

Miscellany

MILWAUKEE HOSPITAL ASSOCIATION.

(Established October 1, 1908.)

To All Employes:

The benefits and economy of an efficient Hospital System having been conclusively demonstrated by the experience of railway companies and other corporations, it is believed that the employes of the Pacific Coast extension are entitled to, and will fully appreciate the advantages of, such a system for the protection of those who may become disabled through sickness or injury.

To accomplish this the Milwaukee Hospital Association has been organized, and arrangements are now being made by it for the provision on and after October 1, 1908, of adequate hospital accommodations and professional services, to afford sick and injured employes the best care and treatment obtainable.

The plan provides for monthly contributions from all officers and employes of these companies of one per cent (1%) of their earnings each month, with a minimum of fifty cents (50c) and a maximum of two dollars (\$2.00), which will entitle the contributors to Hospital Care, Medical and Surgical Treatment, Medicines, Artificial Appliances, Vaccination, and an allowance for Burial Expenses in case of death, in the manner provided by the Rules and Regulations which will be promulgated for the government of the Hospital Association, with the approval of the management.

The contributions will be made through the Paymaster's office by deductions from the pay rolls, commencing with the rolls for the month of October. Orders for treatment will be issued by Heads of Departments, and Foremen, to all employes entitled thereto.

Dr. A. I. Bouffleur, with office in Chicago, has been appointed Chief Surgeon of these Companies and of the Milwaukee Hospital Association, and will have executive charge of the affairs of the Association.

The Local Surgeons of these Companies will be the Surgeons of the Hospital Association, and all injured and sick employes will be under the care and treatment of the Hospital Association.

Lists of Association Hospitals, Division Surgeons, and Local Surgeons will be bulletined as soon as arrangements shall have been completed.

E. D. SEWELL,

Pres. C. M. & St. P. Ry. Cos. of S. D. and Mont.

H. R. WILLIAMS,

Pres. C. M. & St. P. Ry. Cos. of Idaho and Wash.
September 21, 1908.

RULES AND REGULATIONS.

1. All the officers and employes of the Chicago, Milwaukee & St. Paul Railway Companies of South Dakota, Montana, Idaho and Washington, and all employes of such other corporations operated in connection therewith, as may be agreed upon, who make contributions in accordance with these Rules, are entitled to the benefits provided by the Milwaukee Hospital Association under the Regulations and Restrictions herein prescribed.

CONTRIBUTIONS.

2. A contribution of one (1) per cent of the monthly earnings of all officers and employes will be collected by deduction on the pay rolls and salary

vouchers, with a minimum deduction of fifty cents and a maximum of two dollars monthly.

(a) Contributions to the Hospital Association entitles the contributor to all benefits of the Association in the manner prescribed by these Rules and Regulations, while the contributor remains an employe. No employe shall have any vested right in the funds or property which the Association may accumulate, and his rights and the liability of the Association shall at all times be limited to the benefits herein provided.

(b) Contributions will not be collected when wages are not earned.

(c) As the contributions are based upon the amount earned each month, and as the employes as a body have had the benefits provided therefor, no refund will be made to an employe on leaving the service.

BENEFITS.

3. The Association will provide contributors with the following benefits under the regulations herein prescribed:

- (a) Hospital care in designated hospitals.
- (b) Surgical and medical treatment.
- (c) Medicines.
- (d) Artificial limbs and surgical appliances.
- (e) Spectacles.
- (f) Vaccination.
- (g) Burial allowance.

HOSPITAL DIVISIONS.

4. The Company's lines will be divided into four or more Hospital Divisions.

(The designations, limits and hospital accommodations will be announced later in a Bulletin.)

MEDICAL STAFF.

5. The Medical Staff shall consist of

(a) A Chief Surgeon, who will have general direction of the medical and surgical care of patients.

(b) Four or more Division Surgeons, who will have immediate supervision of the medical and surgical work in their respective divisions in addition to the local work in the places where they reside.

(c) Local Surgeons, who will render temporary medical and surgical treatment in their home towns, and at other points in their vicinity when directed by Division Surgeons.

(d) Specialists, who will give special treatment in diseases of eye, ear, nose, and throat, and other conditions on order of Chief or Division Surgeon only.

HOSPITAL CARE.

6. Hospital care, under direction of Surgeons of the Association, will be provided at Hospitals operated by the Association or designated by it as Association Hospitals.

HOSPITAL CASES.

7. Patients requiring special care and nursing, or who have not the proper facilities at their homes for satisfactory treatment, or who require continuous treatment for injury or sickness, and especially those located at points where no Local Surgeon resides, should go to an Association Hospital.

In cases of severe injury or serious acute illness, hospital care may be provided, temporarily, at other points on order of a Division Surgeon.

Board or nursing will not be furnished outside of the designated hospital, except as hereinafter provided for contagious diseases.

8. Surgeons will determine what treatment a patient should have, where it should be given, and when a patient should go to a hospital, and if he refuses to comply with surgeon's instructions or to go to the hospital after being advised that he can be safely removed there, then the patient will not be entitled to further treatment at the expense of the Association on account of that injury or sickness.

Contagious diseases must not be sent to Association Hospitals under any circumstances.

TRANSFERRING PATIENTS.

9. In transferring patients to hospitals, surgeons will notify hospital by telegraph of the time of arrival, condition of patient and whether ambulance or other conveyance is required, and if necessary, in serious cases, will accompany patients to hospitals. Hospital transfer order on Form 3 should be forwarded with patient or by next mail.

ATTENDANTS.

10. If necessary to send an attendant to hospital in charge of patient, the operating official having jurisdiction should detail a competent relative or employe for that purpose, arranging for transportation of both to hospital and for return of attendant.

MEDICAL AND SURGICAL TREATMENT.

11. Medical and surgical treatment will be provided by Association Surgeons.

(a) At the Association Hospitals.

(b) At other hospitals, in cases of severe injury or serious acute illness, when authorized by Chief or Division Surgeon.

(c) At home or surgeon's office, temporarily, in any place in which an Association Surgeon resides, or

(d) By Specialists when authorized by Chief or Division Surgeon.

EMERGENCY SURGEONS.

12. In cases of emergency for accident while on duty, when it would not be safe to send party to or await the arrival of an Association Surgeon, an officer of the company may summon any available physician to render first attention. If further treatment is required, nearest Association Surgeon should be immediately notified to take charge of the case.

EMERGENCY TREATMENT.

13. Surgeons summoned for emergency service should not be permitted to perform any operation until arrival of Association Surgeon, unless it is absolutely necessary for safety of the patient, nor should they accompany patients to hospital except by direction of Division Surgeon. It is the duty of the officers authorizing the service to see that they are so notified.

OTHER SURGEONS.

14. The Association will not allow bills for services of physicians or surgeons not in its employ, except when they have been called for assistance in emergency cases for accident while on duty, by an official of the Company; in which case a reasonable allowance will be made for first attention only, unless further treatment has been authorized by Division Surgeon.

BILLS FOR EMERGENCY SERVICE.

15. All bills for emergency services, with statement of full particulars, shall be forwarded by Division Surgeons to Chief Surgeon for decision.

MEDICINES.

16. Medicines prescribed for employes by Association Surgeons will be furnished free of charge by the Surgeons or the Association Druggist, excepting patent and proprietary remedies.

ARTIFICIAL LIMBS, EYES AND SURGICAL APPLIANCES.

17. The Association will furnish artificial limbs and eyes to those having lost their limbs and eyes while entitled to benefits. These can be had on application to Chief Surgeon through the Division Surgeon, but will not be renewed. Trusses, suspensories and elastic bandages will be furnished once on order of an Association Surgeon. When necessary, crutches will be loaned to employes.

SPECTACLES.

18. The Association will furnish one pair of glasses, not exceeding \$3.00 in cost, when necessary after injury to eyes, on order of an Association Oculist, but will not renew or replace them.

VACCINATION.

19. The Association cannot care for cases of smallpox, but as it is a preventable disease, Association Surgeons will vaccinate all employes desiring it, free of charge.

BURIAL ALLOWANCE.

20. In case of death in an Association Hospital of an employe entitled to benefits, an allowance not exceeding fifty dollars (\$50.00) will be made for burial expenses.

RESTRICTIONS.

21. (a) Benefits will not be given contributors for conditions due to venereal disease, use of liquor, vicious habits, personal difficulties or unlawful acts, nor for diseases acquired before entering the Company's employ, nor in the event of death from any of these causes.

(b) Benefits cannot be given employes afflicted with smallpox, yellow fever, bubonic plague, or any other contagious or infectious disease subject to Federal, State, County or Municipal control; but in special cases treatment and medicines will be given in places where Association Surgeons reside, and, when necessary and practicable, nursing will be provided. Cases of Consumption may receive treatment by Local Surgeons, but cannot be given hospital care. Cases of insanity cannot be cared for by the Association.

(c) Treatment at the Hospital or by the Line Surgeons will continue as long as in the opinion of the attending surgeon it is necessary, but will not exceed three months, except on authority of the Chief Surgeon.

(d) Patients will be discharged from the hospital when in the opinion of the Association Surgeon they do not longer require treatment there. Should a patient thereafter insist on remaining in the hospital, the surgeon will refer the matter with full particulars to the Chief Surgeon for decision.

(e) Employes who abuse the benefits of the Association, or who flagrantly or persistently violate the Regulations of the Association or of the Hospital will be excluded from further benefits.

(f) Employes will not be entitled to benefits for disabilities incurred after contributions have ceased or after they leave the service of the company, but will, on making application therefor to the Division Surgeon on the day their employment terminates, be given treatment for disabilities incurred prior thereto, and such treatment will be continued until they have been discharged in conformity with the rules of the Association. Such employes will not thereafter have any claim on the Hospital Association or

the Company on account of contributions previously made to the Hospital Association.

(g) When employes prefer to employ their own physicians or surgeons they will do at their own expense, as the Association will not pay for such services, nor for medicines prescribed by surgeons not in the employ of the Association.

ORDERS FOR TREATMENT.

22. An order for treatment on Form 2 must be given surgeon at time his services are first required, and a new order must be given to him each month thereafter as long as treatment continues for that ailment, unless party is a patient in the hospital. If patient recovers from ailment for which order was issued, and requires treatment in same month for another ailment, he must furnish a new order.

In case of serious accident, or other emergency cases, telegraphic or other orders may be issued, but where Form 2 is not furnished at time of first attention, it should be sent to surgeon as soon thereafter as possible.

AUTHORITY TO ISSUE ORDERS.

23. Orders on Association Surgeons (Form 2) can be issued by Heads of Departments, Superintendents, Resident Engineers, Master Mechanics, Agents, Yard Masters, Road Masters or Division Carpenters. If such officials cannot be quickly reached, and the case is very urgent, any officer or foreman in charge may secure services of surgeons, promptly advising his superior officer, who will forward order in regular form to attending surgeon.

Orders on hospitals (Form 3) will be issued by Association Surgeons only.

CONSULTATIONS.

24. Any patient desiring to consult other members of the staff than the surgeon designated for his locality, will make application to his Division Surgeon, who will arrange for such consultation as may be required, the attending surgeon carrying out the treatment mutually agreed upon. In this way the policy of the Hospital Association to give employes the benefit of the combined advice and experience of the different members of the staff in cases of obscure nature, or where patients do not progress rapidly toward recovery, will be carried out, and with much better results than if different surgeons were consulted separately.

When the advice of a Specialist in diseases of the Eye, Ear, Nose or Throat, or other condition seems desirable, the Local Surgeon will communicate the facts to the Division Surgeon for instructions.

TRANSFERS.

25. Transfers from one Association Surgeon to another will be issued by the attending surgeon in proper cases where, through change of location or for other good reason, it is desirable, and in such event treatment will be continued by the surgeon to whom transfer is made.

Transfer from one hospital to another may be made by order of Chief or Division Surgeon, but not otherwise.

TRANSPORTATION.

26. The Railway Company will furnish free transportation to employes having Order for Treatment to and from nearest Association Surgeon, and to and from hospitals for all persons entitled to hospital treatment under the Rules, and for their necessary attendants.

TELEGRAPH AND TELEPHONE.

27. As the Company contributes the use of its telegraph and telephone service to facilitate the care and treatment of the sick and injured, all persons are hereby notified that no bills for medical or surgical services, hospital care, nursing, drugs or burial expenses will be allowed unless first authorized by the Chief or Division Surgeon, or the Special Agent or other officer of the Company, as provided in these Rules.

SERIOUS ACCIDENTS.

28. In case of serious accidents, where a number of persons are injured, Division and Local Surgeons must be notified by wire, giving particulars as to number injured and character of the injuries. Association Surgeons will go at once to the scene of the accident and will take charge and direct relief in such cases. If additional surgical services are required, all available surgeons needed should be summoned as provided under "Emergency Surgeons."

INJURED PASSENGERS.

29. Passengers injured on the Company's lines will be given treatment by the Association Surgeons and at Hospitals, when requested by Superintendent, Special Agent or other Officer of the Company.

INJURED CITIZENS, TRESPASSERS, ET AL.

30. In case of injury to citizens, trespassers, tramps, boys and others not employes or passengers, they should be turned over to friends, or to the city or county authorities. Until this can be done Association Surgeons may be summoned if necessary to give them first attention. Such cases should not be sent to hospital unless by direction of the Superintendent, Special Agent or other Officer of the Company.

APPLICANTS FOR EMPLOYMENT.

31. As it is essential to the success of the Association that all persons should be in good health on entering the service of the Company, all applicants for employment will be subjected to a physical examination in accordance with the Rules of the Company pertaining thereto, and those not in good physical condition shall be rejected. Foremen and others employing men even temporarily should inquire into the physical condition and state of health of all applicants. When an applicant is manifestly suffering from any serious ailment his services should be declined. Where a reasonable doubt exists, the applicant should not be employed even temporarily without certificate of an Association Surgeon.

SANITARY CONDITIONS.

32. Association Surgeons will pay strict attention to sanitary conditions at all points on the road within their jurisdiction or where employes live in large numbers, and will report at once to the Chief and Division Surgeons anything coming to their notice detrimental to the health and comfort of employes or passengers.

PROPERTY OF THE ASSOCIATION.

33. Officers and employes of the Company having any property of the Association in charge are expected to see that it is carefully kept and in order. Loss thereof or defect therein must be reported at once to Division Surgeon. Any loss or damage through negligence will be chargeable to those intrusted with its care.

EXCEPTIONAL CONDITIONS.

34. Instances may arise that may not be covered by the foregoing regulations and from the nature of which it would be impracticable to formulate specific rules. In such special cases wire the facts fully to Division Surgeon for instructions.

ADMINISTRATION.

35. The affairs of the Hospital Association will be administered by a Chief Surgeon and four or more Division Surgeons.

The Division Surgeon will have immediate supervision of the service in their respective divisions.

The Chief Surgeon will have executive charge of the Association and all correspondence pertaining thereto should be addressed to him direct.

All questions concerning the administration of the affairs of the Association will be decided by him, and any appeal from his decision must be made to the Chief Operating Officer of the Employing Company, whose decision shall be final.

AMENDMENTS.

36. The Rules and Regulations of the Hospital Association may be amended or changed from time to time by the Chief Surgeon with the approval of the Chief Operating Officer of the Companies.

A. I. BOUFFLEUR,
Chief Surgeon.

Approved:

E. D. SEWALL.
H. R. WILLIAMS.

ASYMMETRY OF THE BREASTS IN TUBERCULOSIS.

Richer observes that asymmetry of the breasts in the female, is frequent in tuberculous individuals (19 per cent) while in healthy women it is rare (2-3 per cent).

While this asymmetry is sometimes contemporaneous with the development of the breasts it is frequently so with the tuberculous infection. It sometimes develops step by step with the evolution of the bacillary lesions, and everything leads one to believe there is a relation of cause and effect between the two phenomena.

Many hypotheses have been put forward to explain this condition of things, but none of them—even that of a neuritis—can be considered as demonstrated. At any rate, the significance of the fact is important and may prove a precious adjuvant in the diagnosis.—*Lyon Medical*.

The old-fashioned *surgeon's knot* is bulky, clumsy, unnecessary, and should be used seldom, if at all. The reef knot requires more skill, care and precision in tying, but is safer and far less bulky.—*Corner and Pinches*.

Extracts and Abstracts

EMERGENCY OPERATIONS IN SHOCK.

W. H. WILDER, M. D., BIRMINGHAM, ALA.

With the possible exception of sepsis there is probably no greater cause of death following surgical operations than shock; the practice of surgical cleanliness has favorably modified to a large extent the former, but as to the latter, we have not made equal progress. This subject, though very old and threadbare, will always be of interest to railroad surgeons, as most of the patients we see soon after being injured are more or less shocked, varying in degree all the way from a simple fright, which is a psychic or nervous shock, to collapse and impending death.

Therefore, in order to properly treat our patients it is necessary to take into consideration the entire situation, including the extent and history of the injury, the previous condition of the patient as to age, habits, constitution, race, sex, nervous temperament, etc., so that we may fully comprehend the predisposing as well as the exciting causes of the shock.

It should be remembered that the extent of the shock will depend almost wholly upon the number and intensity of the afferent impulses to the brain, which in turn transmits them to the vital centers in the medulla; the extent of shock therefore, caused by trauma to any part of the body will depend upon the quality and quantity of nerve supply of the part injured. It is a well known fact that injuries to tissues and organs well supplied with nerves are far more shock-producing than similar traumas to tissues with fewer nerves; crushes of the fingers and hands will consequently cause more shock than like injuries to the lower extremities. The number of nerve elements will, therefore, more or less determine the amount of shock produced; consequently injuries to bones, ligaments, tendons, do not produce as much shock as if the overlying skin or muscles had been damaged to the same extent.

In surgical shock there is always present an abnormally low blood pressure, which is the