

THE RAILWAY SURGEON AND HIS JOB*

BY H. A. ROYSTER, A.B., M.D., F.A.C.S.,
Raleigh, N. C.

The duties of a railroad surgeon are so varied that it would be quite beside the mark to set them all down within the confines of a brief address. All the way from being a good citizen through the tribulations of appearing in court up to the performance of a critical operation in distressing circumstances, a physician who holds a railway appointment is expected to acquit himself with credit.

A few of the essentials he must possess in order to fill his job are:

1. *First of all he should be a real surgeon.* By that is meant that he should know when and when not to interfere—particularly when not to interfere. Once having decided to interfere, the operative procedure must be conducted with skill and dispatch. One of our immortals has said: "There are many good operators, but few good surgeons." This is the sound truth, for it is not all of surgery to cut; and yet who shall say that the dexterity of a trained technician is not needed when the operation is inevitable? It may be contended that many of our railroad surgeons are located in sparsely settled areas and that these men may not, therefore, become skilled operators. This is granted and in some respects is not to be deplored, especially if it be remembered that such appointees are usually men of good judgment and that well-equipped surgical hospitals are now within easy reach of all points.

I am not far from agreeing with the view of a high official of one of our large systems who, recommending the appointment of a certain outstanding medical man as a surgeon to his road and being told that the man was not a surgeon, said, "That is well. He can be of use to the Company. We have enough surgery now. I want as little of it as possible."

The surgeons in the smaller towns can

not and do not shirk their responsibilities. They are prepared in first aid work; their observations for the most part are accurate; they attend to whatever injuries come within their province and refer to a consulting railroad surgeon those which they are not prepared to take care of. More and more, however, they must be required to interpret their cases in the light of surgical judgment. In the words of the great Kocher, "It may not be necessary for the practitioner to act surgically, but it is imperative that he should learn to think surgically."

2. *The railroad surgeon should look upon every case coming through official channels as if it were his private patient.* Beside the moral issue involved, there is efficiency and economy in this attitude. It is not enough to give routine attention even to those who will not remain under treatment; but the problem in each case should be met and the patient treated as an individual. Above all there is need of a thorough, painstaking examination at the very first interview, whether the patient be actually wounded or sent in for investigation. There may have grown up with some of us the feeling that inclines us to consider railroad patients—whether employees, passengers or trespassers—as in some way different from others who seek our services. It may be merely a habit of mind, but it conduces neither to good service nor good results. When an injured passenger, a sick employee, or a maimed tramp comes into your hands, your first aim will be to give the case the best that is in you just as if he were your personal patient. The same problems are to be met here as in regular practice. The disposal of the patient may be different and decision may be hindered by conflicting agencies; but unless we assume the binding attachment of physician to patient we can not accomplish complete results.

3. *The surgeon should be an asset to the railroad and not a liability.* One may be an able surgeon and bestow faithful attention upon one's cases and yet not measure up to the full standard of a medical railway officer. There are special requirements to be fulfilled. The greatest of these

*President's Address, Southern States Association of Railway Surgeons, Auxiliary to Southern Medical Association, Fourteenth Annual Meeting, Louisville, Ky., Nov. 15-18, 1920.

are loyalty, interest and tact. Being loyal to the company implies no abatement of personal nor professional independence. Just as the patient deserves our conscientious care, so does the railroad expect from us frank statements and an earnest desire to serve the company. Our cause is the cause of truth and the high-minded official demands nothing more, nothing less. We can show interest in our work by keeping complete records of our cases, by dispatching promptly all reports, and by performing every medical duty to the highest degree of individual ability.

A railroad company should never be put to the necessity of apologizing for or defending its surgeon. It is of no use to deny that the careless and incompetent work of surgeons is at times responsible for the payment of damages far beyond that which the original injury would warrant. The effort of the surgeon should be centered upon reducing the disability, certainly not upon increasing it, and the company should be permitted to escape the double burden resulting from accidental injury and improper treatment. The administration of remedies, the application of dressings, and the performance of operations in railroad cases are but a counterpart of those seen in private practice, and no physician may be excused from the possession of average ability in either instance. The tactful management of an injured person in such a manner as to do justice to the patient, the company and himself presents many difficulties to the railroad surgeon. Experience has led to the observation that acting the alarmist does harm to the company; that neglecting to warn and inform militates against the cure of the patient; that failure to measure up to high professional attainments brings disappointment to the surgeon himself. Above all, let the surgeon beware lest he be tempted to magnify his own qualities in the eyes of the injured man and at the expense of the railroad company.

4. *The standing of the railroad surgeon in his district should be so high that his opinion is acceptable to all of those who may be concerned. Leaving himself out, the surgeon is confronted by a three-fold*

obligation: first, to the patient; second, to the company; and, third, to the community. A judicial turn of mind is the satisfactory way of approach. It is better to regard the surgeon not as a witness for the defense, but as a witness for the right. Standing one's ground is altogether commendable, but partisanship alone can never make for justice. Least of all should the surgeon feel that he is compelled to sustain a theory not supported by the facts or to express an opinion in conflict with elevated professional standards. His conduct as a citizen is of tremendous importance. Public confidence in him, growing out of esteem for his scientific attainments and personal character, goes a long way toward causing his word to be respected and his judgment upheld.

PAST, PRESENT AND FUTURE OF ORTHOPEDIC SURGERY*

By W. S. BAER, M.D.,
Associate Professor of Clinical Orthopedic
Surgery, Johns Hopkins University,
Baltimore, Md.

The changes which the World War wrought in so many fields of activity have been particularly felt in our own specialty. I believe the orthopedic surgeon has been undergoing an unconscious development which prepared him for the work that the great war demanded of him. New activities were suddenly thrust upon him which he found himself prepared to meet, activities which would probably have slumbered yet another half century if the need of the moment had not made them imperative. So it has seemed to me that it might be worth while to cast a hurried glance in retrospect at what has been accomplished, and then to scan the future in order to get a glimpse of what is yet to come.

The early history of orthopedic surgery has been summed up in the word, orthopedic: *ortho*, a straight, *pais*, child, i. e., to straighten children, a field

*Chairman's Address, Section on Orthopedic Surgery, Southern Medical Association, Fourteenth Annual Meeting, Louisville, Ky., Nov. 15-18, 1920.