obtained, but at least 415 million marks were expended in 1949 in indemnity and medical expenses by the accident insurance companies. It is worth noting that only about 0.02 per cent of the amount expended was for accident prevention.

## LEGISLATIVE AND HISTORICAL BACKGROUND

The present practices in industrial hygiene in Germany can be directly attributed to the development of health insurance (*Krankenkasse*) and workmen's compensation (*Berufsgenossenschaft*). The health insurance system was established in 1883 and was followed two years later by passage of the workmen's compensation laws, which compelled employers to insure all their workers against accidental injuries and illnesses arising out of employment. The first law governing medical control of lead industries was enacted in 1905. Since that time at irregular intervals other hazardous substances and processes have been added to the list. These laws require physical examinations before entry to determine suitability for employment, physical examinations of exposed workers at stated intervals, and sanitary regulations within the plant. To supervise the enforcement of these medical regulations and to determine the diagnosis and causal relation of an alleged occupational disease, physicians were appointed in the Labor Ministry (*Arbeitsministerium*).

These state industrial physicians (*Landesgewerbeärzte*) dominate the entire administrative and legal structure for controlling health conditions within the plant. Other agencies and groups who may have attempted to add new concepts regarding the health needs of the workers were forced to defer to the *Landesgewerbearzt*. Since the law narrowed the interest of these physicians to carrying out its regulations, the broader public health aspects of this field have been neglected. The interpretation of the functions of the state industrial physician and of the Labor Ministry is comparable to that of the administration of our workmen's compensation laws. While this is related to the broad field of industrial hygiene, it is essentially a medicolegal-social problem and represents only a fragment of the total factors which play a part in worker health.

## OFFICIAL AGENCIES

### Ministry of Labor

The Ministry of Labor is the government agency basically concerned with worker health and working conditions, e. g., hours of work, employment of women, employment of minors, etc. Its present organization is essentially the same as that which existed before and during the war. Direct responsibility for controlling accidents and occupational disease hazards is vested in two sections (medical and engineering) which are administratively separate but function cooperatively.

*Medical Affairs Branch.*—The Medical Affairs Branch in Bonn consists of an *Arbeitsministerium* for Medical Affairs (Professor Bauer and a staff of three medical assistants). The major functions of this group are to create new legislation, to supervise and assist the state industrial physicians (*Landesgewerbeärzte*) in carrying out the law and to act as the federal administrative body on all matters relating to the medical aspects of the labor laws. Its functions are purely administrative, and no scientific research or educational facilities, equipment or staff, exist in this department.