DISCUSSION

C. F. KUTSCHER, M. D. (Consultant, Industrial Hygiene Foundation): *If one were to examine* textbook after textbook on diseases of the eye he would find a certain uniformity: First, they are uniform in telling us what to do; we take out all visible portions of the alkali, then wash the eye. That is taken care of in a line or two. Then we have page after page of how to handle complications.

Practically—and of course that is what you men are most interested in—these cases under the old treatment were of months' and even years' duration. During this interval of time the employee could not work, because of the extreme pain. You ended up by paying in a great number of these cases for a loss of industrial vision.

Dr. McLaughlin's large practice among chemical workers forced him to find the answer. What he did was to do exactly what was recommended, but he proved many points; he proved that we did not know how to handle these cases, we did not know the distribution of the chemical within the layers of the eyeball, and he proved that we did not adequately irrigate the eye. A most significant contribution made by this group is the fact that following exposure to alkali much of the chemical remains in an active state. Lying between cells in the deeper reaches of the cornea, the chemical resists *removal by cursory irrigation.*

This explains why, when a person spills alkali in his eye he gets along fine for a day or two, only to be confronted at a later time with a very serious condition.

The work that Dr. McLaughlin has done certainly has been thorough, it has been painstaking, and it has consumed a tremendous amount of his time, but his statistics prove that he has the answer to the alkali burn. He shows 91% of his cases getting well in 48 hours. It simply means that those cases were either minor burns or he kept them minor by the speed with which treatment was instituted and the thoroughness of his treatment. There is no way for me nor for anyone else to compute what constitutes a serious eye burn when first seen, but we certainly know in a series of 500 cases a great number of them are potentially lost eyes; and when with this treatment 91% of them are well within 48 hours we know absolutely the efficacy of this treatment has kept them from becoming serious eye problems.

You might complain because this treatment takes a half or three-quarters of an hour and keeps the worker away from his job. That is nothing. If that gets to be a full-blown keratitis or inflamed eye from alkali, that patient may spend day after day at the ophthalmologist's office, only to end up with you people paying the bill.

LEGAL DEVELOPMENTS RESPECTING OCCUPATIONAL HEALTH

THEODORE C. WATERS*

During the past year only a few of the State Legislatures have been in regular session, with the result that there have not been many changes in state legislation relating to occupational health. In a number of states, codes of industrial hygiene have been prepared and have been proposed; hearings thereon have been held and in several instances such codes have been adopted and have become effective.

The general trend of court decisions construing compensation statutes has continued to be liberal with the result that the liability of employers to pay compensation for occupational injuries has been extended.

On behalf of our Committee, I would like to review briefly some of the legislation that has been enacted during the past year and to call the attention of members to State Codes of Industrial Hygiene that are presently effective in those states in which our member companies are operating. This subject has and will assume increasing importance with the enactment of enabling statutes, granting powers for control of potential hazards to Bureaus of Industrial Health. The Managing Director has also requested that our Committee include in our report reference to the subject of health clauses in Union Contracts.

I. OCCUPATIONAL DISEASE COMPENSATION STATUTES ENACTED OR AMENDED DURING THE YEAR 1946

A. *New Occupational Disease* Compensation Laws

Georgia has enacted an occupational disease compensation law which became effective April 30, 1946. This act made compensable a scheduled list of diseases caused by exposure to twenty-two named chemical poisonings, diseases caused by exposure to x-ray or radioactive substances, and the diseases of asbestosis and silicosis.

With respect to the named dust diseases, there is limitation of monetary liability of employers in the amount of $500.00 upon the effective date of the act, with monthly increases at the rate of $50.00 until full benefits of the compensation act are attained. The act created a Medical Board of five physicians appointed by the Governor from a list of nominees proposed by the Medical Association of Georgia. Provision is made that one of the members of the board is required to examine the claimant and file a report of his findings with the Medical Board. The Board then renders its decision in the case, from which an appeal may be taken to the State Board of Workmen's Compensation, provided, however, that the findings of the Medical Board upon the questions of medical fact may not be disturbed except upon the ground that the Board acted in excess of its powers or that its findings were procured by fraud, or that there was not sufficient competent evidence in the record to warrant the Medical Board in making the decision complained of, or that the decision of the Board was contrary to law.

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