

medical director, and industrial hygienist, or a safety director may result in an inadequate and unbalanced performance of the total function through lack of interest in some of the more prosaic parts of sanitary maintenance. All aspects of industrial sanitation should be placed under a high level administrator.

- 292 Health and Welfare Benefits in New York State, June 1954. State of New York, Department of Labor, Division of Research and Statistics. Publication No. B-83. 95 pp. (Dec. 1955). Obtainable from Division of Research and Statistics, State of New York, Department of Labor, 80 Centre St., New York 13, N. Y.

This report presents the findings of a survey of health and welfare benefits, in New York State that are paid for, in whole or in part, by the employer. The main exclusions are farms, government offices, railroads, nonprofit establishments, and establishments with fewer than four employees. It supersedes Memorandum No. 57, (IHF Abst. 1025, Aug. 1955). Tabulated information is given on hospital, surgical, medical, life, and accidental death and dismemberment insurance, and retirement pensions. Some of the data in the tables are classified according to types of industry and some according to geographical location.

- 293 Supplementary Report of Board of Trustees: Progress Report of Commission on Medical Care Plans. J. Am. Med. Assn. 159, 1370-1379 (Dec. 3, 1955).

Statistics are presented on the number, scope, costs, and features of medical care plans, including those for occupational and nonoccupational medical care by industry, as well as Blue Shield and other medical society plans. Additional and continuous studies are recommended in order to accomplish the prime purpose of the investigation, which is to determine whether the plans are being utilized to their highest degree and whether they are being so conducted as to protect the public and the best interests of the medical profession.

- 294 Health and Welfare Plans from the Viewpoint of the Practicing Physician. P. G. Bevard. Penna. Med. J. 58, 1329, 1330 (Dec. 1955).

The author discusses some of the abuses in welfare and retirement fund practice, especially that of the UMWA (see abstract following). Criticism of professional care by the medical management of the Fund should be taken up at the hospital level, and abuses of fiscal behavior by doctors should be investigated at the county society level. Two other alternatives, namely (1) appointment of a bargaining agency by the medical profession to meet with the miners' agency, and (2) letting the Fund have a close and select panel of its own choice and at its own price, are rejected as contrary to the principles of good medical practice.

- 295 Health and Welfare Plans. Present Status from the Viewpoint of the State Society. E. W. Meiser. Ind. Med. & Surg. 24, 522, 523 (Dec. 1955); Penna. Med. J. 58, 1331, 1332 (Dec. 1955).

The idealism of medicine and the realism of organized labor have given rise to mutual distrust, dislike, and misunderstanding. Somewhere between these two attitudes there must be a mutually accepted area of medico-socio-economic relationship; this area must be found by mutual effort. Every problem that has arisen between labor and medicine in the operation of welfare funds is based on the question of remuneration. Some fruits of mutual efforts are described. These include methods of choice of physicians and methods of payment by the Funds. The examples are cited to prove that the differences between medicine and labor can be resolved, and it is felt that the major ones have already been solved or are nearing solution.

- 296 Problems in the Operation of the United Mine Workers of America Welfare and Retirement Fund. W. F. Draper. Ind. Med. & Surg. 24, 519-521 (Dec. 1955); Penna. Med. J. 58, 1334-1339 (Dec. 1955).

Satisfactory progress is reported in the organization and operation of the Fund. Several problems are discussed, including (1) lack of information, misunderstanding, and prejudice regarding the Fund; (2) abuses, such as unnecessary hospitalization and procedures; (3) relative responsibility of organized medicine and the Medical Service of the Fund; and (4) methods of payment for physicians. Progress in the solution of these problems is discussed.