe sacro-iliac which impaired my athletic efficiency no end. Therefore, I resolved to do something about it so the fellows who should come under my observation would be taken better care of than I was, and this was the motive that prompted me to study.

I am very proud of the men that I have out in the field whom I have trained. Milton Kelley, at present head trainer at the University of Texas, Jimmie Cox, head trainer at Harvard University, Roland Logan who was at West Point and is now in the Southwest Pacific, Elwyn Dees who was at Nebraska after having served Oklahoma Aggies and the University of Pittsburgh, and who is now at Iowa Pre-Flight, and Dean Nesmith, our present trainer. All of these boys were athletes at the University of Kansas and during their undergraduate days I taught them the fundamentals of athletic training.

If you care to, you could invite any of the athletes in or varsity coaches who have had injuries, or high school boys of the state who have so-called incurable ankles, knees and shoulders received in athletic contests. I remember several years ago I taught basketball for five summers at Springfield, Mass., Y.M.C.A. College. I also gave the course in treatment of athletic injuries. During the school session many athletes from around Boston came down. One case in point was Eddie Shore who played on the Boston Hockey team and who later managed the Springfield, Mass., team and is now the manager of the Buffalo Hockey Club. Eddie Shore came in

with a bad knee. I worked on it and apparently was successful, because about six or seven years ago he called me from Springfield, Mass. I was at Iowa State College where Kansas was playing a basketball game. He sent a player out to me from Springfield to Lawrence, Kansas, and was making the date over the telephone. He told me that after I fixed his knee he was able to go ahead and make \$40,000 playing hockey. Previous to the work on his knee he had been laid up for a year or two so that he was incapacitated. The joke of the thing is that I did not charge any fee, nor did he send me any of the \$40,000. However, I did have some good luck with his hockey player and he didn't forget me on that issue.

This past winter Eddie Shore recommended that the Cleveland Hockey Club send one of their star players, which they did. I only mention these incidents to prompt the thought that doubtless you could suggest that some of these old stars or the present stars who are injured might come in for a look-see to determine whether we might help them. That always stimulates interest and attendance.

I do trust that the program is so that I might have a session in basketball especially, and I would stress these points - first, how to develop fundamentally a fast break in basketball; secondly, the best method of stopping a fast break; and thirdly, how to meet a situation when the opponents take you all over the floor a la Gene Johnson's razzle dazzle. I believe those three points are very apropos at this time.

I am perfectly willing to leave the matter in your hands and we will agree on this schedule as you have outlined it - that I will appear three days for you but will agree to stay four days so that I can make the contacts that you desire. It is always a pleasure for me to meet with the men and since you pay me the compliment that you do, you know people are always vain enough to recognize those things. I would, however, very much like to have a session on basketball. I believe you understand the point that I am making and that basketball is my main business, and that theory of athletic injuries and treatment of them are not at the present time, although I have developed some outstanding men.

I am very sure that with Mr. Olsen's theory of lowering the floor two feet and mine of raising the basket two feet we should have some fun. I always knew Mr. Olsen was quite an economist, and dropping the floor would entail no expense!

Very sincerely yours,

Director of Physical Education,
Varsity Basketball Coach.

FCA:AH

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1132 DES MOINES BUILDING
TELEPHONE 4-4543
DES MOINES, IOWA

Boone, Iowa
April 28, 1944

Dr. Forrest C. Allen
Director of Physical Education and Recreation
University of Kansas
Lawrence, Kansas

Dear Dr. Allen:

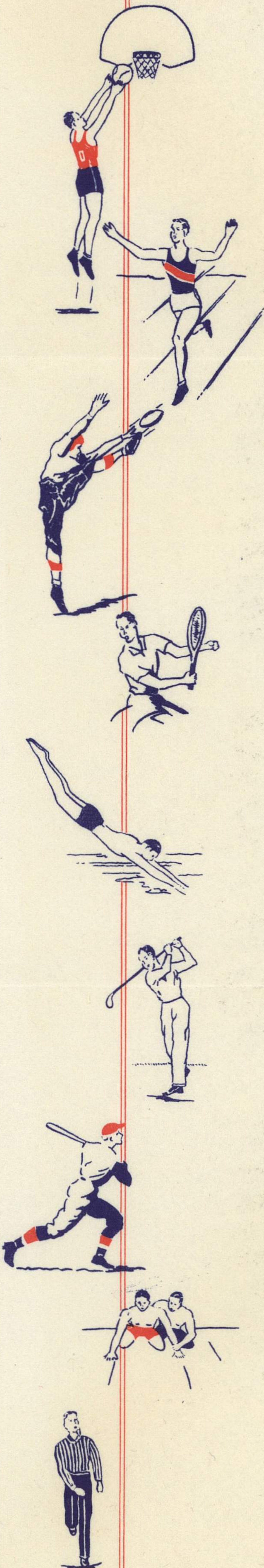
I am really not surprised that you couldn't understand our letter of April 20th. The point I was trying to make was this: That we would be very happy to hold a session open for you at our Coaching School should you desire to say anything regarding basketball. I was not sure at the time I wrote to you how many of the other men we would be able to finally secure in basketball. If one or more of them couldn't come, we then might like to have you double in basketball in which event, of course, we would be prepared to pay you accordingly.

As it now stands, let us go ahead on the assumption that you will devote two hours a day on a general session of athletic injuries and if you can conclude this subject in three days, we would be pleased to pay you \$50.00 a day and if you could arrange to stay an extra day with us, making four days although you need not appear in a general session, we would allow the extra allowance of \$25.00 for transportation.

The point is that the men enjoy so much their contact with you and I thought too that you might be inclined to spend a day in relaxation.

I still want to leave the program open so that if you desire a session in basketball, we would be glad to arrange it. However, as the matter now stands, let us assume that you would concentrate on athletic injuries.

Mr. Thomas is going to attend our school and be a member of our rules panel. We plan to have a basketball rules panel with three members of the basketball rules committee on this panel. These fellows would be Harold Olsen of Ohio State, Porter, and myself. I think a very interesting discussion might come out of this panel if you were present in the audience as I would like to have a clarification of your proposal and Harold Olsen's. You have suggested that the goals

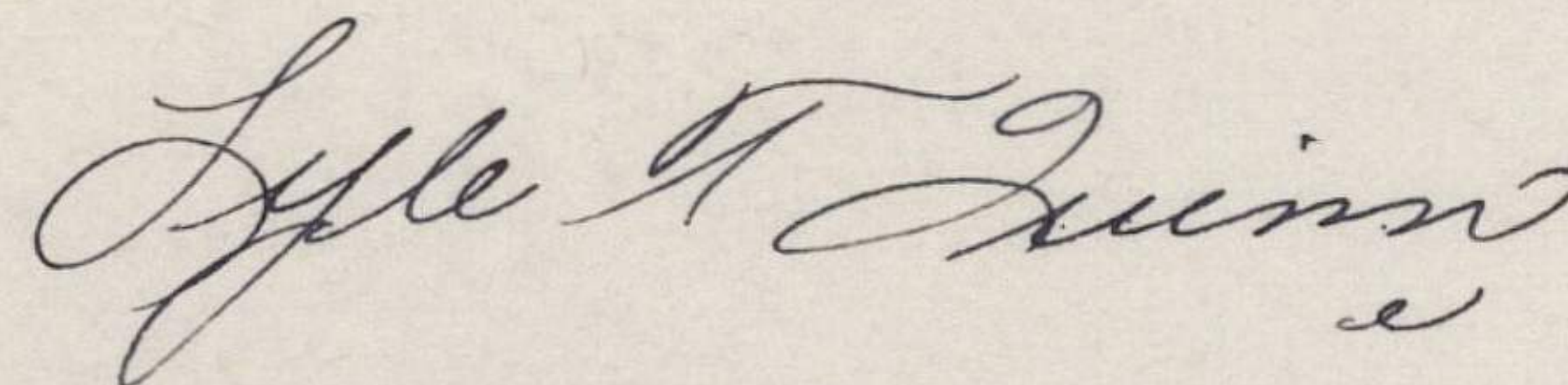


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be raised two feet whereas, as you probably know, Olsen's proposal is that the floor be lowered two feet.

You and Tommy might like to make the trip together and we might be able to arrange time on the program so that you could at least come one way together.

Yours very truly,

A handwritten signature in cursive script that reads "Lyle T. Quinn". The signature is written in dark ink and is positioned above the typed name and title.

Lyle T. Quinn,
Executive Secretary

LTQ:EMF