

INDUSTRIAL MEDICAL PRACTICE.

- 705 Canada's Program of Prepaid Hospital Care—The Historical Stream. M. G. Taylor. *Hospitals* 35, 42 (1961). (Hospitals, Editor, American Hospital Association Publishers, 840 N. Lake Shore Drive, Chicago, Ill. 6). 70

Since the beginning of 1961, every resident of Canada has been entitled to necessary hospital care in the hospital of his choice at the standard ward level, without charge, for as long as it may be required. On April 12, 1957, the four-party House of Commons unanimously passed the Hospital Insurance and Diagnostic Services Act, starting the nationwide government sponsored hospital plan on its way. The plan, a grant-in-aid program providing national funds to assist provincially administered plans, is based on universality. It is provided that the program be universally available and the intent is clear that all should be covered. There is no "means test." The program rejects the subsidy-to-voluntary-plans approach. In some provinces the Blue Cross Plan became the core of the new agency. In others, Blue Cross continues to provide for the cost of semi-private or private accommodations. The program emphasizes the autonomy of hospitals. The voluntary hospital system has been greatly strengthened by the virtual removal of deficits. There was unquestioned reluctance on the part of Blue Cross administrators and hospital leaders to see their projects taken over by the government. However, they have helped mold the plans, fought for comprehensive service benefits, argued for higher payments to support higher standards and meet increased cost. Any dissatisfaction has been heavily counterweighed by the knowledge that government action was merely extending to all what they had struggled to bring to many; it was a tribute to their ideals and an extension of their goals.

-- J. Occ. Med. Abstrs. 70

- 706 The Changing Nature of Industrial Health Problems. D. M. Ross. *Ind. Med. & Surg.* 31, 257-259 (June 1962).

The number of new chemicals being developed for use in industry and in the home is increasing so rapidly that their hazard to man cannot be adequately defined by present toxicologic research methods. It will be necessary to develop new screening methods and new shortcuts to toxicological research to avoid flooding the country with chemicals of unevaluated toxicity. The unmistakable trend is to be concerned with lesser and lesser degrees of hazard. In many cases the limit of detection of overt changes has already been reached and work has begun on the development of biochemical, immunological, and neurophysiological techniques that will detect earlier changes in body physiology. An increasing number of agents is being identified as producing long range, chronic, carcinogenic, or genetic effects. Increased emphasis must be placed on the study of these materials lest inclusion of false positives in this group place an unwarranted financial burden on the users and the omission of false negatives subject our industrial population to unsuspected risk. Accidents involving the increasingly important human factor will not be prevented by the conventional engineering approach. Greater emphasis must be placed on a new field of specialization called "human factors engineering" to develop the principles and laws governing the man-machine complex. Psychologists, anthropologists, physiologists, epidemiologists, and biostatisticians must team up with the safety engineer and occupational health physician and bring their talents to bear on those new safety problems which our burgeoning automated society is imposing on us.

-- Cond. from author's summary 71

- 707 The Industrial Physician and the Adaptation of Medicine to an Industrialized Society. The Sappington Memorial Lecture. J. H. Siemer. *J. Occ. Med.* 3, 295-300 (June 1962).

The author discusses the subject under the following headings: Evolution of Occupational Medicine, Role of Government, Management and Union Influences, Physician Contribution, Present Status, The Future (Needs in Small Plants), Training, Physician Attributes, Scope of

* Address not in current List of Periodicals.