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ference of employers of small groups has been noted as exemplifying that it is believed that medicine in industry is still a "patch up" job. It is conceivable that sickness in the smaller groups is proportionately greater than in the larger groups, since injury occupies the same statistical frequency. The points emphasized in regard to health and medical services in smaller groups were: (1) health promotion; (2) the care of industrial accidents and occupational diseases; (3) control of health hazards; (4) reasonable first aid for sickness and injury; and (5) cooperation of plant managers, local physicians and community health groups. Cost seems to be a stumbling-block in the more frequent adoption of medical services by smaller groups. Such services are frequently supplied by insurance carriers, and usually the curative aspects are emphasized. Standards must be raised by attracting men with ability, by giving courses in industrial medicine and surgery in the regular medical curricula. Men should be trained through medical departments in industry by correlative courses in industrial surgery. The troubles of free choice and objections to physical examinations vanish when good service is provided in industry. If the insurance companies and industry will get together in a cooperative attack on the problem, many important things will easily be done. The selection of competent men was again emphasized. It appears that in large plants the average cost per employee per year is \$5.00 to \$10.00, whereas in the smaller plants it is \$10.00 to \$15.00. Evarts showed that a minimum service can be provided at a per capita cost of \$10.00 per year. It can, therefore, be concluded that an adequate service can be provided for the small groups.

DR. FREDERICK SLOBE, in discussing this paper, stated that usually a lack of interest formed a definite handicap, and, furthermore, that there was great ignorance concerning this subject among employers; therefore, the necessity for proper education.

DR. H. W. LAWRENCE made a presentation on "The Relationship of the Industrial Medical Department to Other Personnel Activities." Human failure is costly. The quality of personnel is a definite element in successful industrial progress. Cooperation of the medical department in other activities is highly essential. When claims arise there is given an opportunity to investigate conditions and to provide complete follow-up, the latter of which is very important. It is also an opportunity to supply helpful aid to the compensation department, but one cannot afford to lose the confidence of the claimant and therefore must proceed cautiously. The medical department certainly must interpret the technical reports to the other departments in industry. Cooperating with the employment department, the determination of employee attitudes and the evaluation of such attitudes is the most vital thing in industrial relations today. The medical department has an unusual opportunity here. It is essential, however, that the medical department shall not go too far in the

extent of medical care. Sanitation and hygiene are also considerations of great value. It is just as important for the medical department to appraise human material, as for the engineering department to appraise its materials. In public relations, the medical department has a definite part to play with reference to community and national health groups. Safety procedures should be coordinated with the medical program. In this respect, a study of hazards and control is necessary. With reference to the educational department, the medical department should participate in the evaluation of training courses, regarding bulletins, articles, and various other publications. In summary, it is the duty of the medical department to participate in prevention, alleviation, and instruction.

DR. W. A. SAWYER talked on "Geriatric Relation to Employment." The problem of the old employee has been one that has not attracted much attention, but it is now of great moment, principally because of the various aspects of unemployment. The age of 65 has been set as the threshold of old age, but this may have considerable variation physiologically. Diseases common to old age are those of the respiratory system, cancer, arthritis, heart disease, diabetes, and others not occurring as frequently. We are concerned not alone with pathological changes, but also with motivation, with spirit, and with adaptability. It is of considerable significance that the average age is older now than 10 years ago in industrial employees. The figures have probably been distorted as to the numbers of young men hired — probably there are many instances of rehiring which were also counted. The figures for one industry showed that 36% were under 21 years of age; 21% between 22 and 25; 17% between 26 and 30; and 5.3% over the age of 40 years. It is of interest to know that this distribution corresponds with the general population distribution. In the older worker, retraining and transfer may be necessary, but with medical supervision the problem is not so great. In fact there is no greater difficulty than with the younger men. Accident frequency is less in the older age group (about 40% and 50% respectively). There is, however, more absenteeism over age 40. In a group of 12,000 employees, absence rates were found to be 26.1% for ages 18 to 29; 22.2% for ages 30 to 39; 22.2% for ages 40 to 49; and 29.7% for ages 50 and over. In conclusion, Dr. Sawyer referred to a recent report of the Department on this general subject.

Wednesday Evening

THE ANNUAL BANQUET of the American Association of Industrial Physicians and Surgeons was held at 6:30 with DR. C. D. SELBY, President of the Association, as toastmaster. The guest speaker was MR. WILLIAM S. KNUDSEN, President of General Motors Corporation, Detroit, spoke on "The Relations in Industry." MR. KNUDSEN presented the KNUDSEN AWARD for the most outstanding contribution to industrial medicine for the years 1938-1939. The award was made to Dr.

hygiene, of Chicago, and was based on his book "Medicolegal Phases of Occupational Diseases."

Monday Morning

DR. SUMNER L. KOCH, of Chicago, presented the subject "The Repair of Tendon and Nerve Injuries." The surgical principles of successful tendon operations may be divided into three steps: (1) use of fine suture material, reduction to the minimum amount of trauma and oozing; (2) remembering that a smooth gliding surface is the ultimate result desired; (3) a very careful and painstaking examination before operation; and (4) conservative treatment in cases where the patient already had first aid treatment, realizing that infections come mainly from the respiratory tracts.

Those around the patient. Tendon transference is very helpful. Immobilization is one of the cardinal principles of proper tendon healing; the limb must be set at rest. Incisions should be made parallel to the skin creases. A series of slides demonstrated the treatment of wounds and injuries to various nerves. Slides also demonstrated types of incisions which were necessary. A description of the stay suture for tendon suturing was also given. For nerves only fine sutures through the perineurium should be used. Various illustrations of operation procedures and aftercare, including diagrams of operations and apparatus and technique, with demonstration of special points and their uses, completed the presentation.

In discussion, it was brought out that a simple examination of test for sensation would reveal whether nerves have been injured. A bloodless field by the use of a blood pressure cuff with pressure of 250 mm. is a simple expedient, but gives excellent results. If the wound has been contaminated, it should be cleaned, dressed, and put to rest. If there has been a streptococcic infection, it is warranted if one waits in some instances as long as 12 months before trying to really do any constructive operative work.

It is of course, a great deal of time and effort, but it is necessary to wait as long as 12 months before trying to really do any constructive operative work.

DR. E. A. CODMAN discussed the subject "Making the World Supraspinatus Conscious." There is an important principle for exploratory operation in injuries to the shoulder, but apparently so far there has not been much success in getting recognition of this principle. During the last 30 years there has been, however, some slow dissemination of appreciation of this procedure.

The anatomy of the shoulder has been grossly neglected by many surgeons. Many times an operation occurs too late to do any good. In rupture of the tendon of the supraspinatus, the only outstanding symptoms are pain and lack of use, and these findings are liable to be confused with arthritis. Details of suggestions to the American College of Surgeons were given relative to the publication of recent advances periodically. It was also suggested that the Association might cooperate in this respect.

In discussing this presentation, DR. GEORGE W. C. O'NEAL mentioned that a registry of bone sarcoma

adopted by the American College of Surgeons at the suggestion of DR. CODMAN had proved to be of great value. It was further believed that the adoption of the suggestion of the publication of recent advances periodically would also establish good public relations.

DR. DAVID GILLESPIE spoke on "Treatment of Hernia." There is no subject of greater importance to surgery. Hernia is well in the forefront of causes for rejection. DR. GILLESPIE's discussion had reference to treatment, and included treatment by truss, by operation, and by injection. Obviously, a truss is not a cure-all, and it has its limitations; it does, however, provide a palliative safety measure which must be constantly checked in order to be effective. In the operative treatment, the various types of operations were mentioned and described. Particular emphasis was laid on suture material, statistics being given for 314 cases of femoral hernia; recurrences occurred to the number of 9.1% with silk suturing; 6.2% with catgut; 27.7% with the so-called Gallie suture. Thorek's operation for undescended testicle was described, and it was mentioned that it gave good results. Bassini's original work on inguinal hernia was reviewed, and it was stated that the Bassini operation was still the operation of choice for this type of hernia. It is desirable to mobilize the layer from above downward in dealing with the transversalis fascia — this helps to reduce recurrences. In a 10-year study of the use of the Gallie suture, it was found that infection was more common and recurrences more frequent, and that there was no foundation in fact for the original theory. If extensive dissection is necessary, there is much scar tissue produced, with free bleeding. Furthermore, there is a great deal of handling of the fascial strip; the sutures have a tendency to pull out. The recurrences after one year are almost twice those which occur before one year's lapse of time after the operation. In the use of silk sutures, experience has shown that some time is necessary in order to learn how to use silk. A division of the cord is an important principle. There is no method of hernia operation which gives absolutely sure results, as there are causes beyond the control of the operator, such as age, type of hernia, occupation, and condition of tissues; there are, however, causes which are within the control of the operator, such as selection of the type of operation, prevention of postoperative complications, the avoidance of infection, proper postoperative care, and others. It was concluded that operation is the method of choice in most cases — there are few where injection alone is advisable. Figures were given for the injection method based upon 66 cases, in which there were 84% failures; 6.6% of possible cures, including the wearing of a truss, and 9.3% of so-called actual cures. The difficulties which present in the injection method are those of delivering the injection solution where most needed and of promoting gradual absorption; it was determined that one solution is as good as another. Fowler was

quoted as saying that we have little adequate knowledge on the recurrence rate of the injection method. Kelly believes that the sclerotic tissue entirely disappears.

AT AN especially arranged luncheon at the Cleveland Rotary Club, the guest speaker was DR. LOYAL A. SHOUDY, Medical Director, Bethlehem Steel Corporation, who spoke on "The Doctor Goes to Work in Industry." A review of the doctor's work in industry was made, and human relationships were especially stressed. Experiences from DR. SHOUDY's rich supply were given to show that in industry medical work is a "man-to-man" responsibility, and that one can make considerable progress by instilling confidence; in fact, this is the basic principle. A plea was made for more close cooperation between management and medical men.

Thursday Afternoon

DR. HENRY H. KESSLER gave an excellent presentation on "Operative Problems in Rehabilitation of the Injured." This was a combined lantern slide, motion picture, and patient demonstration of the use of the cineplastic arm. The technique of the preparation of the arm was explained both by slides and motion pictures and by allusion to the patients, and the mechanics of the cineplastic apparatus were likewise demonstrated by these means. It is impossible to give an adequate word picture of the interesting and unusual results which have thus been obtained, but the simple principle is to establish the use of an apparatus which permits grasping objects with an artificial hand, by making use of the muscles which remain to control this grasping power. DR. KESSLER has had about 100 cases of this type, of which 50 were considered successful, about 25 fair, and the rest failures. Cases must obviously be selected carefully, but it has been found that re-education of the muscles is not necessary to success. The cost of the apparatus varies from \$175 to \$250 according to the site of the amputation.

DR. JOHN S. COULTER demonstrated by lantern slides "Physiotherapy Problems in Rehabilitation of the Injured." It is important that the physician should do the prescribing of physical therapy in using this form of treatment. Dr. Philip Wilson has stated that the next great advance in fracture treatment is the recognition of physiotherapy methods, and that this form will outstrip others if properly used by physicians. One does not need expensive apparatus, but it is well to use money to buy personnel. It is also of importance to know that there is a national registry for physical therapists. Various forms of therapy used were mentioned, such as heat and massage; warm paraffin baths; short wave diathermy; electricity; under-water exercises. Ingenious apparatus was demonstrated by lantern slides, for example, the use of bike pedalling in bed; walking bars used in front of a mirror; foot and ankle apparatus similar to a pedal; inversion tread, and many others of equal ingenuity and value. It was

especially stressed that the American Medical Association has had for many years a special council on physical therapy, which published a booklet and a description of apparatus and technique available to physicians.

DR. SIDNEY McCURDY presented the paper of the meeting on "The Relation of Trauma to Disease and Its Compensability." During the experience of past years it has been found that there are many queer and weird opinions relative to this subject. One of the difficulties is the lack of recognition of the importance of cause and effect relationships. Lawyers and doctors have different ideology. The patient's statements should be checked carefully before accepting them. In at least 80% of claims cases, medical opinion is important. Mention was made of the medical reference system in operation in Ohio relative to occupational disease claims. Illustrations were given of questions and answers from actual claims cases exemplifying peculiar answers. In a recent study of injury and its relationship to lues, especially regarding fractures, no relation to delayed healing was established. Several important decisions were referred to. Finally, discussion of the relation of trauma to heart disease was given.

This concluded one of the most successful meetings the Association has ever held.

On the Air

THE first of the four broadcasts from the Convention was that of DR. CAREY P. McCORD who spoke at 5:30 P.M. on Tuesday, June 22, on WGAR. DR. McCORD's subject was "The Industrial Worker and His Trade Diseases."

He said:

IN THE United States, workers may earn their salary in not less than 7,000 different trades. Alphabetically these thousands of trades range from 'accordian makers' to 'zooglers.' If you do not know what a 'zoogler' is, permit me to describe him as the man who rides and guides a timber log, as it rushes down a river or floats in a pond. Directly or indirectly, three-fourths of this country's population depend upon men and women who ply these 7,000 different occupations.

"It is most unfortunate that, connected with these activities, many scores of opportunities exist for diseases to be produced by the substances handled in these enterprises, or from the machines necessary in these processes. All considered, there are no less than 200 different chemicals or conditions connected with these occupations capable of damaging exposed workmen and leading to many instances, to direful disease states. Such diseases are known as occupational diseases or trade diseases.

"These occupational diseases are by no means new developments in this country or in any other part of the world. Wherever industry has existed a few occupational diseases likewise have arisen. One of the well known occupational diseases occurred among chimney sweepers. Long before this country was covered many small boys and adults with small were employed in European cities to crawl up small chimney flues and brush down the soot from the walls. This soot contained irritating chemicals. As a result of their action, every year a few of these sweeps developed 'chimney sweep's cancer,' a characteristic occupational disease.

Medicine. This old disease has passed, but in its place scores of different occupational diseases yearly arise—arise in Cleveland, throughout the State of Ohio, and everywhere else that industry exists. They are not limited to heavy operations such as mining or the manufacture of steel or the construction of buildings. Even in the least arduous of tasks they may arise. Let us take a few typical examples.

The school teacher using colored crayons in the school may become the victim of lead poisoning because the green, yellow, orange and lemon crayons may contain lead. She breathes the crayon dust containing lead. Her exposure is sufficient she may begin to present the familiar characteristics of lead poisoning. Of course school children are even more likely to acquire lead poisoning from this source, but in their case the disease is not occupational.

The beauty parlor operator, aiding women in their quest for beauty, may exhibit a disturbing skin disease from the chemicals she applies to the customer. The customer is ordinarily not affected, but the beauty parlor operator, because day by day she comes in contact with the irritants, may acquire this disease.

To the little informed it might seem that the trade of the dyer could afford no opportunity for an occupational disease. The contrary is true. Some of the dyes applied to furs, chiefly cheap furs, have the peculiar property of causing asthma. 'Furrier's asthma' is well known wherever furs are cut, dyed, or made into garments.

In the manufacture of felt hats, rabbit hair is almost universally used. Untreated rabbit hair has such a smooth surface that it will not interlock or mat with other hairs to form a compact sheet. To accomplish this the rabbit hair is given a barbed surface by treatment with what is known in the trade as a 'carot.' The usual chemical employed in carotting is mercury nitrate. Mercury poisoning is a frequent disease among these hat makers.

Even professional workers are not free from occupational diseases. The physician to whom you go for an x-ray examination might become dangerously injured through day-by-day exposure to x-rays.

In more strenuous trades, occupational diseases are even commoner. The sand blaster may acquire silicosis, a severe variety of dusty lung disease. The glass maker may develop blindness or near-blindness from injurious rays. The arc welder, on occasion, may be exposed to manganese and conceivably may develop manganese poisoning. The boiler maker, working in a din of noise, may develop noise deafness. The street worker who digs up paved roadways may acquire from the vibration of his hammer queer cysts around the tendons near the wrist. In the past few days both in the United States and England submarine disasters have occurred. In both countries efforts by divers to rescue those imprisoned have been hampered and curtailed by the continuous use of 'caisson disease' or 'diver's disease' which may arise whenever these under-water workers are required to perform their duties under greatly increased atmospheric pressures.

And on and on, through a thousand different trades, other exposures may be found.

It is most fortunate that almost without exception these diseases may be prevented. The school teacher may be supplied crayons free from lead, the sand blaster may be protected by the substitution of steel grit for silica sand. The beauty parlor operator may be furnished non-irritating beauty preparations. The physician who may be burned by his x-ray equipment may be fully protected by a lead apron and lead-bearing gloves. Day by day new measures are being found for the adequate protection of all workers against dangerous work exposures.

Here in Cleveland many hundreds of physicians, bacteriologists, engineers and chemists now are meeting in professional conferences for discussions of ways and means for the protection of industrial workers as they go about their daily tasks. Throughout the land, physicians, engineers, and public health workers day by day apply these life-saving appliances and procedures.

Soon the time may come when there will be no actual

cases of occupational diseases in this country because of adequate protection of all dangerous operations. Until that time comes, every worker, however he may gain his livelihood, should give thought to the most practical means of avoiding the occupational diseases peculiar to his own work. Otherwise the possibility exists that his year by year duties may take an unwarranted toll from his health and from his years of life."

THE second broadcast was that of Mr. KNUDSEN's talk on "Human Relations in Industry," and his presentation of the WILLIAM S. KNUDSEN AWARD to Dr. C. O. SAPPINGTON, at the Annual Banquet on Wednesday, June 7. The proceedings were on the air from 8:15 to 9:00 P.M., on WHK, Cleveland. Mr. KNUDSEN's talk appears, in full text, on pp. 307-310 of this issue. At the conclusion of his address, Mr. KNUDSEN conferred the AWARD (see p. 310).

The third broadcast was that scheduled for Dr. SELBY, who was to have introduced Dr. SAPPINGTON as the recipient of the AWARD, on WGAR at 9:45 P.M. on Wednesday, June 7. But the entrance of the King and Queen of England into the U. S., which had priority on all networks, was holding the air at that time, and so this broadcast was not carried out as planned.

The fourth was the talk by Dr. McIVER WOODY, newly installed as President of the A. A. I. P. & S., at 5:00 P.M. on Thursday, June 8, over WGAR. Dr. Woody said:

FIRST, I should like to congratulate Dr. CLARENCE D. SELBY, retiring President of our Association, and Dr. G. F. SYKES, Chairman of the Cleveland committee, on the excellent program they provided for us this year. We are always glad to come back to Cleveland for our annual meeting; because we know from past experience that we are sure to have a large attendance, see old friends, and thoroughly enjoy ourselves.

"You know, when one stops to think of it, it is rather remarkable that this Association of ours has been so uniformly successful ever since it was formed back in 1916. We industrial physicians, who are in daily contact with the managers of business organizations, are perhaps in a better position than most to appreciate the vicissitudes through which we have been passing.

"During the past 24 years, we have lived through a World War, a brief period of readjustment, a longer one of uncontrolled speculation, and then the 'Great Depression,' which some say is with us yet. We have seen some concerns build up efficient medical departments, and then later on, under the urge of dire necessity, liquidate them. Nevertheless, our Association has grown in the same length of time from a small group of men who believed in the need for such an organization, to a national society with a thousand members, in which every part of the country, and every variety of industrial concern, is represented.

"Now, the reason for this rather remarkable record is, to my way of thinking, simply this—that this organization was formed in response to a real need, and that throughout its existence it has fulfilled purposes that are useful. As a matter of fact, this condition of existence applies to all human institutions. Even the greatest of our universities is no exception to this rule.

"About three years ago, when the outlook was most discouraging, the president of one of our largest universities had to admit that the book value of their endowment funds had shrunk, and that the flow of new gifts had all but ceased; and yet he had the courage to believe that so long as the university remained true to the purposes for which it had been founded, it would survive and flourish. He frankly admitted that institutions, like individuals, may suffer from internal decay, which, while yet un-

and 85% by general practitioners. The number of physicians serving industry on a full or part-time basis has doubled in the last five years. The membership in your association has increased 300% in three years, and there are more than 1000 members at the present time.

Here comes the business side of it. A number of industries reporting to a national association stated that since the introduction of a medical division the accident rate had decreased 46.6%, with a 28.7% reduction in compensation payments, and that absenteeism was reduced 50.6%. There, to my mind, rests the answer to the query as to the importance of the plant physician. I feel that losses in a factory, losses of operating time for any cause, are expensive. That expense eventually comes out of the price of the product, but if you can reduce stoppages and losses to a minimum from any cause, then you have accomplished something for industry at large, and for the consumer as well.

I am asked: What methods should the plant physician use to make his service most useful to the employees? I should say by getting acquainted with as many of them as possible; that is my only answer. If the employee has confidence in the plant physician he will soon hunt him up; he will not have to hunt the employee up. But the first thing is to instil confidence in the men as to his ability and sincerity in trying to help them. The best by-product of a good medical program is the good will of the employee. The plant doctor who enjoys the confidence of the workmen is in a unique position to promote a better employer - employee relationship.

My last point is this: The doctor in the plant performs a function which cannot be underestimated. He should have the confidence of the management. He should have no position on the organization charts, so to speak, but should be given the proper freedom to bring to the management his observations rather than their demand. If that can be accomplished—and I am sure it is being accomplished as far as we are concerned—I am sure that industry in general will recognize that that is the proper way to handle the physician's work in the plant.

I feel that perhaps the loss of time that we have had through illness or even through accident or occupational diseases can be reduced a little further, with a better effect on quality and a better effect on cost.

I wish to say a few words here about our mission in industry, when we talk about serving the public. It is our duty to make the best possible product at the lowest possible cost. Anything

that we can do to accomplish that object should be done, and we will then be able to give better service, and if we do that we will stay in business longer.

The Knudsen Award

—And the Book, "Medicolegal Phases of Occupational Diseases," on the Basis of Which the Award Was Given—

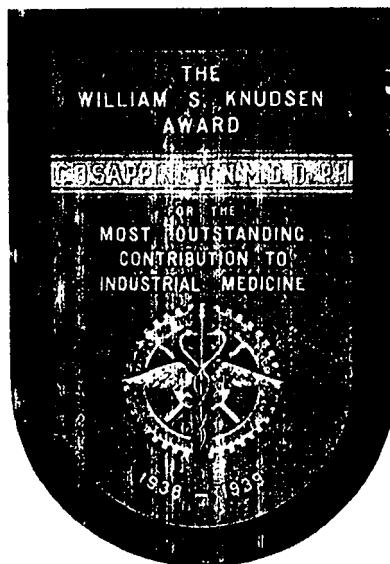
AT THE Twenty-Third Annual Meeting of the American Association of Industrial Physicians and Surgeons at Chicago, in June 1938, it was announced that WILLIAM S. KNUDSEN, President of General Motors Corporation, Detroit, had established the WILLIAM S. KNUDSEN AWARD to be given in 1939, and yearly thereafter, to the member of the Association making the most outstanding contribution to industrial medicine during the year.* DR. C. D. SELBY, President of the

Association, then appointed the KNUDSEN AWARD Committee, of which DR. LOYAL A. SHOUDY was Chairman, and DR. McIVER WOODY and C. N. SCHRAM were the other members. A number of books and scientific studies were submitted by their respective authors and received due consideration by the Committee.

With full authority in all respects concerning the Award the Committee elected to make no announcement about prior to the actual presentation at the Twenty-Fourth Annual Meeting of the Association at Cleveland in June 1939. Accordingly, the name of the recipient was not known until, at the Annual Banquet at 6:30 P.M. on Wednesday

June 7, DR. C. O. SAPPINGTON was seated between MR. KNUDSEN at the speakers' table. At the conclusion of his talk on "Human Relations in Industry" (see p. 307), MR. KNUDSEN said:

"Now, I have a mission to perform here tonight. I have an Award to give to DR. C. O. SAPPINGTON, Consultant in Occupational Diseases and Industrial Hygiene. DR. SAPPINGTON was formerly Director of Industrial Health, National Safety Council, and formerly special lecturer on industrial hygiene and occupational diseases at the University of California, Stanford Medical School, University of Michigan, University of Illinois Medical School and Rush Medical College. I am a bit embarrassed because I happen to be the donor of this Award, and someone else really should have given it to DR. SAPPINGTON. However, in self defense I will say that the Award was recommended by DR. SHOUDY, DR. WOODY, and DR. SCHRAM.



* See INDUSTRIAL MEDICINE, August, 1938, p. 517.

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"So, DR. SAPPINGTON, I have the extreme honor, on behalf of the Committee, to bestow upon you the KNUDSEN AWARD for the most outstanding contribution to industrial medicine for the year 1938-1939."

DR. SAPPINGTON replied:

"MR. KNUDSEN, DR. SELBY, Members and Guests of the Association: It is impossible for me to find words that will adequately express my deep appreciation of this honor. However, in a few sentences I should like to attempt to interpret what seems to me to be the significance of this occasion, because it is far more than the recognition of mere personal accomplishment.

"It seems to me that it means that a great industry and a great association of medical men have realized that the two groups have a common ground of objectives and purposes, and that through this mutuality it is possible for them to provide the basis for recognition and encouragement which is vital to progress.

"Therefore, I take this occasion to congratulate you, MR. KNUDSEN, and you, DR. SELBY, and the members of your respective organizations, on the practical idealism which is exemplified by the establishment of this AWARD, and I bespeak for you in future years the great returns in satisfaction in the association which this AWARD will bring. Thank you."

DR. SELBY then congratulated DR. SAPPINGTON, and said:

"DR. SAPPINGTON was awarded this plaque in return for the contribution he has made to the literature of industrial medicine, in his book entitled 'Medicolegal Phases of Occupational Diseases.'"

THE AWARD is represented by the plaque illustrated on page 310. DR. SAPPINGTON is well known in the field of industrial medicine, in both its medical and medicolegal phases. In addition to the many duties and responsibilities of his work as Consultant in Occupational Diseases and Industrial Hygiene, he has been known to our readers as Consultant Editor of INDUSTRIAL MEDICINE since its establishment in June, 1932. His new book, which was the basis of the AWARD, may be described, in brief review, as follows:

MEDICOLEGAL PHASES OF OCCUPATIONAL DISEASES, by C. O. SAPPINGTON, M.D., DR.P.H. An outline of Theory and Practice—presenting, in handbook form, the Industrial, Insurance, Medical, and Legal inter-relations of all the elements of Occupational Diseases, from Origins and Causes, to Disabilities and Costs. 400 pages; 5¾ x 7¾; bound in cloth (or semi-flexible, as preferred). Price \$2.75 (cloth). Published by INDUSTRIAL HEALTH BOOK COMPANY, 540 North Michigan Ave., Chicago, Illinois.

THIS BOOK is particularly opportune, as industrial health, industrial hygiene, industrial medicine and occupational diseases are being stressed at the present time and involve numerous difficult problems. As the author says in the pre-

face: "Although growing emphasis placed on the problems involved in occupational diseases has given great impetus to the study of causes, clinical manifestations, laboratory findings and control measures, the lack of use of these methods and the misuse of information resulting from them, still present difficulties. The chief sources of such difficulties arise from a lack of true appreciation of the necessity of establishing definite cause-and-effect relationships between employment, disease, and disability, and the common mistake of permitting the error in reasoning which Kant so memorably expressed as 'Post hoc ergo propter hoc' ('After this, therefore on account of this')."

The material of the book has been divided into four parts: INDUSTRIAL, INSURANCE, MEDICAL, and LEGAL, and the relationships of the personnel of each of these divisions are shown throughout the text, indicating the necessity of the business executive, the insurance carrier, the industrial physician, and the lawyer cooperating in the solution of common problems.

The chapter headings offer a picture of the information contained in this volume:

PART I: INDUSTRIAL, covering Causes of Occupational Diseases—Standards of Permissible Exposures—Industrial Dusts—Gases and Vapors—Volatile Solvents—Skin Irritants—The Working Environment—Field and Laboratory Methods—Control of Occupational Exposures—The Cost of Occupational Diseases;

PART II: INSURANCE: Specific Approach Necessary—Information Needed and Methods Available—Some Practical Problems—The Importance of Prevention;

PART III: MEDICAL: Occupational Diseases—Occupational Poisonings—Other Occupational Effects—Diagnosis—Estimation of Disability—Treatment—Prevention;

PART IV: LEGAL: Compensation Experience—Occupational Disease Disability Laws—Difference between "Accidents" and Diseases—Medicolegal Evidence—Present Methods of Adjudication—The Physician as a Witness—Other Professional Witnesses—Legal Decisions—Present and Future Trends of Occupational Disease Disability Legislation.

The author has presented the material in clear and concise language, indicating the coordination of the extensive and complicated factors of the field of industrial hygiene and occupational diseases. Each part consists of an introduction, and chapter texts, followed by a summary and list of references for that particular part.

There is an excellent Appendix, including Occupational Record, Abstracts of State Laws, Scheduled Diseases, Abstracts of Legal Decisions, Legislative Suggestions of the American Bar Association, Suggested Schedule Law recommended by the American Public Health Association, and a Digest of Workmen's Compensation Laws by States. Twenty-nine tables illuminate the text to good advantage, as well as illustrations of some of the apparatus used in industrial hygiene activities. The book is especially well indexed.

The industrial physician will find valuable data

in this volume. It will prove a useful guide to him in the medical control of occupational hazards and diseases in his plant work. And it will assist him in his cooperative relationships with company executives, industrial hygienists, and plant and safety engineers. The book is of definite special help in the evaluation of the etiologic factors of occupational disease problems.

Constitution and By-Laws

THE Board of Directors, meeting on June 4, adopted certain amendments to the Constitution and By-Laws of the A. A. I. P. & S., and recommended their ratification by the members. In submitting these to the members, on June 7, DR. VOLNEY S. CHENEY referred to them as having been published in *INDUSTRIAL MEDICINE* (May, 1939, pp. 202) and summarized them as authorizing: (1) the employment of an Executive Secretary for the Association; (2) the creation and incorporation of a Board of Examiners for the certification of industrial physicians; (3) the establishment of an Executive Committee; (4) and the affiliation of groups or organizations of physicians or laymen whose work and activities are closely allied to industrial medicine.

These amendments having been duly adopted by vote of the membership, the CONSTITUTION and BY-LAWS of the AMERICAN ASSOCIATION OF INDUSTRIAL PHYSICIANS AND SURGEONS are now as follows:

CONSTITUTION

Adopted June 7, 1939.

Article I—Name

THE name and title of this organization shall be The American Association of Industrial Physicians and Surgeons.

Article II—Object

THE object of this Association shall be to foster the study and discussion of the problems peculiar to the practice of industrial medicine and surgery; to develop methods adapted to the conservation and improvement of health among workers in industries; to promote a more general understanding of the purposes and results of the medical care of employees, and to unite into one organization members of the medical profession specializing in industrial medicine and surgery for their mutual advancement in the practice of their profession.

Article III—Membership

SECTION 1. Membership in this Association shall be of four classes: (a) Fellow, (b) Active, (c) Associate, and (d) Honorary. Only physicians who are actively engaged in the practice of industrial medicine and surgery or who are engaged in the investigation of industrial medical problems shall be eligible to Active Membership; other physicians shall be eligible to Associate Membership. Any person who has contributed distinguished service to the objects for which the Association stands shall be eligible to Honorary Membership.

Sec. 2. Associate and Honorary members shall have all the privileges of Fellows and Active Members, except the privileges of holding office and voting for officers and directors or for amendments to the Constitution and By-Laws.

Sec. 3. Applications for Active or Associate Membership must be made in writing to the Secretary-Treasurer; be accompanied by the fee for the annual dues; approved by a Fellow or an Active Member in good standing, and be certified by the Secretary of applicant's local county

his local county medical society. Applications shall not be acted upon by the Board of Directors unless they have first been approved by a Committee of three, to be appointed by the President. Honorary Membership may be conferred upon physicians who have made some definite contribution toward the advancement of Industrial Medicine and Surgery or who have performed some special service for the Association. Proposals for Honorary Membership shall be made to the Secretary-Treasurer in writing for consideration by the Board of Directors.

Sec. 4. A two-thirds vote of the Board of Directors shall be required to elect to any class of membership.

Article IV—Fellowship

SECTION 1. Active members after three years of membership in the Association may apply for Fellowship.

Sec. 2. Fellowship shall be conferred by the Board of Directors upon those applicants who satisfactorily and successfully pass an examination by the Board of Examiners.

Sec. 3. A suitable certificate will be issued by the Secretary to those upon whom Fellowship has been conferred.

Article V—Officers and Directors

SECTION 1. The officers of this Association shall be President, a President-Elect, a First Vice-President, Second Vice-President, and a Secretary-Treasurer. They shall be Fellows of the Association and shall be elected by the Association and shall serve from the close of the Annual Meeting until their successors are elected and installed.

Sec. 2. An Executive Secretary shall be appointed by the Board of Directors. He can be either a physician or layman and shall hold his office from year to year at the pleasure of the Board of Directors.

Sec. 3. The affairs of the Association shall be administered by a Board of Directors, consisting of the officers and twelve directors. Presidents of component societies shall be ex-officio members of the Board of Directors with the same powers as other directors. Only Fellows shall be eligible to serve on the Board of Directors.

Sec. 4. The planning of the work of the Association, arrangements for meetings and programs and for other matters pertaining to the administration of its affairs, shall be vested in the Board of Directors, except as otherwise herein expressly provided. The President of the Association shall serve as Chairman of the Board. The Board shall make its own rules, and it and the President shall appoint such committees for carrying out the work as they shall deem necessary and advisable.

Sec. 5. Executive Committee: The five officers of the Association shall constitute an Executive Committee.

Sec. 6. The Board of Examiners shall consist of members or Fellows; and shall be incorporated under the laws of the State of Illinois and shall be appointed by the Board of Directors. Their tenure of office shall be subject to the pleasure of the Board of Directors.

Article VI—District Branches or Councils

SECTION 1. The Board of Directors shall have the power to take the necessary steps for organizing or admitting local district Branches or Councils of the Association.

Sec. 2. A local organization of Industrial Physicians and Surgeons already established and consisting of less than twenty-five members may become a component society and its members admitted to full active membership of this Association by making application to the Board of Directors with a certification from their President and Secretary that their members meet all our requirements for membership; have been carefully chosen, and are all members in good standing of their local county medical society. Dues per member for current fiscal year and a copy of the Constitution and By-Laws must accompany application.

Sec. 3. Any local or national organization of laymen or of another profession whose work and activities are closely allied to industrial medicine may become an affiliated society under conditions set up by the Board of Directors.

Article VII—Amendments

SECTION 1. This Constitution may be amended