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## Editorial

# Industrial Medicine: The Captive Specialty

IN THE WORDS of Ward Darley: "The revolution in medical education that followed The Flexner Report of 1910 was really precipitated by the fact that the then developing body of scientific knowledge was not being translated into medical practice by the then existing system of medical education." The specialty of occupational medicine is actually a modern-day "captive specialty" of a similar system, and the captivity is perpetuated and accentuated by governmental project research grants of unprecedented magnitude, which have almost tripled in the past 3 years.

The future of the field of occupational medicine is thus increasingly clouded by a question of availability of applicants for training. As pointed out by Ashe, "Preventive aspects of occupational medicine must and will be practiced only by specialists in the field"—but no plans for training adequate numbers of physicians in occupational health have been successful to date, despite limited efforts of government and still more limited efforts of industry. Programs of occupational health are hence often staffed by individuals poorly trained in preventive medicine and this is the bottleneck inhibiting development of the specialty.

Breaking of bottlenecks usually lies within the province of good management, whether in professional or operational matters. In 1913, the Mellon Institute was founded to break a bottleneck. In accordance with the concepts of Robert Kennedy Duncan, university-type research was brought to bear on practical problems in industry: e.g., "How do you make a skinless wiener?" The research involved in answering such questions had important side benefits. New knowledge of polymer chemistry derived therefrom has resulted in the establishment of new industries—e.g., Union Carbide and Chemicals Corporation and Gulf Research & Development, both of which grew out of Mellon Institute fellowships.

In 1935, the Mellon Institute applied a similar approach to the problem of silicosis, with the resulting formation of the Industrial Hygiene Foundation, a nonprofit research association of industries for the advancement of occupational health and the improvement of working conditions and human relations in industry. Through the resulting association of top industrial management, industrial medicine, industrial hygiene, the corporate legal representatives of industry, universities, colleges of medicine, and through liaison with governmental agencies, many of the pressing problems of silicosis prevention and compensation were effectively resolved.

The problems to which the membership of Industrial Hygiene Foundation is addressing itself as this issue of JOM goes to press are far more serious than was silicosis at its worst. At its 29th Annual Meeting of the membership on October 21–22, Foundation plans were outlined whereby it may be possible to take the following steps.

1. Introduce a greatly increased number of young, well-oriented, career-minded physicians into industry (perhaps as many as 25 the first year) supported by educational grants of the Foundation's membership. This should be accomplished by means of active recruitment (chiefly from among physicians completing obligatory military service) into a newly formed in-plant training program jointly sponsored by Industrial Hygiene Foundation and the Graduate School of Public Health, University of Pittsburgh.

2. Apply the latest advances in teaching-learning methods, such as programmed instruction, to the transition of occupational health service personnel presently employed in industry from "care of injury" into improved preventive programs related to health and research.

3. Build the needs of industry into an extensive university research program designed to develop normative data on the United States population in such a way that improved audiometric and other control procedures may be introduced into industry through the Foundation as rapidly as possible.

4. Mobilize industry-wide support for re-