with these when there may be an occupational aspect apart from a direct accident.

Since back conditions are so varied and result from so many different causes, most of which are entirely unrelated to the job, it is difficult to classify them properly or to treat them adequately. Because the subject is so all inclusive, I shall not attempt to do anything more than discuss briefly our policy with regard to the value of x-rays in these ailments.

We have been asked on numerous occasions why we do not take x-rays of the spine on all preplacement applicants to rule out potential back cases. We have not advocated this procedure for the following reasons.

1. Taking x-rays of the spine is an expensive, time-consuming procedure, requiring specialized equipment and expert technicians.

2. Interpretation of such films is not particularly satisfactory even in the hands of highly competent orthopedic surgeons.

3. The experience of other industries who have tried it has not been such that it is a justifiable venture.

4. Even where the Company is large and has an "in plant" medical hospital completely equipped and staffed with a large x-ray department, the value of such a policy is very dubious.

5. In Brake Shoe with its many scattered locations and varied population, the idea is just not feasible or, in my opinion, justifiable.

This does not mean that x-ray of the spine in certain selected cases should not be made. They should be taken but each must be decided on an individual basis rather the a Company wide program. We believe that the "teach them to lift properly" idea is the simplest and most effective procedure if adequately explained and insisted upon.

Herniated Discs. Most of you are faced with this situation at some time or other and a word about our policy in this case might be timely.

"Herniated Discs" have become very popular in the last ten years and while not minimizing their significance, I believe that the value of surgical removal has been over-emphasized or perhaps not properly applied to suitable cases. If the disc material (nucleus pulposus) has herniated or ruptured through the cartiloginous capsule of the intervertebral disc and a fragment is lying out in the foramen of the spinal canal against a nerve root, the patient will almost certainly be a victim of intractable sciatica. He cannot be expected to improve on conservative therapy such as rest, supports, etc. Simple surgical removal of the disc in this case will probably completely restore his employability. But every such syndrome is not cured by removal of the disc. Stabilization of associated