(1) Case finding and prevention of occupational diseases and poisons.

(2) Case finding of non-occupational diseases, particularly that group known as degenerative diseases which have the highest death rate, such as diseases of the heart and blood vessels, cancer, respiratory, kidney, etc.

We must remember that more than 90 per cent of the industrial plants in this State employ 500 or less employees. Few of them employ a full-time industrial physician so that the industrial nurse is the only full-time health worker in many plants. She is the key person in the health program. No longer is her chief function that of giving first aid or performing other nursing duties under the direction of the physician. She must not only be the nurse working under the guidance of the industrial physician, but also counselor, health educator, and nutritionist. It is to her the worker is most likely to turn in time of trouble. The success of the entire program may depend on her ability to sell it not only to management but to the worker as well.

The workers who are employed in small plants are exposed to practically the same hazardous material as those in the larger plants and they are also subject to the same non-occupational diseases as the employees in a large plant. Therefore, the medical profession, the nurse, the employer, and the health department must do everything in their power to help inaugurate a health program in the plants which do not have one.

From such a program an industry may expect—

(1) Reduction of absenteeism from sickness and accidents.

(2) Increased production and greater efficiency of workers, from better placement and health.

(3) Reduction in insurance premium.

(4) Improved employee-management relationship.

This plan for small industries has proven sound where tried and it is hoped it will develop in such a manner that management will extend it as it proves its worth.

What is the experience of plants, which now have a medical service, with respect to absenteeism, labor, turn-over, compensation premiums, etc.?

The most practical answer to this question will be found in a pamphlet entitled "Industrial Health Practices" which cites the results of a 1940 survey by the National Association of Manufacturers. It represents the replies from 2,064 industrial establishments regarding their health practices, and it has this to say about the value of the health plant program: "Health programs have proved their worth to companies instituting them."

(1) All but five of a total of 1,625 respondents considered their programs as paying propositions.

(2) Over 90% of those replying, indicated reductions in

	Reduction
Accident frequency	44.9%
Occupational diseases	62.8
Labor turn-over	27.3
Absenteeism	29.7

Conclusion

In conclusion, the medical profession should assume the slip, together with the Pennsylvania Department of Health its Bureau of Industrial Hygiene, in giving assistance and a the organization of adequate medical programs in industria which will lead to a reduction in lost man-hours.

Industry should cooperate with the medical profession Bureau of Industrial Hygiene and avail itself of any ad assistance the medical profession or the Bureau of Industrial may have to offer.

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Functions of an Industrial Hygien Program at the National Level

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The great changes and progress made by A industry immediately before, during, and after World War emphasized the importance of manpower as a national resou the necessity of protecting and improving the health of the As a result, there is growing recognition among governmen dustrial, labor, and civic groups of the need for programs to protect and maintain the health of the Nation's labor force. Federal Government, the U. S. Public Health Service is the primarily responsible for the development of such programs, a happy to have this opportunity to speak to you briefly about in the occupational health field.

The concern of the U. S. Public Health Service with the of occupational disease dates back to the turn of the century. not until 1914, however, that this activity became a distinc through the establishment of the Office of Industrial Hygi Sanitation in the Division of Scientific Research.

In its early years, the Office—which was later to bec Division of Industrial Hygiene and, more recently, the Div Occupational Health—concentrated its efforts chiefly on a of intensive research that was to set the pattern for studies t