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Association of American Railroads

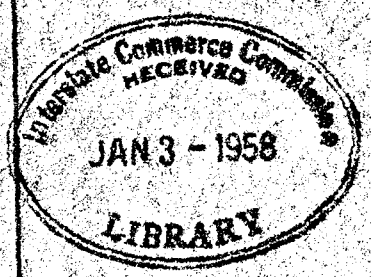
PROCEEDINGS

OF THE

THIRTY-SEVENTH ANNUAL MEETING

OF THE

MEDICAL AND SURGICAL SECTION



WHITE SULPHUR SPRINGS, WEST VIRGINIA

MARCH 28-30, 1957

PROCEEDINGS

OF THE

THIRTY-SEVENTH ANNUAL MEETING

OF THE

Association of American Railroads

MEDICAL AND SURGICAL SECTION

HELD AT THE

GREENBRIER HOTEL
WHITE SULPHUR SPRINGS, WEST VIRGINIA
MARCH 28-30, 1957

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ASSOCIATION OF AMERICAN RAILROADS

(March, 1957)

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OFFICERS AND PERSONNEL OF COMMITTEES OF THE MEDICAL AND SURGICAL SECTION FOR THE YEAR 1956-1957

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Dr. I. Goldowsky, Vice-Chairman
F. J. Parker, Secretary

Committee of Direction

Dr. R. J. Bennett, Chairman
Dr. I. Goldowsky, Vice-Chairman

(Term expires in 1957)

Dr. R. J. Bennett, Chief Surgeon, Elgin, Joliet and Eastern Railway, 208 South LaSalle St., Chicago, Illinois.

Dr. S. M. English, Medical and Surgical Director, Baltimore and Ohio Railroad, Room 217, B. & O. Central Building, Baltimore, Maryland.

Dr. I. Goldowsky, Medical Director, Central Railroad Company of New Jersey, Jersey City, New Jersey.

Dr. B. W. Stockwell, Chief Surgeon, Detroit and Toledo Shore Line Railroad, 3919 John R. St., Detroit 1, Michigan.

(Term expires in 1958)

Dr. R. M. Graham, Director, Department of Medicine and Sanitation, The Pullman Company, 165 North Canal St., Chicago 6, Illinois.

Dr. C. F. Holton, Chief Surgeon, Central of Georgia Railway, Savannah, Georgia.

Dr. J. K. Stack, Chief Surgeon, Chicago & North Western Railway, 127 North Clinton Street, Chicago 6, Illinois.

*Dr. W. W. Washburn, Chief Surgeon, Southern Pacific Company, San Francisco 17, California.

(Term expires in 1959)

Dr. M. B. Clayton, Chief Surgeon, Southern Railway System, 15th and K Streets, N. W., Washington, D. C.

Dr. K. E. Dowd, Chief Medical Officer, Canadian National Railways, Montreal, Que., Canada.

Dr. V. W. Hollo, Chief Surgeon, St. Louis-San Francisco Railway, St. Louis, Missouri.

Dr. J. Huber Wagner, Chief Surgeon, Bessemer & Lake Erie Railroad, 525 William Penn Place, Pittsburgh, Pennsylvania.

*To Retire on September 1, 1957.

Committee on Disability and Rehabilitation

Dr. James K. Stack (Chairman), Chief Surgeon, Chicago & North Western Railway, 127 North Clinton Street, Chicago 6, Illinois.
Dr. J. F. DePree, Chief Surgeon (Lines West), Chicago, Milwaukee, St. Paul & Pacific Railroad, 407 Medical Arts Building, Seattle 1, Washington.
Dr. S. M. English, Medical and Surgical Director, Baltimore & Ohio Railroad, B. & O. Central Building, Room 217, Baltimore 1, Maryland.
Dr. J. W. Houk, Medical Director, New York, Chicago & St. Louis Railroad, Terminal Tower, Cleveland 1, Ohio.
Dr. R. S. Kieffer, Chief Surgeon, Missouri-Kansas-Texas Railroad, St. Louis 1, Missouri.
Dr. Harvey Nelson, Chief Surgeon, Soo Line Railroad, 1453 Medical Arts Building, Minneapolis 2, Minnesota.
Dr. G. Earle Wight, Chief of Medical Services, Canadian Pacific Railway, Windsor Station, Montreal, Que., Canada.

Committee on Trauma

Dr. B. W. Stockwell (Chairman), Chief Surgeon, Detroit & Toledo Shore Line Railroad, 700 Doctors Building, 4919 John R. Street, Detroit, Michigan.
Dr. R. G. Carothers, Chief Surgeon, Cincinnati, New Orleans & Texas Pacific Railway, Cincinnati 2, Ohio.
Dr. Duncan Eve, Chief Surgeon, Nashville, Chattanooga & St. Louis Railway, 2001 Hayes Street, Nashville 4, Tennessee.
Dr. J. R. Gandy, Chief Surgeon, Texas & New Orleans Railroad, Houston 1, Texas.
Dr. C. F. Holton, Chief Surgeon, Central of Georgia Railway, Savannah, Georgia.
Dr. Southgate Leigh, Jr., Chief Surgeon, Seaboard Air Line Railroad, S. A. L. Building, Norfolk 10, Virginia.
Dr. W. E. Mishler, Chief Surgeon, Erie Railroad, 608 Republic Building, Cleveland 15, Ohio.

Committee on Developments Resulting from Physical Examinations

Dr. W. J. Longeway (Chairman), Chief Surgeon, Colorado & Southern Railway, 520 Metropolitan Building, Denver, Colorado.
Dr. J. J. Brandabur, Chief Medical Examiner, Chesapeake & Ohio Railway, Huntington, West Virginia.
Dr. B. I. Derauf, Chief Surgeon, Northern Pacific Railway, St. Paul 1, Minnesota.
Dr. J. R. Knowles, Chief Surgeon, Boston & Maine Railroad, Boston, Massachusetts.
Dr. J. M. L. Jensen, Chief Surgeon, Chicago, Rock Island & Pacific Railroad, Chicago, Illinois.
Dr. K. C. Walden, Chief Surgeon, Atlantic Coast Line Railroad, Wilmington, North Carolina.
Dr. R. S. Westline, Chief Surgeon, Chicago & Eastern Illinois Railroad, 334 West 63rd Street, Chicago, Illinois.

Committee on Medical Aspects of Air Conditioning of Cars

Dr. R. M. Graham (Chairman), Director, Department of Medicine and Sanitation, The Pullman Company, Merchandise Mart Plaza, Chicago 54, Illinois.
Dr. M. B. Clayton, Chief Surgeon, Southern Railway System, 15th and K Streets, N. W., Washington 13, D. C.
Dr. K. E. Dowd, Chief Medical Officer, Canadian National Railways, Montreal, Que., Canada.

Committee on First Aid

Dr. E. C. Olson (Chairman), Chief Surgeon, Illinois Central Railroad, 5800 Stoney Island Avenue, Chicago, Illinois.
Dr. V. W. Hollo, Chief Surgeon, St. Louis-San Francisco Railway, St. Louis, Missouri.

Medical Film Committee

Dr. R. S. Kieffer (Chairman), Chief Surgeon, Missouri-Kansas-Texas Railroad, St. Louis 1, Missouri.
Dr. G. W. Benjamin, Chief Medical Officer, Western Maryland Railway, Hillen Station, Baltimore 2, Maryland.
Dr. G. F. Cushman, Chief Surgeon, Western Pacific Railroad, 526 Mission Street, San Francisco, California.
Dr. A. Nygood, Chief Medical Examiner, Chicago & North Western Railway, 127 North Clinton Street, Chicago 6, Illinois.
Dr. C. H. O'Donnell, Medical Director, New York Central System, 329 Michigan Central Passenger Station, Detroit 16, Michigan.
Dr. J. R. Winston, System Medical Director, Atchison, Topeka & Santa Fe Railway, 304 West French Avenue, Temple, Texas.

Advisory Members from Committee of Direction

Dr. R. J. Bennett, Chief Surgeon, Elgin, Joliet and Eastern Railway, 208 South LaSalle Street, Chicago, Illinois.
Dr. R. M. Graham, Director, Department of Medicine and Sanitation, The Pullman Company, Merchandise Mart Plaza, Chicago 54, Illinois.
Dr. V. W. Hollo, Chief Surgeon, St. Louis-San Francisco Railway, St. Louis, Missouri.

Representatives of the Medical and Surgical Section on the Joint Committee on Railway Sanitation

Dr. R. M. Graham (Chairman, Joint Committee on Railway Sanitation), Director, Department of Medicine and Sanitation, The Pullman Company, Merchandise Mart Plaza, Chicago 54, Illinois.
Dr. M. B. Clayton, Chief Surgeon, Southern Railway System, 15th and K Streets, N. W., Washington 13, D. C.
Dr. A. M. W. Hursh, Assistant Medical Director, Pennsylvania Railroad, 15 North 32nd Street, Philadelphia 4, Pennsylvania.

The Committee of Direction will select from its elective membership a Chairman and Vice-Chairman of the Section, whose terms of office shall be one year. A Chairman will not succeed himself.

(d) The Standing Committees of the Section will be as follows:

Committee on Disability and Rehabilitation
Committee on Trauma
Committee on Developments Resulting from Physical Examinations
Committee on Medical Aspects of Air Conditioning of Cars
Committee on First Aid
Medical Film Committee

The representation of Member Roads on these committees will be, so far as is practicable, territorially selected, in approximately the same proportions as that of the Committee of Direction, personnel to be named each year by the Committee of Direction immediately following adjournment of the Annual Meeting.

Duties of Officers

4. The **CHAIRMAN** shall have general supervision over the affairs of the Section and shall preside at meetings of the Section and at meetings of the Committee of Direction.

5. The **VICE-CHAIRMAN,** in the absence of the Chairman, shall perform the duties of the Chairman and such other duties as may be assigned.

6. (a) The **SECRETARY** shall perform the usual duties of that office and such other duties as may be assigned to him by the Chairman.

(b) He shall receive six weeks in advance of the Annual Meeting each year the report of the Committee on Nominations, as elsewhere provided for, and will submit to the membership at the Annual Meeting the nominations contained in that report, to fill the vacancies in the membership of the Committee of Direction. He shall announce the result of the election promptly to the members.

Duties of Committees

7. The **COMMITTEE OF DIRECTION** shall:

(a) Exercise general supervision over the interests and affairs of the Section.

(b) Be empowered to act on behalf of the Section in the interim between meetings and shall submit at each meeting a report covering its actions.

(c) Examine and decide what portion of communications, papers and reports shall be submitted at the meetings. It shall determine which, if any, of the subjects presented by the various committees, shall be referred to the General Committee of the Division.

(d) Appoint two months in advance of the Annual Meeting each year a Committee on Nominations, consisting of representatives of five Member Roads, who shall not be members of the Committee of Direction.

(e) Appoint additional committees as required.

(f) Submit to the Chairman, General Committee, detail of contemplated financial requirements for conducting the work of the Section as required or as called for by that official.

ASSOCIATION OF AMERICAN RAILROADS

OPERATING—TRANSPORTATION DIVISION
MEDICAL AND SURGICAL SECTION

RULES OF ORDER

1. **REPRESENTATION:** As provided in the Plan of Organization, the representation of Member Roads in the Medical and Surgical Section shall be Chief Surgeons or other persons engaged in a similar capacity. The Railway Express Agency, Inc., and the Pullman Company are eligible for membership in this Section.

2. **AFFILIATED MEMBERS:** A representative of an organization collaborating or cooperating with the Section may become an Affiliated Member thereof upon the approval of his application by the Committee of Direction. An Affiliated Member shall have the rights and privileges accorded a Member Road representative, except voting or the holding of office.

Officers and Committees

3. The officers of the Section shall consist of a Chairman, Vice-Chairman and Secretary.

(a) As provided in the Plan of Organization, the **CHAIRMAN** and **VICE-CHAIRMAN** shall be selected by the Committee of Direction from its membership. Their terms of office shall be one year. A Chairman will not succeed himself.

(b) The **SECRETARY** will be appointed by the General Committee of the Division. His salary shall be named by that Committee, subject to the approval of the Vice-President, Operations and Maintenance Department.

(c) The **COMMITTEE OF DIRECTION** will consist of twelve members, territorially representative as far as practicable—one each from New England and Canada; four from the East; two from the South and four from the West—elected as hereinafter prescribed, each of whom shall serve for three years.

The terms of office of all elective members of the Committee of Direction shall expire at the conclusion of the Annual Meeting. Vacancies in the committee membership shall be filled by appointment of the Committee until the next election.

In addition to the above, the Surgeon-General of the United States Bureau of Public Health Service or a representative to be designated by him, and a representative to be designated by the Conference of State and Provincial Health Authorities of North America shall be honorary members of the Committee of Direction.

(g) Call Annual Meetings of the Section, subject to the approval of the General Committee of the Division, if in its judgment conditions warrant.

(h) Call meetings of the Section, upon not less than thirty days' notice to each member. It must call special meetings of the Section upon the request, in writing, of a majority of the Member Roads.

8. The **COMMITTEE ON NOMINATIONS,** appointed as above prescribed, shall report to the Secretary at least six weeks in advance of the Annual Meeting of each year, at least two nominations for each impending vacancy to replace the four members of the Committee of Direction whose terms expire that year, and to fill any vacancy.

The duties of the Standing Committees shall be as follows:

9. COMMITTEE NO. 1—The **COMMITTEE ON DISABILITY AND REHABILITATION** shall study and report, with suggestions or recommendations, on such subjects that have to do with the physical efficiency or inefficiency of railroad employes. It shall also consider ways and means for the rehabilitation of injured or incapacitated employes and the complete restoration of function.

10. COMMITTEE NO. 2—The **COMMITTEE ON TRAUMA** shall study and report on the treatment and transportation of fracture cases including (a) Diagnosis of fractures, (b) First aid and transportation splints, (c) Fracture report forms, (d) X-ray work in connection with fractures, and similar subjects.

11. COMMITTEE NO. 3—The **COMMITTEE ON DEVELOPMENTS RESULTING FROM PHYSICAL EXAMINATIONS** shall analyze and make report, with recommendations or suggestions, on data made available by periodic examinations, etc. It shall study and revise as conditions may warrant, the recommended standards covering physical examinations as well as the forms used in connection therewith.

12. COMMITTEE NO. 4—The **COMMITTEE ON MEDICAL ASPECTS OF AIR CONDITIONING OF CARS** shall study and report on this subject in its relation to the health and comfort of travelers, cooperating with other departments handling matters relating to air conditioning of equipment.

13. COMMITTEE NO. 5—The **COMMITTEE ON FIRST AID** shall study and report, with suggestions or recommendations, on first aid instructions for railroad employes, a standard first aid packet, etc., and such other matters involving first aid as relate to railroad operation.

14. COMMITTEE NO. 6—The **MEDICAL FILM COMMITTEE** shall be concerned with such study as required of matters relating to availability of medical films for railroad use.

15. VOTING AT MEETINGS OF SECTION: (a) Vote may be taken viva voce, by rising, by roll call or by ballot. Each Member Road shall be entitled to one vote. The vote of the majority of the Member Roads represented shall be required to decide any question, motion or resolution, unless otherwise ordered. (b) Voting for candidates for membership on the Committee of Direction shall be by ballot. (c) Unless otherwise designated by it, the ranking officer will be recognized as the Voting Representative of a road at any meeting.

16. LETTER BALLOTS may be taken upon any subject by order of the Committee of Direction and must be taken on all questions affecting physical property. The voting power of the Member Roads shall be proportionate to the ownership of miles of road.

17. ORDER OF BUSINESS: The order of business at meetings of the Section shall, unless otherwise directed by a majority of the members present, be as follows:

Approval of minutes of last meeting
Reports of Standing Committees
Reports of Special Committee
Reports of Tellers
Unfinished Business
New Business

18. Robert's Rules of Order shall govern the proceedings of this Section, including amendment to these Rules of Order.

ASSOCIATION OF AMERICAN RAILROADS

MEDICAL AND SURGICAL SECTION

Greenbrier Hotel
White Sulphur Springs, West Virginia
March 28-30, 1957

The following were present:

Members	Representatives
Atlanta & St. Andrews Bay Railway	Dr. J. T. Ellis, Chief Surgeon.
Atlantic Coast Line Railroad	Dr. J. M. Johnson, Executive Assistant.
Baltimore & Ohio Railroad	Dr. S. M. English, Medical & Surgical Director.
Baltimore & Ohio Chicago Terminal Railroad	Dr. S. M. English, Medical & Surgical Director.
Bangor & Aroostook Railroad	Dr. J. H. Johnson, Chief Surgeon.
Boston & Maine Railroad	Dr. J. R. Knowles, Chief Surgeon.
British Railways	Dr. L. J. Haydon, Chief Medical Officer.
Canadian National Railways	Dr. K. E. Dowd, Chief Medical Officer.
Canadian Pacific Railway	Dr. G. Earle Wight, Chief of Medical Services.
Central of Georgia Railway	Dr. C. F. Holton, Chief Surgeon.
Central Railroad of New Jersey	Dr. I. Goldowsky Medical Director.
Chicago & North Western Railway	Dr. J. K. Stack, Chief Surgeon.
Chicago, Burlington & Quincy Railroad	Dr. R. B. Kepner, Chief Medical Officer.
Chicago, Milwaukee, St. Paul & Pacific Railroad	Dr. R. Householder, Chief Surgeon, (Lines East).
Chesapeake & Ohio Railway	Dr. J. J. Brandabur, Chief Medical Officer. Dr. J. M. Emmett, Chief Surgeon. Mr. W. J. Tuohy, President
Chicago, Rock Island & Pacific Railroad	Dr. J. M. L. Jensen, Chief Surgeon.
Colorado & Southern Railway	Dr. W. J. Longeway, Chief Surgeon.
Delaware, Lackawanna & Western Railroad	Dr. J. O. MacLean, Surgeon.
Detroit & Toledo Shore Line Railroad	Dr. B. W. Stockwell, Chief Surgeon.
Detroit Terminal Railroad	Dr. B. W. Stockwell, Chief Surgeon.
Elgin, Joliet & Eastern Railway	Dr. R. J. Bennett, Jr., Chief Surgeon.
Erie Railroad	Dr. W. E. Mishler, Chief Surgeon.
Ferrocarril del Pacifico	Dr. I. Chavez, Chief Surgeon.
Grand Trunk Western Railway	Dr. B. W. Stockwell, Chief Surgeon.

Members	Representatives
Illinois Central Railroad	Dr. E. C. Olson, Chief Surgeon. Dr. H. N. MacKechnie, Assistant Chief Surgeon.
Kansas City Terminal Railway	Dr. G. Owens, Chief Surgeon.
Louisville & Nashville Railroad	Dr. Duncan Eve, Chief Surgeon.
Missouri Pacific Railroad	Dr. J. A. Lembeck, Medical Assistant to President.
Monon Railroad	Dr. E. T. Stahl, Chief Surgeon.
Nashville, Chattanooga & St. Louis Railway	Dr. Duncan Eve, Chief Surgeon.
New York Central System	Dr. C. H. O'Donnell, Medical Director.
Norfolk & Western Railway	Dr. M. P. Moore, Medical Director. Dr. J. E. Hatfield, Associate Medical Director.
Northern Pacific Railway	Dr. B. I. Derauf, Chief Surgeon.
Pennsylvania Railroad	Dr. J. M. Brewster, Regional Medical Officer.
Pittsburgh & Lake Erie Railroad	Dr. J. H. Wagner, Chief Surgeon. Dr. A. H. Winters, Chief Surgeon.
Pullman Company	Dr. R. M. Graham, Director of Medicine.
Reading Company	Dr. A. Neupauer, Chief Medical Officer.
St. Louis-San Francisco Railway	Dr. V. W. Hollo, Chief Surgeon. Mr. R. P. Hamilton, Superintendent of Safety.
Savannah & Atlanta Railroad	Dr. C. F. Holton, Chief Surgeon.
Seaboard Air Line Railroad	Dr. S. Leigh, Jr., Chief Surgeon.
Southern Pacific Company	Dr. W. W. Washburn, Chief Surgeon.
Southern Railway System	Dr. M. B. Clayton, Chief Surgeon.
State Railway of Thailand	Dr. G. Homsethie, Chief Medical Officer.
Texas Mexican Railway	Dr. W. R. Powell, Chief Surgeon.
Texas & New Orleans Railroad	Dr. J. R. Gandy, Chief Surgeon.
Texas & Pacific Railway	Dr. S. J. Feducia, Chief Surgeon.
Union Railroad	Dr. Julius Mazer, Medical Director. Dr. J. Huber Wagner, Chief Surgeon.
Western Maryland Railway	Dr. G. W. Benjamin, Chief Medical Officer.
Western Pacific Railroad	Dr. G. F. Cushman, Chief Surgeon.

Also Present

Members	Representatives
Association of American Railroads	Mr. K. A. Carney, Executive Vice-Chairman, General Claims Division, Director, Claims Research Bureau.
	Mr. H. S. Dewhurst, Special Assistant.
	Mr. F. J. Parker, Secretary, Medical and Surgical Section.
	Mr. R. L. Rose, Assistant to Secretary.
	Mr. Bruce Smith, Secretary and Assistant Director General Claims Division.
City National Bank & Trust Company	Mr. Thomas Collins.
Interstate Commerce Commission	Mr. Owen Clarke, Commissioner.
U. S. Railroad Retirement Board	Dr. R. L. Kohler.

THURSDAY MORNING SESSION

March 28, 1957

The Thirty-Seventh Annual Meeting, Medical and Surgical Section, Association of American Railroads, convened in the Greenbrier Hotel, White Sulphur Springs, West Virginia, at 9:50 o'clock, a.m., Chairman R. J. Bennett, Chief Surgeon, Elgin, Joliet & Eastern Railway, Chicago, Illinois, presiding.

CHAIRMAN BENNETT: The meeting will please come to order. We are certainly delighted to have you here. We are also delighted to be in such a beautiful place to hold this meeting, which we hope is going to be so beneficial to us all.

I apologize for starting this meeting a little late, but some of the doctors and their wives didn't get in until half past eight, and, of course, they had to say hello to everyone, have breakfast, and get cards for their wives so they can attend the luncheon for all the ladies at twelve-thirty today.

(Announcements by Chairman Bennett.)

CHAIRMAN BENNETT: We have a very long but interesting program this morning, and we'd like to get going.

We have some very distinguished guests this year, of whom we are very proud. We are very happy to have them with us. We are going to hear from all of them later on in the program. Right now I would like to introduce the guests who are here, so that you will know them, say hello to them, and probably we can discuss our mutual problems with Mexico, Thailand and England, and see if we have anything in common. Undoubtedly, they can learn things from us, and undoubtedly, we can learn some things from them.

I would like to introduce to you first, Dr. Ignacio Chavez, of Guadalajara, Mexico. (Applause)

And we have Dr. G. Homsethie, from Thailand. (Applause)

We would like to have our guests enter into our program, asking questions and giving us their ideas; I'm sure the whole program will be more interesting if they do, and they may help us in some of our problems.

As Item No. 3 on the program, we have "Address of Chairman." Actually, I did not write any address, but for the last ten years I have been intimately associated with physical examinations, and I felt that probably as a parting shot, I could say a few words about our physical examinations and the railroad industry as a whole.

At the present time, in 1957, we face some rather expanding technological changes. It seems only yesterday that we saw our coal and oil-burning locomotives going along our main lines, belching out huge amounts of black smoke. That was yesterday. Today we have our Diesels, which represent a wonderful advance. They are doing a good job; they are cheaper, better, faster and more quiet. Tomorrow we will probably have gas turbines, and atom power. We now have our submarines, surface vessels and power stations in some of our cities, and undoubtedly, before very long, we may have an atom-powered locomotive for our railroads.

With all these technological advances, it is certainly necessary for men to know and to keep abreast of them, and, therefore, we as physicians and surgeons, must understand these new problems. We must be able to talk atoms, what precautions we must take, and how these men must work.

You must admit that our railroads, as they are today, our high seniority men, probably in their sixties or seventies, are the ones who are running our high-speed locomotives on our railroads. Let's look at just the opposite of this, where we have the mere boys, let's call them or young men, 18, 19, 20, 22, who are running our high-speed supersonic airplanes. In other words, they have the youth, they have the technical advantages, they have the quick reaction time where, sometimes, in just a matter of a split second, it means either the accomplishment of a mission or death. I'm just bringing you that subject of quick reaction time that we must think about in doing our physical examinations on our employes of today.

Furthermore, it is our job, for most of us, to supervise the physical examinations on thousands of employes. Undoubtedly, in the different sections of our country, the different sections demand different things from our employes, and, therefore, we have to adapt our physical findings to the conditions under which these people work.

The one point that I'm trying to bring out, from a personal standpoint, is this: we are spending millions in building new mechanical shops, drafting rooms and all kinds of technological advances, to take care of these new machines. How much are we doing for our manpower?

There are a few of our railroads (and you know exactly where your railroad stands) where we haven't had a physical examination on some of the men since the day they started work. That may be rather far-fetched. We do know that they get the eyes and the hearing tests, but I'm talking about the physical exmination of these employes, and what an important part it plays in the running of our railroads.

Some of these employes are never really examined until they are 60, 65 and 70, and sometimes older. I'm talking of the physical condition. We have to admit—at least in a few instances—when we see these men for the first time, they have high blood pressure, diabetes, hernia, changes in the respiratory system, gastrointestinal changes, genito-urinary trouble, etc.

I am a firm believer that "A stitch in time saves nine." I'm just recommending this now from a personal standpoint and no other. I think it is good business that we look at our manpower. I believe that our manpower—certainly, among our executives who are the backbone of our industry—is worth many more times the value of several Diesel locomotives or other machinery which we put into service and take care of at regular intervals, at so many miles, so many days, so many hours, giving them a good overhauling. I am recommending that, somehow or other, we look at our manpower, which is our most valuable asset.

I think that if and when a man becomes 60 or 70, if we have given him regular physical examinations, he will be in relatively good physical condition to carry on and give many, many more years of active service.

Thank you. (Applause) Now we can get on with our regular program.

We have found that one of our most important assets to this Medical and Surgical Section is a good Secretary. Frank Parker has served us well in the two years since Mr. Dewhurst left. He has done a bang-up job. Frank, do you have something to say to the Section today?

MR. PARKER: Thank you Dr. Bennett for those kind remarks. I must correct you, however, in the fact that it has been one year—it only seems like two.

After one year I feel that I am getting to know everyone connected with the Section and I think everyone knows me. Many of the gentlemen present here today have stopped in the office when in Chicago and I do want you to know how much I appreciate the chance to talk with you. These visits give me an opportunity to get better acquainted with you individually, and, in addition, a chance to learn more about the activities of the Section, prior to my association with the Office.

To those who have contacted the office for information and not received an immediate reply, I want to say that if you will be patient we will do everything in our power to get the information to you just as quickly as possible. You realize we must look up most of the information requested and, of course, that takes considerable time.

Remember, the office is still in Chicago; if we can be of service to you, please do not hesitate to contact us. Thank you.

CHAIRMAN BENNETT: Thank you, Frank.

And, of course, please remember that the Secretary's secretary's name is Bob Rose. If you want to speak to Bob out there, any time, walk right up to him and state your business.

Now let's get down to business.

The Committee of Direction appointed a committee about two months ago to go over the standing committees of our Section. As you know, of course, they are the Committee on Disability and Rehabilitation, the Committee on Trauma, the Committee on First Aid, and the Committee on Developments Resulting from Physical Examinations. Those are important Standing Committees that have been functioning for many years.

The pamphlet of the Committee on Physical Examinations was written in 1951, and in talking to Dr. Stack and the different members of the committee, we thought we'd see how we could streamline it, to bring it up to date, so as to bring to your attention in the shortest and sweetest way the things which belong in rehabilitation, in physical examinations, in trauma, and to make it more interesting and easy to find everything.

Therefore, Jim, will you please tell us how long your committee met, what decisions you have come to, and what you would like to recommend to this Section.

DR. JAMES K. STACK (Chief Surgeon, Chicago and North Western Railway, Chicago, Illinois): Mr. Chairman and gentlemen, the liaison committee that Dr. Bennett spoke of consisted of Dr. Goldowsky, Dr. English and myself, and our job was, first, to determine whether we needed all of these active committees or not.

You will recall that the Medical and Surgical Section of the A.A.R. was set up in its present form in 1920. The first report of the Committee on Disability and Rehabilitation was made in 1923. In the intervening years, the personalities of the committees have changed, also the Chairmen have changed. We have had different groups with different ideas, and inevitably, conflicts arose as to the subject-matter of the two committees.

In the meeting of the three of us, the liaison committee, with the Committee on Physical Examinations, Chairmanned by Dr. Longeway, and assisted in this meeting yesterday by Dr. Brandabur and Dr. Knowles, it was determined not to merge the two committees nor to do away with either committee. It was felt that there was a place for both, and that the apparent contradictions

that you can pick up by a review of the reports of these committees could be resolved, and they were resolved. Some were also transferred into the field of Dr. Olson's Committee on First Aid. That will come out in the general committee report.

I think that about sums up the work of the liaison committee, Dick. We do not feel that either committee should be abolished, and we have resolved the contradictions that are evident in the committee reports.

CHAIRMAN BENNETT: Excellent!

Is there any discussion on this report of the committee? By that I mean that there was some question about the Disability and Rehabilitation Committee, the Physical Examination Committee, or the Committee on Trauma. There is some thought that they somehow might be combined to streamline the set-up. Dr. Stack has recommended that they be continued, as is, but streamlined.

DR. R. M. GRAHAM (Director, Department of Medicine and Sanitation, the Pullman Company, Chicago, Illinois): Was there any delineation as to the field that each would cover, or will that come out in the individual committee reports?

DR. STACK: I think that will come out in the individual committee reports.

CHAIRMAN BENNETT: Any other questions, or discussion? Is it necessary to put that in the form of a motion, Jim? I guess we'll just carry on as is.

DR. J. HUBER WAGNER (Chief Surgeon, Bessemer & Lake Erie Railroad, Pittsburgh, Pa.): I move the acceptance of the report.

DR. K. E. DOWD (Chief Medical Officer, Canadian National Railways, Montreal, Quebec, Canada): Second the motion.

(The motion was put to a vote, and carried.)

CHAIRMAN BENNETT: Now, Jim, do you want to report separately on disability and rehabilitation?

We will now hear from Dr. Stack as the Chairman of the Committee on Disability and Rehabilitation.

DR. STACK: The Committee on Disability and Rehabilitation was formed in 1920, and charged by the Medical and Surgical Section of the A.A.R. with the following: "The Committee on Disability and Rehabilitation shall study and report with suggestions or recommendations on such subjects that have to do with the physical efficiency or inefficiency of railway employes. It shall also consider ways and means for the rehabilitation of the injured or incapacitated employe, and complete, in so far as possible, the restoration of function in that employe."

Now, that is a broad assignment.

The new committee is made up of Doctors English, Wight, Nelson, Houk, Kieffer and DePree. I am the Chairman of that Committee.

Many subjects have been brought up in the past 37 years, and they are listed in the index of the committee report to give you some idea of the subject material over the years, and the years in which changes were made, and these changes put in print.

In the column headed, "Years in which previously discussed by the Committee under same or related heading"—that is somewhat in error, in that practically all of these subjects were discussed each year. However, they were not changed to the point where they warranted a change in the printed material that is distributed to you as part of the proceedings of this Section each year.

I will go down the line with the digest and tell you of the changes that the committee recommends be made this year.

On the first subject, "Abrasions with Embedded Cinders," we simply changed that and added that further operative procedures may be necessary in some cases. As you gentlemen know, the tattooing effect of embedded cinders can be a disability in the sense that it can produce an unsightly scar in the event that it isn't possible at the time of the initial treatment to brush away or curette out all of this embedded foreign material, so that plastic procedure such as sanding, excision and grafting, etc., may be necessary. We simply added that further operative procedures may be indicated.

On the second subject, "Alcoholism," we have added that we should be guided by the local, state or provincial law. I need not remind you that all communities do not react the same to the assault of a person who is unwilling to have his blood drawn for an alcohol test; that may be assault in your community and it may not be assault in mine, so we should be guided by that.

The next item, then, is that of "Alergy, Hay Fever and Asthma." We have kept the paragraph as it is, and added that attention should be paid to the possible side effects of the antihistaminic drugs, if the employe remains in operating service, particularly associated with moving equipment.

We have deleted the next subject, "Amebic Dysentery." The last report on that subject by this committee was made in 1935, following the scare of the amebic outbreak at the World's Fair in Chicago. It is the committee's feeling that amebic dysentery is not at this time a problem as far as the efficiency of the railroad worker is concerned, or his rehabilitation.

On the next subject, "Amputations," we have kept the first paragraph, which reads, "The end result of amputation at the various levels is extremely important, and furthermore, the duties of the amputating surgeon are not finished until the amputated extremity has been fitted with a satisfactory artificial limb and the patient has been successfully rehabilitated."

We have deleted the next four paragraphs, because we felt that we were being a little too didactic. This manual is not a teaching manual, and we felt that we really had no right to outline how some person was going to carry out some specific treatment. Of course, we do have the right and the obligation to outline the broad principles which interest us as railroad doctors.

We have kept the last two paragraphs, deleting the last sentence of the last paragraph—"At the present time there are several amputation centers which specialize in teaching the amputee to get the maximum use of his artificial member." It wasn't necessary to have that here because that is well known to all of us.

The next subject, "Antibiotics," has been changed a little. The first sentence will read, "The discovery and refinement of antibiotic methods and therapy has resulted in an increasing number of these being made available for use. Many of these have affinities for certain organisms." The rest remains.

We have dropped the last sentence—"The value of antibiotics in the prophylactic treatment of wound infection is still undetermined." Now, it is not undetermined. It is very valuable.

We kept the sentence, "Antibiotics should be employed conservatively." I think we would all agree to that.

The next subject, "Back Conditions," is a long one, and we are going to hear more about that later in the morning.

We have deleted the material on page 21 of the book that I am using, which includes the opening paragraphs, and have simply said, "Back conditions are a notable cause of inefficiency and a condition requiring rehabilitation."

We have deleted the list of changes noted on X-ray that some people consider the basis for rejection.

As far as the painful backs are concerned, we have permitted the medical conditions in the left-hand column and the other conditions to remain, because we want to impress our medical examiners and the doctors throughout our systems with the idea that the painful back can be a reflection of some other disorder, and does not necessarily arise primarily in the back, itself. Of course, it does, most of the time, but these other conditions should be thought of, too.

We have kept the two paragraphs on "Sacro-iliac Complaints," because the diagnosis of sacro-iliac sprain, strain and slip, untenable as it is, is still being used, and is still being noted on reports that are sent in to many chief surgeons' offices.

We have made the following changes in "Spondylolisthesis": in the second sentence, "It is commonly associated with a congenital defect. This condition may exist for years without symptoms. It may be very mild and accompanied only by a local pain, or it may be extreme and associated with symptoms due to"—and this is the change—"pressure or irritation on nerve routes at the level involved."

We have added that "The congenital defect may exist without spondylolisthesis, or without displacement," and then, in brackets, "Such a condition is called spondyloschisis or spondylolisthesis."

On the next subject, "Blood Pressure," we have simply added to the end of the first sentence that the man may be a menace to other employes, the public and himself.

We have kept the next two paragraphs, and have added that hypotensive drugs and the so-called tranquilizers should be used with extreme caution by those involved in working with moving equipment.

The next subject is "Burns." We have deleted a good deal of this, because of the feeling that the second, rather long paragraph was too didactic for the purpose of this report. We simply say, "Burns are to be looked upon as wounds, and are to be treated with the respect accorded any other open or closed wound." In other words, a first-degree burn or second-degree burn is a closed wound, and is treated as such, and a third-degree burn is an open wound, and that is treated as such.

The rest is deleted.

Under the subject of "Cardiovascular-Renal Disease," minor changes were made. In the second sentence, "The examination includes the heart, blood pressure, and, next in importance, fundi."

In the second paragraph we have added the word, "valvular," and the sentence reads, "Employes in train, engine, yard and signal service with advanced valvular lesions, definite myocarditis, heart block," etc., "should

be removed from service." The other sentences have been deleted. We felt that the statement, "Persons with auricular fibrillations have a high mortality rate," did not belong in this, and "Cerebral and other complications frequently occur" is too didactic.

On the next subject, "Cataract," we have left this entirely alone, except that in the second paragraph we have used "may be" instead of "is." The sentence reads, "Post-operative vision, corrected or uncorrected, may be exceedingly poor, and judgment of distance is impaired." The committee felt that the wide variation in the patient's adaptability after cataract operation—just as in the patient with the one eye—is so wide that we did not care to make a definite statement.

The next subject is "Charcoal Heaters in Refrigerator Cars." There may be some of these in existence on the smaller roads, and therefore we left it, although on most of the larger roads we have no trouble with charcoal heaters because we don't have them.

"Chronic Arthritis"—we have changed that title to "Arthritis." We have deleted the entire chapter and simply substituted the following statement: "An accurate diagnosis of this disease must be made before proper treatment can be given. Many newer drugs show promise. Disabilities from arthritis are frequently improperly attributed to injury.

"Color Vision"—we have deleted this, because we think that, for the most part, this belongs in the field of the Committee on Examinations.

"The 'Common Cold' and Upper Respiratory Tract Infections"—we have deleted that and added the sentences: "The best prophylaxis against the common cold is good general health. There is no proof that the antihistaminic drugs are effective, but those who might use them or insist on using them should be warned of their side effects."

The chapter on "Cross Eye—Strabismus," has been left, because we feel that fits in well with the cataract group and with the one-eye group.

In the "Dermatitis" chapter, we have deleted the first two paragraphs and added the sentence, "Protective equipment should be used when there is danger of contact with any causative substance."

We have left the last paragraph as it is: "It is advised that certain workers who may be found to have a marked sensitivity to a material used may require transfer to other types of work not involving occupational exposure to the accused irritants."

The next subject, of "Diabetes," has been changed. In the first sentence we have deleted "It is agreed that," and have simply said, "No diabetic taking insulin should be allowed to continue in any hazardous occupation connected with train service," etc.

We have left the rest of it, and have made a change in the last paragraph, stating that "An employe with diabetes"—(we have deleted the word, "mild," because of the difficulty in distinguishing between what is mild, slight, moderate, moderately severe, severe, etc.,—we have left that up to the doctor) —"properly controlled by satisfactory diet may be permitted to continue work in certain occupations, but an employe in a hazardous occupation, particularly in connection with train service, should be removed from such occupation until the diabetic condition is brought under control without the use of insulin. Periodic examinations are indicated to see that proper control of the disease is maintained."

The next subject, "Dining Car Employe Instructions; Food Handlers," has been deleted entirely. We have simply used the statement that the doctor is to be guided by a local, state and provincial law when feasible. Local health departments have control over this aspect of railroad work.

"Diseases Due to Heat"—we have kept that. In the last sentence we say "Heat cramps may be prevented by taking sufficient table salt and water," in the first paragraph.

We have left the second paragraph of that subject.

The third paragraph now reads, "Heat stroke is due to the gradual elevation of body temperature over a period of hours or days, due to the hot environment, improper clothing, and improper diet. The most important point in the treatment of the condition is to reduce the temperature by any appropriate means"—to get away from the specificity of packing in ice, and the specificity of the temperature, 103 to 104. If you have ice, fine. If you have a shade tree, that's fine. And I'm sure that's the way it works out, actually.

The subject of "Electrical Accidents," and the material we have on that, we felt, belongs to the Committee on First Aid, and we hope that they will accept this.

On the subject of "Epilepsy and Epileptic Equivalents," we have kept that with the exception of the last sentence of the third paragraph, which now reads, "During such a brief state, serious accidents could be caused by employes engaged in engine or train service."

CHAIRMAN BENNETT: This is terrifically important.

DR. WAGNER: Are you going to discuss this at all, the argumentative points, or are you going to accept it?

CHAIRMAN BENNETT: I think they should be discussed because I think there are different points of view, and we have to consider them all.

DR. STACK: This is simply a committee recommending things now. You accept it or reject it. If you reject it, then we start all over again and talk about it again next year.

DR. WAGNER: Would it be proper to recommend to the Committee of Direction, and let them discuss it?

CHAIRMAN BENNETT: What are your wishes? I don't want to cut your report short, Jim. Any other ideas on this?

DR. WAGNER: I think it is very interesting, myself, and I believe from my point of view that it verifies a lot of those proposed reports. I think it is worthy of further hearing.

CHAIRMAN BENNETT: What are your wishes? To proceed?
Carry on, Jim.

DR. STACK: "First Aid and Emergency Treatment"—that subject does not belong here, and, as the name implies, that is also shifted to the broad shoulders of Dr. Olson and his group.

"Foci of Infection"—we have deleted all but the last paragraph, which reads, "Periodic physical examinations with attention to focal infection will aid in the improvement of general health and increased work capacity and efficiency among railroad workers."

"Food Poisoning" has been deleted.

"Glasses and Goggles"—we have retained the first and the second paragraphs; we have deleted the third, fourth and fifth paragraphs. The final sentence reads, "Protective glasses or goggles must be worn by employes using hand tools or operating power machines, and they must be made of shatterproof glass."

We have deleted the next heading, "Hansen's Disease (Leprosy)."

The subject of "Head Injuries" has been transferred to First Aid.

"Hearing Defects and Tests"—we have retained this just as you have it there.

We have retained "Hernia" with the exception of the last two sentences, which are deleted—"Such employes should be operated upon if their general condition permits; otherwise a properly fitted truss may be advised. The development of a hernia suggests the need for a thorough physical survey, with particular attention to the individual's gastrointestinal and urinary tract functions." The first paragraph and two-thirds of the second paragraph have been retained.

The subject, "Injured Employe," has been deleted.

The subject, "Malaria," has been deleted.

"Main-Failure"—we have retained this, except to add the word, "mental," to the fourth line of the third paragraph—" . . . impaired physical or mental condition as a contributing cause of the failure."

"Mental and Nervous Disorders"—we have retained the list that is given on those two pages, and changed the final paragraph to read as follows: "No employe who has been confined to a mental institution should be permitted to return to any type of work until he has received a complete and satisfactory report from that institution," rather than to be guided entirely by the writ of adjudication, which is legal and not necessarily or entirely medical.

The subject of "Narcotic Habitues"—we have retained only the first two sentences. The rest has been deleted as being not pertinent to this work.

"Neisserian Infection (Gonorrhea)" has been deleted.

The subject of "obesity" has been deleted except for the last two paragraphs —"The Time Table for Reducing and Regulating Weight is available, and it is recommended that a man who permits his weight to exceed by 50 per cent the average normal weight should be restricted from duty.

The subject of "One Eye"—we have retained that paragraph as is.

The subject of "Peripheral Nerves"—we have deleted this because that is entirely a matter up to the man who is confronted with the peripheral nerve lesion at the time.

On the subject of "Physical Medicine," we have deleted this with the exception of the last paragraph, which reads, "Occupational therapy is of proven value by prescribing various types of work for bringing into use muscles and joints which need exercise or rehabilitation. One of the best forms of occupational therapy is the practical application of the therapy on the man at work on his own job."

"Pneumoconiosis"—we have retained the first sentence. The next two sentences are deleted, and the final reads, "An entrance-to-service examination should include a complete occupational history, a careful physical examination, and an X-ray examination of the lungs for diagnosis and further record."

And under "1)" just below that, we add the word, "annually"—"X-ray examination of the lungs should be done annually on this group of people."

"Poison Ivy and Poison Oak"—we have deleted this because that comes under the subject of dermatitis.

"Poisonous Snake Bite"—this has been transferred to First Aid.

"Repeated Injuries ('Accident Prone')"—we have retained this just as it is

"Sick Passengers"—we have deleted this.

"Special Diets on Dining Cars" has been deleted.

The subject of "Spray Painting" has been allowed to remain, except to add, "When spraying, protective equipment and ventilation are necessary."

We feel that the subject of "Syphilis" is all right, the way it is.

The subject of "Tetanus" is best transferred to the First Aid Committee.

"Tropical Diseases" has been deleted.

"Tuberculosis" has been deleted. I beg your pardon. The first two paragraphs have been deleted on "Tuberculosis." The third paragraph now reads. "An employe who has active tuberculosis, and manifests it in his sputum or by, other accepted findings, should be relieved from duty because of the danger of transmitting the disease to others, and because the effort on the part of the employe to continue work may interfere with proper treatment and recovery."

The next sentence has been changed to read, "Such employe may be permitted to resume work only when," etc.

The next paragraph has been changed: "The tuberculous individual, after returning to service, should be re-examined at definite intervals as a precaution," etc.

The last paragraph has been deleted, because that suggests a definite time, and since this was written, great advances in the management of tuberculosis have come about through chemotherapy and through thoracic surgery. We felt that the time should not be mentioned specifically, because many people can beat that.

"Typhoid Fever and Paratyphoid Fever"—the first paragraph is deleted. The second paragraph reads, "Paratyphoid fever and other related enteric diseases are still seen, and may appear in endemic form." The rest is retained.

"Varicose Veins"—we have deleted the last sentence, which has to do solely with treatment. We feel that should be left up to the treating doctor.

We still feel that those who are using lead and other toxic compounds, under "Weed-Killing Compounds," should exercise due care.

You may wonder, gentlemen, as to why we have recommended some of these deletions and additions. In the use of this book, we simply have to keep in mind how much good it will do us and our associates, and, on the other hand, how much good it might do some other people into whose hands it might fall. I'm sure, Ken, you appreciate that point. But we have to have that in mind in the thinking about these various subjects.

CHAIRMAN BENNETT: Jim, I want to thank you personally, and for the group as a whole, for a magnificent job of going over this extremely important subject for all of us.

I know we will get a lot out of this meeting as it is being conducted, but we also talk over our problems in the halls outside of the meeting, and these are just the things that we are discussing.

To date, there are 49 of us registered, and we have several guests with us who I am sure you would like to meet and know, and say hello to as we go through the meeting. I'm sure they have something to give to us, so if you have any special problems, don't hesitate about saying hello to them.

One of our guests is Colonel V. S. Adkins, General Claim Agent for the Elgin, Joliet & Eastern Railroad. Virgil, will you stand up and say hello?

MR. V. S. ADKINS (General Claim Agent, Elgin, Joliet & Eastern Railroad' Chicago, Illinois): Glad to be here.

CHAIRMAN BENNETT: Our second guest (and I think probably most of us know him) is the Executive Vice-Chairman, General Claims Division, A.A.R., Mr. Ken Carney. (Applause) And then we have Harlan L. Hackbert, who is a member of the firm of Stevenson, Conaghan, Velde and Hackbert, which firm is the Division Counsel for United States Steel Corporation and Counsel for the Elgin, Joliet & Eastern Railway Company. Hack?

MR. HARLAN L. HACKBERT: You'll hear from me tomorrow. (Applause)

CHAIRMAN BENNETT: And then we also have Mr. John Small, special representative from the Chesapeake & Ohio. I'm not sure whether Mr. Small is here or not. Stand up, John. (Applause)

MR. JOHN SMALL (Special Representative, Chesapeake & Ohio Railroad) : Gentlemen, I'm just a "Mister." I've been going to these meetings of the Medical Section for about 15 years, though, and possibly after another 25 or 30 years I might get my degree. (Laughter)

CHAIRMAN BENNETT: Nice to have you all. Please take part in our proceedings.

And now let's get back to this extremely important subject of our Committee on Disability and Rehabilitation. I think there might be some pearls of wisdom which some of you men might want to bring out—short and sweet—so that we can amend this Disability and Rehabilitation report so it will be of value to all of us as we see fit to use it after it comes out.

All right, let's have a general discussion now.

DR. B. W. STOCKWELL (Chief Surgeon, Detroit & Toledo Shore Line Railroad, Detroit, Michigan): I would like to bring up the question of blood pressure, with reference to the possibility of the medical department's being considered as negligent if a man is kept at work with blood pressure above the level mentioned here, which is 200 over 120 in the report.

We had a case where we were sued for continuing a man at work with a blood pressure over this level; we were found guilty, and it cost us $5,000. He had a coronary at work, and we were considered as negligent in keeping him at work because his blood pressure was elevated.

I just wonder if it is wise to retain the figure in this report.

DR. W. J. LONGEWAY (Chief Surgeon, Colorado & Southern Railway, Denver, Colorado): We took up that particular subject in our meeting, and we are going to propose a change when we make our report, covering that particular item.

CHAIRMAN BENNETT: Is there any other discussion, please?

DR. DOWD: Mr. Chairman, I would like to ask if there has been any consideration given to the placement of the running trades employe in yard service, or in a position as baggageman or some other type of employment?

It does seem to me, in going over the report, that when we refer to high blood pressure, diabetes, etc., true enough, these men are hazards in road service, but it does seem to me that in fairness to the man who has given many years of service to the company, it would be fair and reasonable if you took that man—who may be a diabetic on insulin, or who may have a hypertension beyond the official figures given—and retire him completely from service if he is 49 or 50, or well under the age of 65. I feel that all of you should give consideration to the placement of these men in various assignments where they are certainly not disabled, where they don't carry the same type of hazard at all as they do in road service.

That may be covered in the report, Jim. I'm not certain whether you referred to all running trades people, which takes in yard employes, baggagemen, etc.

DR. STACK: We spent a long time on that subject. I happen to be Chairman of this committee, but I am not the world's greatest expert on blood pressure. I'm in another department. However, we have people on the committee who are.

Earle Wight, do you want to answer your countryman here for a moment and tell him what our thoughts were on this subject?

DR. G. EARLE WIGHT (Chief of Medical Services, Canadian Pacific Railway, Montreal, Quebec): We deliberately left this the way it was. This is a recommendation and a guide. Of course, bald figures don't mean anything. You want a complete evaluation of the man's cardiovascular system. The figure of 200/120 doesn't mean very much; at 180/90, the man might be a lot more sick.

We left it this way for the reason that we can adopt that humanitarian attitude that you mentioned. We can put the man into yard service. However, if you have any particular trouble with your labor relations, you have a guide here that gives you the option to remove him from service, if you wish, but perhaps you are permitting him to continue in yard service as a calculated risk.

DR. STACK: Dr. Goldowsky is an internist, and he also participated in this discussion yesterday.

DR. IRA GOLDOWSKY (Medical Director, Central Railroad Company of New Jersey, Jersey City, New Jersey): I think I go along with what Dr. Wight said. We have to have the main part left in there. It was really the recommendation of Dr. Wight that we have something to go by when the labor representation comes in with the man we take out of service. The general feeling was that we do have some leeway here because of the additional thing that we asked for—a study of the whole cardiovascular system—and that the blood pressure, per se, should not be the deciding factor. As Dr. Wight has said, a man with 180 or even 170 blood pressure, with diabetes and fundi changes, and enlarged heart, is a far greater risk than a man with perhaps 240 and essential hypertension, where you have no other clinical findings.

DR. DOWD: The diabetic on insulin. You're getting off and only taking one tangent, actually, and that is the hypertension. Let's talk for a moment about the diabetic on insulin.

DR. HOMSETHIE: It is much less than among the wheat-eating people.

CHAIRMAN BENNETT: Thank you.

All I can say is this, that where we have a problem of blood pressure, diabetes and many other things, I can just tell you that probably we, individually, should not make the decision. I think it always helps us a lot if we call in our friend, the general claim agent, and give him our story, and let him look at it from his angle. Then, let us call in our lawyer and look at it from the point of view of whether we should put these figures down or not. We may even want to call in someone from the operating division.

I think if we are to put these figures down, ourselves, and stand behind them once in awhile, we'll be in trouble. Therefore, from my standpoint, only personally, I would recommend that we take the other departments of the railroad into consideration and call them in frequently to discuss these problems very fully, and then we can make our decision for the best interests of everyone concerned.

We have been over an hour on this problem, and I think it is all very, very important. That's what we came here for, to find out just where we stand. I think we should take a vote as to just exactly how we stand.

DR. GRAHAM: I move that we accept this report as a progress report, and that it be printed as a progress report, if the committee decides to print it, with final determination to be made at the meeting of the Committee of Direction at a later time.

(The motion was regularly seconded, was put to a vote, and carried.)

CHAIRMAN BENNETT: All right, we are now at Item No. 6, Report of the Committee on Trauma. The Chairman of that committee is Ben Stockwell, from Detroit, Michigan. I don't know whether Ben brought along the key to New Orleans that he had presented to him when he was there, or not, but nevertheless, we are going to turn this report over to Ben Stockwell, and he, in turn, is going to introduce Dr. Leigh, who has a sub-report.

DR. STOCKWELL: Mr. Chairman and gentlemen:

Prior to 1952 the Committee was named "Committee on Fractures," and the reports were limited to that subject. In 1951 when the Chairman of the Committee was Dr. Duncan Eve, the report consisted of three case histories of interesting fractures, and was then supplemented by an outline of "The Management of Low Back Sprains," which was presented by Dr. J. Huber Wagner. In 1952 the name of the Committee was changed to the Committee on Trauma, and at that time the Committee began to coordinate their reports with those of the Committee on Trauma of the American College of Surgeons. Thus in 1952, this plan was initiated by presenting a bulletin on "The Care of Hand Injuries" which was prepared by the American Society for the Surgery of the Hand and distributed by the Committee on Trauma of the American College of Surgeons through its regional committees.

In 1953 the presentations of the Committee on Trauma of the American College of Surgeons with special emphasis on Surface Injuries, and a bulletin on "Rehabilitation of the Quadriceps" was presented.

In 1955 the Committee presented and endorsed a bulletin prepared by the Committee on Trauma of the American College of Surgeons entitled "The Management of Acute Injuries to the Neck." It is interesting in reviewing

this report that one of the principles of First Aid was: "Do not apply a snug circular bandage around the neck."

In 1956 the Committee endorsed two booklets that were brought out by the Committee on Trauma of the American College of Surgeons, and recommended their use to all members of the Section in an effort to establish a set of sound basic surgical principles for the treatment of all acute injuries. These booklets are the "Early Care of Acute Soft Tissue Injuries," and "An Outline of the Treatment of Fractures."

In the report of the Committee for 1957, it is proposed that the booklets recommended to the Section in 1956 be again presented and heartily endorsed for the use of the members of the Section as well as their staffs. Particular emphasis may be placed on their usefulness in the teaching of the essential principles of emergency surgery. The booklets sell at $1.00 per copy and may be obtained from the American College of Surgeons, 40 E. Erie St., Chicago, Ill.

I might say that at a Sectional Meeting of the American College of Surgeons which was held on Monday of this week in Toronto, these booklets were mentioned by Dr. Michael Mason of Chicago. He told us that their use is being extended a great deal throughout the country, that many hospitals are using them for the training of their Interns and Residents, and that very recently the United States Navy has adopted the use of the booklets and is making them available in all of its centers and also making them available on ships.

I think they are very useful to the chief surgeons in recommending their use to their staffs.

This year your committee takes pleasure in presenting a paper on the subject, "The Use and Toxic Effects of Tranquilizing Drugs in Trauma." This will be presented by Dr. Southgate Leigh, Jr., who is one of the members of the Committee on Trauma. The paper is presented to the Section as a matter of interest, without a specific recommendation concerning the use of these drugs.

At this time I would like to present Dr. Leigh. (Applause)

DR. SOUTHGATE LEIGH, JR. (Chief Surgeon, Seaboard Air Line Railroad, Norfolk, Va.): Thank you Dr. Stockwell.

Mr. Chairman, Distinguished Guests and Gentlemen: The ataractic or tranquilizing drugs have been recommended for use in many ailments from financial worries to dementia praecox. Called "happiness pills" by the average layman, he has purchased over one hundred million dollars worth of them in the last year (Reader's Digest January 1957) in hopes of relieving care and tension.

Before using these drugs in the treatment of traumatic conditions, their complications and contraindications should be carefully considered. There is a change in the endocrine and autonomic nerve equilibrium of the body whenever trauma occurs, and its reversion to normal is imperative in the recovery from injury. Will the use of ataraxics impair or improve this reversion? What do we know of the actions and reactions of these drugs?

The ataraxics affect the central nervous system in a different manner from the barbiturates and produce calmness and amelioration of tension without changes in mental performance. Others that are similar are non-specific sedatives that are thought to block polysynaptic neural transmission in excessive muscular tension.

Serotonin release from the brain by reserpine, and other Rauwolfia alkaloids, was credited with the tranquilization effect of that drug, and is probably re-

OFFICERS AND PERSONNEL OF COMMITTEES OF THE MEDICAL AND SURGICAL SECTION FOR THE YEAR 1957-1958

Dr. I. Goldowsky, Chairman
Dr. M. B. Clayton, Vice-Chairman
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Dr. M. B. Clayton, Vice-Chairman

(Term expires in 1958)

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Dr. C. F. Holton, Chief Surgeon, Central of Georgia Railway, Savannah, Georgia.
Dr. J. K. Stack, Chief Surgeon, Chicago & North Western Railway, 127 North Clinton Street, Chicago 6, Illinois.

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* Appointed to fill the unexpired term of Dr. W. W. Washburn.

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(One Vacancy)

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