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MISCELLANEOUS SERIES

ASSOCIATION OF GOVERNMENTAL OFFICIALS IN INDUSTRY OF THE UNITED STATES AND CANADA

[Formerly Association of Governmental Labor Officials]

SIXTEENTH ANNUAL CONVENTION TORONTO, CANADA, JUNE 4–7 1929

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cal conditions which might arise out of industry would no doubt be attended by serious difficulties. There are many cases of illness wherein it is impossible to determine the importance of industrial exposure either because the degree of exposure which would produce poisoning is unknown or the changes in the substances after they enter the body or the effects they produce are indistinguishable from clinical manifestations due to many other causes.

This situation is unlikely to improve until physicians come into closer contact with industry generally. It is in marked contrast to poisoning from a substance like chromium and its compounds, the effects of which have long been recognized, but the use of which has recently been introduced into another process, namely, electroplating, apparently without any warning to the workmen exposed, resulting in painful persistent ulcers and rashes which cause marked inconvenience and frequently loss of time and wages. This is hardly excusable.

In the absence of information regarding the poisonous effects of many substances in use, all should be regarded as dangerous involving the installation of expensive equipment or some attempt should be made to find out the facts. Distinction should be made between what is important and what is not important. It is not reasonable to require elaborate precautions against substances such as ethyl acetate or cobalt oxide, the toxicity of which is slight, while men are being incapacitated by exposure to substances like lead, silica, benzol.

It is interesting to note that in the investigation recently conducted by Smyth and Smyth in Pennsylvania, out of 10 solvents and diluents used in paints and tested for toxicity, 1 stood out as being of first importance, namely, butyl alcohol. Information of this kind will go a long way toward indicating where the emphasis should be laid.

[The following paper was not read at the convention, but is included here because of its interest and bearing on occupational diseases.]

Specific Occupational Diseases

By Dr. A. J Lanza, Assistant Medical Director, Metropolitan Life Insurance Co., New York

To attempt either to list the specific occupational hazards or to describe them at length would be quite outside the possibilities of a paper such as this.

Taking it all in all, the actual mortality and morbidity from specific occupational poisonings are small, however dramatic and tragic individual cases or groups of cases may be. The absence of accurate reporting of occupational poisonings makes the estimation of their prevalence difficult, but when compared with the great bulk of disability from accidents, that from occupational disease must be quite small. For reasons of cost, therefore, there should not be any undue apprehension in including the specific occupational hazards within compensation laws. Certainly from the standpoint of logic and justice there can be no reason for depriving the victim of a specific occupational poisoning of the compensation he would have received had his disability been due to an accident. In either case he suffers

from an injury. It is unfair that in many cases legal interpretation confers an identical meaning on these two words—accident and injury. I believe that it was on the occasion of the last annual meeting of your association that the statement was made that to include the occupational poisonings in compensation acts would not mean an increase of cost of more than 1 per cent on premiums paid. If this is so, and I am inclined to believe that the statement is correct in its implications, if not in precise accuracy, it should be given wide publicity.

There are other factors than cost which enter into the reluctance which is evidenced to enlarge the scope of compensation laws by including these occupational diseases. The difficulties of diagnosis are at once apparent. When a man has a broken leg, and the X-ray picture defines the point and extent of injury there is little room for argument. But when the claimant says he is sick and presents a variety of symptoms, and one set of medical evidence is presented to prove that these symptoms are due to the dust or fumes he has inhaled while at work and other medical evidence is forthcoming that no such relationship could possibly be the case, Solomon might be at a loss.

If we are going to compensate for occupational illness, there should be set up a medical referee or board of referees who would determine whether the claimant has or has not the disease for which he claims compensation. To leave the matter to ex parte medical evidence presented before a lay tribunal is to cause unmitigated confusion and defeat the ends of justice.

There is much argument at the present time as to whether occupational diseases should be scheduled for compensation or whether all such compensation should be encompassed in one blanket law. Personally and for practical reasons I am inclined to believe that the schedule is preferable; I believe that the schedule tends to promote the efficiency of the law and to facilitate its enforcement. As far as abstract justice is concerned there should be no discrimination as between occupational diseases. But there is a wide gulf between passing a law and having it enforced so that it will fulfill the intentions of those who drafted it.

Compensation laws for occupational diseases are not going to be administered in a satisfactory manner until the State officials, the employers, the employees, and last, but not least, the physicians, know a great deal more about the subject than they do now, and there is nothing in the history of this country to warrant the assumption that people are educated by legal enactment.

Let the States schedule such occupational diseases as the experience of the State department of labor and industry, of industrial physicians, and of other interested parties indicates as occurring in that State with relative frequency. To adopt in toto the schedule of another country or that of another State, as has been done in some of the States and Provinces, is to stultify the law and negative its enforcement. There are diseases scheduled in some of the States and Provinces that never have occurred and probably never will occur there.

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If schedules of compensable diseases are to be successfully administered, it is imperative that provision be made so that additional diseases may from time to time be added to the schedule without the necessity of going to the State legislature for authority. The State official charged with the responsibility of administering the law should be clothed with authority to add to the schedule diseases which are found to be occurring in his State, otherwise the schedule will lag hopelessly behind the needs of present industrial conditions.

Let the State bureaus interested devote reasonable time and study to determine the extent of these scheduled diseases in their communities or the incidence of other specific diseases which should be added to the schedule and let them publish their records annually in such form that it may be possible to ascertain how much was paid in compensation for occupational diseases, how many cases occurred, and the various diagnoses. In that manner only can we build up a knowledge of the situation with which we are trying to cope. This implies cooperation with State boards of health so that when an occupational disease is recognized, as occurring in the State, the board of health may put it on the list of reportable diseases.

The American Public Health Association has a committee on standard practices in the compensation of occupational diseases. This committee is endeavoring to establish standards of diagnosis of the more important and more prevalent occupational poisonings. Later the committee hopes to establish standards of disability. The personnel of the committee consists mainly of State officials who come into contact with compensation and its problems. But the committee is hampered by the lack of information, which, while contained in the various State records, is not in such form as to be readily available.

SUMMARY

Compensation for specific occupational disease is just and necessary, and should be so recognized by law regardless of the fact that the total amount of compensation involved would probably be relatively small.

Compensation laws for occupational diseases need to be carefully thought out and require special machinery for their administration if they are to be enforced with efficiency.

There should be available in State records annually the number and nature of cases of occupational disease reported, the number compensated, the amount of compensation, and the extent of disability.

Acts scheduling occupational diseases which are compensable should be worded in such a way that the list of these diseases may be added to or modified through some suitable procedure when need arises without the cumbersome and prohibitive method of enacting new legislation.

Finally every effort should be made to make possible comparison of methods and results as between States which have the blanket law and those which have schedules of occupational diseases so that the

advantages and disadvantages of each system may be thoroughly appreciated.

[Convention adjourned.]

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Appendix A.—Ass
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