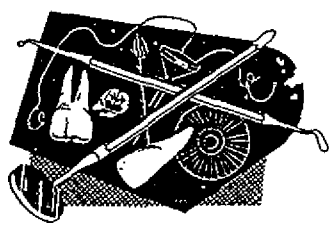
DENTISTRY IN INDUSTRIAL HEALTH PROGRAMS[1]

Dr. R. I. Humphrey, in a talk before the Illinois Public Health Association in April of 1947, spoke on the importance of the almost unrecognized part in the profit-making role that oral health plays in our industrial plants, namely, that a healthy oral cavity has a direct constructive influence on industrial production. On the other hand, the contrary is true in the case of oral infection.



"An aching tooth in an individual can become a company's toothache affecting not only the well being of the individual, but jeopardizing the safety of fellow employees. Pain of dental origin causes loss of sleep, fatigue, and mental distraction. Accidents follow; industrial accidents are always costly.

"Infected teeth can mean a staggering loss of man-hours. There is authority for the statement that at least 25 percent of employee absenteeism from nonoccupational illness is directly traceable to the mouth. Continued study and analysis of absenteeism will some day enable a greater degree of accuracy in translating the cost of lost man-hours in terms of dollars and cents to industry. This problem could be solved through the war-born philosophy of labor-management groups with the cooperation of the medical and dental professions."

Many industrial oral health programs are in operation and are providing excellent service for the workers yet "they are minute when compared to the vast field yet untouched. Approximately only 1 in 10 industrial plants offers any type of dental attention today.

"There is no altruistic approach to the problem of dental health in industry. By and large, management is chiefly interested, and will continue to be interested, only in terms of what the health of the worker means to the company in profit or loss statements.

"Occupational hazards, directly traceable to and responsible for oral diseases, are readily understood by management, and therefore are likely to result in active oral health programs.

"There have been unfortunate experiences involving unethical and poorly qualified dentists, resulting in expense to the company, loss of good will and respect. And in some rare instances, antiquated state laws governing industrial dental practice have acted to limit or retard the advancement of oral health for worker .

"Labor unions—ever watchful over the general well-being of their members, have demonstrated an eager willingness to cooperate with management, with professional organizations, national, State, and local groups. Usually they favor complete dental service for themselves and their families with a minimum outlay of expenditure.

"* * * There can be no fixed uniform program which can be wrapped in cellophane or Christmas paper and laid at the door of industry * * * . There are many factors entering into a decision of the most desirable program. Different conditions prevail in different industries.

"Occupational hazards must be taken into consideration. Wage levels, available community medical and dental resources, size of the industrial plant and the number of employees—all of these factors must be considered in developing an oral health program.

"Out of the welter of existing industrial dental services has come a definite trend. Some term it preventive dentistry. Briefly, it consists of examination—pre-placement or pre-employment, periodic examination—dental health education—referral—follow-up and emergency treatment when necessary."

Dr. Humphrey emphasized the use of an examination service utilizing roentgenological methods as patterned after the Chicago Dental Society mobile service for industries. This plan for examination and X-ray could be utilized by several of the smaller plants employing less than 100 persons or as many as 500 employees.

"No dental service plan can be successful without health education of employees. Employee publication or house organ furnishes an excellent avenue of approach in this respect. Information carried on these pages, including authoritative articles, is frequently taken into the homes of employees and read by other members of the family."

[1] A complete print of this address by Dr. Humphrey appears in volume 4, no. 2 of *What's New In Industrial Hygiene*, Department of Public Health, Division of Industrial Hygiene, 1800 W. Fillmore St., Chicago 12, Illinois.

COMMENTS ON 1947 MAC VALUES

By Lawrence T. Fairhall

Over a period of years the American Conference of Governmental Industrial Hygienists has been concerned with threshold limits and has at various times released tables of such values. According to the constitution these values are subject to *annual revision*. Some adverse criticism has recently been made of the values set up by the American Conference of Governmental Industrial Hygienists. Also the fact that these values were published in the August 1947 *Industrial Hygiene Newsletter* has been interpreted as implying that the values are those of the Industrial Hygiene Division, U. S. Public Health Service, in spite of the following statement at the head of the list: "The following maximum allowable concentration values were a part of the report submitted by the Committee on Threshold Limits and accepted by the American Conference of Governmental Industrial Hygienists at the 1947 meeting. These values are revised annually."

Moreover, inference has been drawn that the changed values were not made on the basis of scientific evidence but presumably according to the whims of the committee. Concerning this, one of the committee members writes as follows: "Some 35 of the 1946 values were changed. Of these, three were increased and presumably these changes are satisfactory to our critics. Of the remaining 32, 7 were reduced from values of 10,000 p. p. m. and less down to 1,000 in accordance with the basic idea, which has been proposed several

(Continued on page 9)