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TRANSACTIONS

of

ELEVENTH ANNUAL MEETING

of

INDUSTRIAL HYGIENE FOUNDATION OF AMERICA, INC.

NOVEMBER 7, 1946

TABLE IV

MAXIMUM ALLOWABLE CONCENTRATION VALUES FOR WHICH GOOD AGREEMENT EXISTS

Gases and Vapors

Substance	Number Agreeing	Number Disagreeing	Percent Agreeing	M. A. C. (ppm)*
Acetic acid	3	0	100	10
Acrylonitrile	12	0	100	20
Ammonia	21	0	100	100
Aniline	22	0	100	5
Arsine	21	1	95	1
Carbon monoxide	27	0	100	100
Chloroform	8	1	90	100
1-Chloro-1-nitropropane	4	0	100	20
Cyclohexane	6	0	100	400
0-Dichlorobenzene	21	0	100	75
1,1-Dichloroethane	1	0	100	100
1,2-Dichloroethane	16	0	100	100
Dichloroethyl ether	16	0	100	15
Dimethylaniline	11	0	100	5
Hydrogen chloride	24	0	100	10
Hydrogen cyanide	25	0	100	20
Hydrogen fluoride	25	0	100	3
Hydrogen selenide	3	0	100	0.1
Hydrogen sulfide	26	0	100	20
Monochlorobenzene	15	1	94	75
Mononitrotoluene	9	0	100	5
Phosgene	23	0	100	1
iso-Propyl ether	3	0	100	500
Styrene	11	1	92	400
Tetrachloroethylene	22	0	100	200
Toluene	22	2	92	200
Trichloroethylene	24	2	92	200

Toxic Dusts and Fumes Mg/M³†

Barium peroxide	6	0	100	0.5
Cadmium	24	0	100	0.1
Chlorodiphenyls	12	1	92	0.1
Chronic acid	23	0	100	0.1
Dinitrotoluene	7	0	100	1.5
Lead	26	0	100	0.15
Mercury	22	0	100	0.1
Tetranitromethylaniline	10	0	100	1.5
Trinitrotoluene	11	0	100	1.5
Zinc oxide	20	1	95	15.0
Asbestos	17	0	100	5‡

* Parts of substance per million parts of air by volume.

† Milligrams of substance per cubic meter of air.

‡ Millions of particles of substance per cubic foot of air.

trial hygiene in this hemisphere, has recognized the importance of the subject of codes, and has a committee working on the development of a uniform code, one which could be adopted by all the states. The Industrial Hygiene Division of the U. S. Public Health Service, which is intimately concerned with the activities of this Conference, as well as with the state agencies administering industrial hygiene, is urging the development of a code of the type outlined in the present discussion. Such a code will probably take several years of effort, although a considerable amount of information is already at hand for inclusion. The main problem, as we see it, will be to obtain unanimity among the various states. It is felt that if such a code is based on scientific fact and is so worded that it takes into consideration the various social and economic aspects of the problem, then it should meet with great favor among the state agencies and the public. This will be especially true if it is administered in a spirit of cooperation with management and labor.

interpretation. If not, there are many in the public who are all too ready to supply an unfavorable interpretation. Whatever you do, you must remember that Industrial Hygiene must be interpreted as managing with a heart.

MR. McMAHON: I would like to ask, Mr. Stock, what are the social responsibilities that the public seems to expect from the plant?

MR. STOCK: When we asked the citizens in a number of representative communities, "What should a plant do for its employees," the very first idea that comes into their mind is security. To a large extent this word, "Security," is just a nice tasting word to the American public, having no specific meaning. But a fairly large portion of the public use the word "Security" to mean good working conditions, healthful and safe jobs. A fourth to a third of the general public mention specifically that industrial plants should provide for their employees clean places to work, good lighting, good ventilation, showers, good drinking water, safety devices of all kinds and so forth.

MR. McMAHON: If I may ask one more question, what do you find is the benefit of using the "Y" in the formula, of telling the story?

MR. STOCK: I am glad you asked that. Recently, in a study of about 48 companies, we made a comparison of the top 12 and the bottom 12 in public vote in their communities. We found that all top 12 in public vote not only lived right but interpreted their living right. The management of the bottom 12 told us they didn't bother to interpret their good acts. None of the top 12, with average age older than the bottom 12, had ever had a strike. Of the bottom 12, eleven had had one or more strikes within the last 10 years.

We have studied numerous examples of the pay-off of adding good interpretation to good acts. Notably, we have observed cases where strikes have been averted or shortened, production increased, and costly turnover cut down. Mr. Given has pointed out that when people know that a plant is a good place to work they want to work there. This has tremendous meaning to a firm that's trying to hire and keep the most qualified workers.

SUMMARY OF FIELD STUDIES AND RESEARCH - 1947

THEODORE F. HATCH

Research Director, Industrial Hygiene Foundation
President, American Industrial Hygiene Association

Field research undertakings by the Foundation during the past year have exceeded the work of previous years in magnitude and scope as well as in the number of projects. Studies have covered a wide variety of representative industrial problems, ranging from investigation of underground operation to measurements of amounts and composition of wastes discharged from stacks. A few undertakings were routine in nature, requiring the use of highly standardized procedures for the correction of well-recognized hazards. For the most part, however, the studies have been more basic, even requiring entirely new procedures, and having to do with broader problems than the simple discovery and correction of a hazardous exposure. This is best indicated by the following list, which summarizes briefly the primary objectives of some major projects:

SUMMARY OF PRIMARY OBJECTIVES OF SPECIAL PROJECTS 1947

1. Coordination of dust control procedures (industry-wide).
2. Over-all appraisal of industrial health problems and advice on organization and operation of industrial hygiene service by company.
3. Preliminary investigations of new dust and fume problems to develop the needed research program for further study.
4. Basic engineering analysis of operations with Engineering Department to develop sound design procedures for ventilation and other control measures in place of empirical practices.
5. Over-all study of operations in a chemical plant to provide the most effective layout and design of a new plant and equipment for maximum "built-in" control of hazardous materials.
6. Development of an operator training program, basic control measures, and a continuous sampling and alarm system for a toxic gas which characteristically escapes accidentally rather than as a daily occurrence.
7. Basic investigation of radiant heat in a hot industry, to determine the primary sources and pattern of exposure, with a view

to the development of more effective control measures and further improvement of working conditions.

8. Further investigation of silicosis hazards and other dust exposures to provide more meaningful methods for distinguishing between hazardous and nuisance dusts and to give more meaning to occupational history as an essential aid in the diagnosis of chest x-ray films.

Industry-wide Studies

Of especial interest in our report last year was the number of projects undertaken on an industry-wide basis. Investigations of this type account for an even larger portion of the work this year. The procedure is entirely in keeping with the underlying function of the Foundation, which is to promote industrial health through the joint effort of its members. Furthermore, the returns are greater when investigations are planned and undertaken on the broader base of a joint undertaking. An outstanding feature of an industry-wide study is the advisory technical committee from the industry which is set up to take part in the planning of the investigation, selecting the plants for study, reviewing the data and collecting detailed information from the several plants in the group. There is greater utilization of the accumulated experience within industry in respect to a common problem. In a single investigation there is little opportunity to utilize this experience. What is more important, it is not possible to bring the varied experiences of different plants together for comparison and critical evaluation when plant studies are conducted separately.

The significance of these joint undertakings extends far beyond the enhanced value of the studies themselves. The free exchange of experiences, chemical and engineering data, and even details of manufacturing processes which has taken place in each case is a tribute to the sound policy and the high objectivity of the companies involved.

Mention has been made previously of the extensive studies conducted in potteries during the past three years. This year the Foundation was invited to visit all of the companies in the U.S. Potters' Association for the purpose of correlating the dust control work in that industry. Recently the Association conducted a Clinic on dust problems here at the Mellon Institute, the primary purpose of which was to discuss in considerable detail the dust control practices throughout the industry. Other industries may find this a worth while procedure and the Foundation will welcome the opportunity to assist in such meetings.

Expenditures for Greatest Good

Industrial hygiene is concerned with relationships between the health of the worker and the stresses of his job and of the industrial environment. The actual practices of industrial hygiene are based upon the assumption, borne out by research and experience, that these relationships can be expressed in quantitative terms. That is to say, the effects of the industrial environment upon the workers' health can be determined from quantitative measurements of the levels of exposure to offending substances or other

deleterious forces present in the environment. The factual and objective basis of industrial hygiene not only justifies its existence as a technical specialty, but is of the greatest practical value, since, so far as possible, it aims to substitute facts for opinions. By means of quantitative analysis, major health problems are distinguished from minor ones. Important sources of trouble are identified so that, in the health program, money and effort can be expended for the greatest good.

A formidable array of instruments and analytical techniques have been developed which are capable of measuring environmental factors with considerable precision. An equally extensive list of standards of permissible exposure have been proposed which make it possible, in the appraisal of working conditions, to determine whether or not health hazards exist. These developments are the result of many years of research in the laboratory and in industrial plants. The record of accomplishments in the practical solution of health problems in industry, through the use of quantitative methods, speaks for itself and accounts for the increasing numbers of industrial hygiene services being set up within industry.

Because of the excellent record of accomplishment, there is danger that industrial hygiene methods may become too standardized and acquire a degree of scientific sanctity not justified by the researches upon which they are based. This can be avoided only by constant, critical review of the procedures and standards and continuing research. Only in this way can the practical usefulness of industrial hygiene be extended and strengthened.

Research Needs

Research needs are emphasized by our day-to-day plant experiences where situations are repeatedly encountered which differ in many ways from those considered in the original studies upon which existing standards are based. The question constantly arises, therefore, as to the universal applicability of standards and procedures. The following examples may be taken from the work this year:

1. Shaver's disease—this is a pulmonary disease caused by fumes from the fusing of bauxite in electric furnaces for the production of synthetic abrasive. The causative ingredient in the fume is not known. Fume particles are sub-microscopic in size and cannot be studied properly by analytical methods in common use.
2. Asbestos dust exposures—a preliminary study of asbestos dust exposures, using the electron microscope and other advanced techniques, indicates the need for considerable further study of this problem and the development of new analytical techniques.
3. Silicosis—despite the many years of study of this disease much remains to be learned. Present criteria of the silicosis hazard are limited to the simple determination of dust concentrations and percentage of free silica in the dust. Little is understood about the importance of sub-microscopic particles not revealed by present analytical methods; no consideration is given to the possible influence of ingredients other than silica in a mixed dust; variation in the physical state of the air-borne dust which may alter the fate of the dust in the respiratory system is not now taken into consideration. Experienced roentgenologists emphasize

SUMMARY OF ENGINEERING CONFERENCE*

PROF. PHILIP DRINKER

Harvard School of Public Health

Chairman, Engineering Committee, Industrial Hygiene Foundation

The first Engineering Conference was held in 1945 and at that we had approximately 60 persons present from various member companies. In 1946 we had about 80, and yesterday we were just over 100. The interest in the topics was very intense, and I for one feel confident that these Conferences of our engineering group are an assured affair and will occupy a major place in the interests of the engineering personnel of our various member companies.

The first topic was on community atmospheric pollution. Our interest in that is naturally somewhat different from that of the Legal Committee, although we do overlap in some measure. One engineering aspect was presented very ably by Mr. Kane of American Air Filter Company, who considered it from the standpoint of the interests of clients in the purchasing of dust collecting apparatus, and in that way developed some very interesting technical information. Mr. Hemen presented it from a slightly different aspect, and the general discussion which ensued brought out still other points.

The next topic, on roof ventilators, elicited some interesting discussions, and was well summarized by Mr. Hemen, who pointed out that the interest in these roof ventilators was primarily on heat dissipation, from intermittent operations, and dissipation of heat which would be relatively uncontaminated from air impurities. The development of roof ventilators, their performance and design and installation, was an important part of the general discussion.

Supersonic Measures for Dust and Fume Control

The next talk was on the supersonic agglomeration of dusts and fumes by a representative of the Ultrasonic Corporation of Cambridge, Mass. He gave some indications of pilot plant work that they are now doing in carbon blacking agglomeration in Texas. Upon being questioned by Mr. Tony of Karpis-Picher and others of us interested in metallurgical problems, he stated that they have not yet applied it to metallurgical fumes, but hope to do so. I would suggest that you keep in touch with developments along that field, which holds considerable promise, through the offices of the Foundation or directly through the Ultrasonic Corporation in Cambridge.

After lunch, Mr. Hatch presented general topics on exposure to industrial heat and improved methods for appraisals of heat exposures, and following that was an interesting exhibition, with some practical data, by

Mr. Dunn of Corning Glass Company on an air-conditioned suit intended particularly for protection against high radiant temperatures. Details of that suit I am sure would be supplied by Mr. Dunn of the Corning Company.

The paper which followed was one of a general discursive and discussion nature, in which everybody entered, on procedures by which the engineering divisions of companies could be brought into the industrial ventilation picture. When there are problems in industrial ventilation, dust control and the like, the plea was made that every effort be made to bring the proper engineering division of the company in question into the picture, and not to have it handled by some other division, which might very well be interested, but not interested wholly from the engineering point of view.

The final talk was on dust valves, gates, feeders, and specialized equipment, in which a question and answer forum was held that interested all the members greatly.

Transactions of

THIRTEENTH ANNUAL MEETING

INDUSTRIAL HYGIENE FOUNDATION OF AMERICA, Inc.

November 18, 1948

SUMMARY OF CERAMIC CONFERENCE*

Chairman M. W. Thompson, General Manager and Treasurer of Hall China Company and a member of the Foundation's Board of Trustees, opened the meeting with an explanation for this conference as the first ceramic meeting undertaken by the Foundation. He reviewed briefly the events leading up to this meeting and expressed the belief that if it were successful it might become a regular feature of the yearly meetings. He introduced Mr. W. G. Hazard, Industrial Relations Division of Owens-Illinois Glass Company, Toledo, Ohio, as the moderator.

Agenda I—Compensation for Dust Diseases.

Theodore C. Waters, Chairman of the Foundation's Legal Committee.

Mr. Waters first discussed partial disability for silicosis; he stated that 39 states have occupational disease laws and that they are divided on the question as follows: 22 provide limited compensation for partial disability, 17 allow none, and 3 limit the payment of compensation for partial disability to a minimal finding of 33 1/3% disability. In almost all states some measure of wage loss is used as a basis for determining partial disability. In New York disability is briefly classified as "inability to earn wages."

Dr. George Wright of the Saranac Laboratory conducted some experiments on the evaluation of partial disability. It was his conclusion that there is to date no sound medical evaluation method for determining partial disability from silicosis. In cases of simple, uncomplicated silicosis the employee, though exhibiting lung changes, suffers no loss of wages; this man should stay in his regular occupation. He does have a demonstrable injury but has had no disability. Some suits for partial disability have been filed at common law in New York, Pennsylvania, and Utah but have been refused. The question has been referred to the Supreme Court but no opinions have been handed down.

Labor is making repeated demands for legislative changes to allow compensation for silicosis in all stages. Three states have set up injury funds for the payment of partial disability benefits. An example cited was West Virginia, in which state the compensation statutes

have established silicosis in three separate stages and made a compensation evaluation of each.

1. First detectable x-ray, but no disability. Compensation allowed in the amount of \$800.00, other claims barred.
2. Capacity for work impaired. Compensation allowed in the amount of \$1600.00 and other claims are barred.
3. Silicosis complicated with tuberculosis and disability. Full compensation benefits allowed.

The state commission retains jurisdiction over all claims which can be reopened on showing of changed conditions.

Mr. Waters expressed the opinion that payment for partial disability is impractical and advanced the following reasons in support of his statements:

1. It is impossible to medically evaluate disability.
 - a. Is the worker disabled?
 - b. How much?
2. Compensation should not be paid until there is a wage loss.
3. The employer's liability should be terminated within reasonable time.

New York state is conducting an extensive investigation of the question, but no changes have been written into the statutes as yet. Mr. Waters feels that with 44 states in legislative sessions in 1949 many such bills will be presented and of course some will be passed.

Questions from the floor:

Question: Can lung function tests be used?

Answer: Mr. Waters is not familiar with lung function testing to the extent where he can answer this question.

Question: Was asked his opinion of the compromise settlement system used in Missouri.

Answer: Is against compromise settlements since he feels that neither liability nor rights should be bartered away. Dr. Paul Bovard added to the answer of the first question that lung function tests are not standard as yet and do not offer conclusive medical information. Mr. T. F. Hatch, Research Director of Industrial Hygiene Foundation, had no opinion to offer on this question.

* Held at Webster Hall Hotel, Pittsburgh, November 19, 1948.

Thursday, April 23

7:30 a.m.—Committee Chairmen's Breakfast Meeting (Cleveland Room)

9:00 a.m.—Section Meeting — Medicine (Studio Room, EM-BASSY AUDITORIUM)

Chairman: John C. Ruddock, M.D., Associate Clinical Professor of Medicine, University of Southern California and Medical Director, Richfield Oil Company, Los Angeles

9:00-10:15 a.m.—Symposium on Pneumoconioses — James H. Sterner, M.D., Moderator

Pathology of the Pneumoconioses with Reference to Etiology and Pathogenesis—Arthur J. Vorwald, M.D.,—10 minutes

The Place of the Roentgenogram in Pulmonary Dust Diseases with Special Reference to Diagnosis and Disability Evaluation — Rutherford Johnstone, M.D.,—15 minutes

Diatomaceous Earth—Reginald Smart, M.D.,—10 minutes

Pneumoconiosis in Soft Coal Workers—Louis L. Friedman, M.D.,—5 minutes

Pulmonary Function Studies and Physiologic Management in the Pneumoconioses—Hurley L. Motley, M.D.,—10 minutes

Practical Prophylaxis for Pulmonary Dust Disease — Lloyd E. Hamlin, M.D.,—10 minutes

Physiologic Therapy and Rehabilitation—Burgess Gordon, M.D.,—5 minutes

Introduction to Problem — James H. Sterner, M.D.,—5 minutes

Berylliosis—Harry E. Tebrock, M.D.,—5 minutes

10:15 a.m.—Panel Discussion

10:45 a.m.—Intermission

11:00 a.m.—Coronary Disease in Industry—Gordon Garnett, M.D., Los Angeles

Discussant: George C. Griffith, M.D., Pasadena, Calif.

12:15 p.m.—Recess for lunch

1:30 p.m.—The Job, The Employee and Peptic Ulcer—Sidney A. Portis, M.D., Chicago, Ill.

2:00 p.m.—Traumatic Neuroses—Pretraumatic Personality Factors—John D. Moriarty, M.D., Los Angeles

2:30 p.m.—Diabetes—Its Relation to Industry—Samuel Soskin, M.D., Beverly Hills, Calif.

3:00 p.m.—Intermission

3:30 p.m.—Practical Aspects of Fluid Balance—Ralph Homann, M.D., Los Angeles

4:00 p.m.—Arsenic Trioxide in Smelting Industry—Charles McGill, M.D., Tacoma, Wash. and Sherman Pinto, M.D., Denver, Colo.

4:30 p.m.—Contact Dermatitis, Its Relation to Petroleum Products—Nelson P. Anderson, M.D., Los Angeles

Thursday, April 23

9:00 a.m.—Section Meeting—Surgery (Assembly Room, EM-BASSY AUDITORIUM)

Chairman: John E. Kirkpatrick, M.D., San Francisco, California

9:00 a.m.—General Treatment of Burns—Louis T. Moore, M.D., San Pedro, Calif.

9:30 a.m.—Surgery of Burns and Soft Tissue Trauma to Head and Neck—Mertin Hatch, M.D., Los Angeles

10:00 a.m.—Back Disorders

Urological Influences—Jay J. Crane, M.D., Los Angeles

Orthopedic Influences—Donald W. Blanche, M.D., Los Angeles

Neurologic Influences—O. W. Jones, M.D., San Francisco

11:30 a.m.—Initial Management Chest Injury—Elmer C. Rigby, M.D., Los Angeles

12:15 p.m.—Recess for Lunch

1:30 p.m.—Hand Surgery

Primary Repair—Michael Mason, M.D., Chicago, Ill.

Secondary Repair—Joseph Boyes, M.D., Los Angeles

Reconstructive Surgery—Sterling Bunnell, M.D., San Francisco

Written Questions for Discussion by Panel—Summation by John E. Kirkpatrick, M.D., San Francisco

3:15 p.m.—Intermission

3:30 p.m.—Uniform Evaluation of Joint Function—Packard Thurber, Sr., M.D., Los Angeles

4:00 p.m.—Displaced Fracture of Ankle and Heel—Ernest Burgess, M.D., Seattle, Wash.

4:30 p.m.—Resume of Day's Program—Chairman, John Kirkpatrick, M.D., San Francisco

6:30 p.m.—American Industrial Hygiene Association Banquet—Golden State Room

7:30 p.m.—American Association of Industrial Nurses Banquet—The Biltmore Hotel

Friday, April 24

8:00 a.m.—Plant Tours (*)

12:15 p.m.—Plant Tours (*)

Chartered buses will leave the Statler hotel at 8:00 a.m. and 12:15 p.m.

1. North American Aviation, Inc.

2. Hughes Aircraft

(*) These tours are available only to those of United States citizenship.

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INDUSTRIAL HYGIENE FOUNDATION

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4100 FIFTH AVENUE

PITTSBURGH 13, PA.

July, 1948

INDUSTRIAL MEDICAL ASSOCIATION



THIRTY-EIGHTH ANNUAL MEETING

Los Angeles, California
April 20-24, 1953



GENERAL CHAIRMAN—G. F. Wilkins, M.D.

General Co-Chairman, J. W. Shilling, M.D.

Program Chairman—E. P. Luongo, M.D.

Hospital Clinics Chairman—Stanley S. Haft, M.D.

Banquet Chairman—Ben Frees, M.D.



Monday, April 20

Registration

Private Group Meetings



Tuesday, April 21

7:30-11:00 a.m.—District Counselors Breakfast Meeting (Cleveland Room)

9:00 a.m.-12:00 noon—Hospital Clinics (Los Angeles County General Hospital)

Medical and Surgical Clinics

Coordinator: **Stanley S. Haft, M.D.**, Los Angeles

Rehabilitation by Plastic Surgery. Presentation of cases before and after—**Harold I. Harris, M.D.**, Los Angeles—

30 minutes plus 5 minutes discussion and question period
The Early Clinical Appraisal of Burns—**William S. Kiskaden, M.D.**, Los Angeles—30 minutes plus 5 minute discussion and question period

Trauma of the Abdomen—**Henry R. Thomas, M.D.**, Los Angeles—30 minutes plus 5 minute discussion and question period

The Problem of Fluid Balance in Medicine and Surgery—**Ralph E. Homann, M.D.**, Los Angeles—30 minutes plus 5 minute discussion and question period

Intramedullary Fixation of Fractures—Movie Film on the Intramedullary Fixation of Fractured Femur with Complete End Result—**Stanley S. Haft, M.D.**, Los Angeles—30 minutes plus 5 minute discussion and question period

Note: Members will arrange own transportation in groups.

1:30-2:15 p.m.—Visits to Exhibits

2:30 p.m.—OPENING SESSION (Golden State Room)

A. Opening Ceremonies—

Presiding: **G. F. Wilkins, M.D.**, Conference General Chairman

1. Greetings—**Hon. Fletcher M. Bowron**, Mayor of Los Angeles

2. Greetings—**E. A. Irvin, M.D.**, President, Industrial Medical Association

3. Address—Industrial Medicine As It Looks to Management—**Mr. Reese Taylor**, President of Union Oil Company, Los Angeles

B. Panel Discussion on Human Relations Problems in Industrial Medicine

Moderator: **John L. Norris, M.D.**, Rochester, New York

1. How We Stand in Industrial Relations—**Mr. Edward S. Hochuli**, Manager, Industrial Relations, General Petroleum Corporation, Los Angeles—20 minutes

2. Improving Job Relations—**Mr. Ted Karl**, Sales Analysis Institute, San Francisco, California—20 minutes

3. Resentment, an Obstacle to Recovery—**Christopher Leggo, M.D.**, Crockett, California—20 minutes

4. Summation, Discussion, and Recommendations as to Future Action Necessary—**Dr. Norris**, Panel, and Audience—15 minutes

4:30 p.m.—Report on American Foundation of Occupational Health—**Robert Collier Page, M.D.**, New York City

8:00-11:00 p.m.—Symposium, Problem Drinking in Industry—a scientific program under joint sponsorship of Committee on Problem Drinking, Industrial Medical Association, and Western Industrial Medical Association (Los Angeles Room)

Chairman: **Christopher Leggo, M.D.**, President, Western Industrial Medical Association

Special Speaker: **George N. Thompson, Jr., M.D.**, Associate Clinical Professor Neurology and Psychiatry, University of Southern California

Title: "Therapeutic Management of the Alcoholic Employee"

Report and Panel Discussion by Scientific Committee on Problem Drinking, I.M.A. (Practical discussion of actual problems)

R. G. Bell, M.D., Chairman, Medical Director, Shadow Brook Health Foundation, Willowdale, Ontario, Canada

R. F. Buchan, M.D., Director of Employee Health, Prudential Life Insurance Co., Newark, N. J.

W. H. Cruickshank, M.D., Medical Director, Bell Telephone Co. of Canada, Montreal, Quebec

J. S. Felton, M.D., Medical Director, Oak Ridge National Laboratory, Oak Ridge, Tenn.

J. F. Jellema, M.D., Medical Director, Fisher Body Division, General Motors Corporation, Grand Rapids, Mich.

C. M. McGill, M.D., Medical Director, Tacoma Smelter, American Smelting & Refining Co., Tacoma, Wash.

Sherman S. Pinto, M.D., Medical Director, American Smelting & Refining Co., Denver, Colo.

James I. Roberts, M.D., Medical Director, New England Power Co., Boston, Mass.

J. W. Shilling, M.D., Medical Director, Pacific Telephone & Telegraph Co., Los Angeles, Calif.

B. L. Vosburgh, M.D., Medical Director, General Electric Company, Schenectady, N. Y.