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OCCUPATIONAL HEALTH IN AMERICA

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THE HISTORY COMMITTEE OF THE INDUSTRIAL MEDICAL ASSOCIATION

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**GEORGE ROSEN

*Deceased **Appointed to replace deceased member.

1962

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OCCUPATIONAL HEALTH IN AMERICA

berous career. The purely repair shop type of surgical service in industry lasted much too long."

The upward surge of American production was attended by serious, often fatal, injuries, which mounted at a scandalous rate; but for many years little of real or lasting benefit was done to reverse the trend. The annual toll was terrifying in typical industries such as steel, mining, railroading.

Here and there, individual doctors did what they could to protect workers on extra-hazardous jobs, but they left almost no records indicating results. A faded clipping from the *Chicago Daily News* reports that Andrew M. Harvey, chief surgeon of the Crane Company, Chicago, provided safety glasses for operators in that plant "as early as 1897." About the same time there is also mention of the use of leather leggings to protect brass molders from molten metal.

"Safety" was a word seldom heard in the steel mills and other ferrous industries of that day—not because employers were indifferent to death and injury, but because high accident ratios were taken for granted as a hazard of such trades. Though industrial employers commonly provided local physicians to care for injured workers, concerted action to reduce the accident toll was still to come. Individual companies, nevertheless, did what they could with the crude protective devices available in the early 1900's. Results were encouraging, and from these small beginnings there developed industry-wide programs calling for the installation of more and more mechanical safeguards, and requiring in-plant treatment of on-the-job injuries.

Within a few years important steel manufacturers were solidly supporting the work of the new National Safety Council, spearheading the crusade for industrial safety. Faced by shocking statistics on accidental deaths and injuries, corporation heads in large industries became ready converts to the cause. Physicians and surgeons, too, in steadily increasing numbers, were attracted to the industrial field.

Results of this attack were soon apparent. Accident curves were halted in their climb—then started to decline. The over-all trend, for the past forty years, has been consistently downward. Citing long-term figures, the *Labor Yearbook* for 1953 points to these significant contrasts: "In coal mining, for example, approximately five miners were killed in work accidents for every million tons of coal mined in 1913. In 1950 the average was down to slightly over one death for each million tons. In railroading, the reduction was even more pronounced. In 1913 one worker in every five hundred employed by the railroads was killed on the job. In 1950 one was killed for every three thousand. These rates are still too high."

Mining appears to have been the first American industry to use the services of physicians on anything like a full-time basis. There is reference to an unnamed doctor who is said to have been employed in a lead mine in 1770. Others are known to have served in mines during the 1800's, though almost all name and place records have vanished with the years.

Appearance of the industrial physician and industrial surgeon, as we know them, is a twentieth century phenomenon. But there was no distinction in the title in early

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 THE ASSOCIATION IS BORN

years. On the contrary, men in plant practice were commonly the object of professional scorn—poorly paid, respected neither by management nor by labor. This was to be expected. With notable exceptions the doctor in industry was likely to be a man of mediocre ability, performing routine work acceptably but with little awareness of its potentials. The field, by and large, was uninviting, unrewarding.

Writing of the period around 1910, Alice Hamilton sums up the status of the industrial doctor in these words: "For a surgeon or physician to accept a position with a manufacturing company was to earn the contempt of his colleagues."¹⁸

It is against this background that the story of the American Association of Industrial Physicians & Surgeons unfolds. In the early years it was a drama of men and of the unusual circumstances that brought them together from all parts of the country. They were for the most part young physicians and surgeons, attracted to industrial practice by the new emphasis on safety, public health, and hygiene. They were exceptions to the rule of mediocrity in plant practice at the time; their stature was the more pronounced because of the scarcity of medical talent in the industrial field. They had in common a conviction that health was the most valuable of all national resources and a belief that the way to conserve it was by concentrating on the accident and disease hazards to which industrial workers were constantly exposed.

Andrew Magee Harvey's introduction of protective goggles for workers in 1897 was a mere incident in the evolution of plant safety. But Harvey, the man, had a double claim to fame. He was perhaps the first American physician to practice modern industrial medicine, and he was a leader in the little group chiefly responsible for the founding of the AAIP&S. Harvey joined the Crane organization in Chicago as medical director in 1896, assuming responsibility for the care of some 18,000 employees. Throughout his career he was a tireless worker in organized medicine, in public health activities, and in the development of the new industrial specialty.

In faraway California Robert Legge joined the select coterie of industrial medical pioneers in 1899. Trauma, at the time, was the main concern of the McCloud River Lumber Company, but Legge, as chief surgeon, soon expanded his work into broader fields—a community health and welfare program, construction of a model hospital, and the successful practice of preventive as well as curative medicine. At McCloud, in 1900, he was the first to employ graduate nurses in industrial service.

An inveterate traveler, he periodically toured the East to attend medical conventions and to visit the great surgical centers and teaching hospitals. On these trips he met many other leaders in the industrial field and through these contacts was drawn into the inner circle of founding fathers of the AAIP&S.

Years later (in 1927) Legge spent an afternoon at Georgetown Medical School with the venerable Dean Kober. To the delight of both, they discovered that McCloud, the scene of Legge's early work, was in the heart of the identical terrain covered by Kober, as a United States Army surgeon, in the Modoc Indian War of 1873-74.

One of the earliest recorded efforts at systematic examination of industrial work-

 THE ASSOCIATION IS BORN

great human laboratory, where a doctor could practice preventive medicine and surgery."

"Hear that, Julius?" interrupted Loeb. "We have become a great human laboratory. We've had several company doctors, but never before have they thought of us as a human laboratory."

"I rather like the idea," replied Rosenwald.

There was more discussion, but no final decision. Mock was on his honeymoon when, on December 28, 1908, he received a telegram from Loeb: "Your human laboratory idea appeals. We accept your proposition. Start January 2."

Mock's "proposition" included immediate examination of old employees, to check and eliminate infectious diseases—and later, examinations for all job applicants, with the aim not only of raising health standards but also of assigning handicapped men and women to suitable work whenever possible. Mock developed, as the creed of his department, the simple slogan: "Physical qualifications, plus occupational qualifications, equal the job." Much later, during World War I, this slogan became the basis of far-reaching recommendations to the surgeon general of the Army for the assignment of handicapped volunteers and draftees.

Within three years, Mock's dream was well on its way to reality. He had no trouble in maintaining ethical standards at Sears. Cut-rate house calls for employees were ruled out. If they wanted the Sears doctor for illness at home, he would see them as private patients, and charge them standard professional fees.

Then, as Mock described it, came a balmy evening in May, 1912, and another chance conversation. Returning from a medical meeting, Mock drove his friend, Harvey, home in his new Maxwell convertible. The two sat in the open car and discussed their common problems—their work as company doctors. Harvey, with sixteen years' experience in the Crane organization, had built an excellent reputation as a surgeon and administrator of health problems involving both accident and occupational hazards. He had done this without antagonizing the medical profession and had maintained a good ethical standing.

Mock spoke of his new quarters at Sears—twelve rooms staffed by eleven part-time doctors and two full-time nurses. An eye specialist was on duty three days a week, and dental service was available for three and a half hours every day. Mock's enthusiasm, too, had grown with his job. He mentioned that that very day Rosenwald had proudly escorted the president of the Packard Motor Car Company through the department. At the end of the tour the visitor said: "This is all pretty nice, Julius, but I can't see how you can afford to give the most valuable space in your merchandising building to your doctor's office." Rosenwald had replied: "Why, sir, this is the most valuable department we have. It deserves the most valuable space."

So the talk went on, in the convertible at Harvey's door. Around 2:00 A.M. Mock started his motor and prepared to go. Then Harvey broke in:

"Do you know, we ought to organize this company doctor business. It's altogether different from what it was when I went into industrial work. Industrial

OCCUPATIONAL HEALTH IN AMERICA

medicine is here to stay. A lot of good men are doing either part-time or full-time work as company doctors. We ought to get together with those who see a real service in it—both to humanity and to medicine—and form an organization."

There was more discussion before the two men parted to think it over. "So," said Mock, "as far as I know, the first thought of an industrial medical association was wafted in on the balmy spring air on that May night in 1912."

"It was later in that same year that I met Doctor Otto Geier, of Cincinnati. He was a dynamic man, and one of the most likeable personalities I had ever met, with thorough training and ample financial backing that enabled him to select his niche in the medical world and to reach almost any height in his chosen endeavor."

"Geier had organized the first milk commission in Cincinnati and had worked tirelessly for rigid inspection, pasteurization, etc. He came through milk into the field of preventive medicine. His viewpoint was further broadened by other activities in the field of public charities and institutional health, which brought him into contact with the derelicts of society."

"The Geiers had founded and made a great business of the Cincinnati Milling Machine Company. Otto was a prime mover in organizing its first health program, a part-time connection which soon absorbed his entire attention. Hearing of the work we were doing at Sears, he visited our medical department, and left us with many suggestions which enlarged its scope and increased its effectiveness."

"Otto Geier's grasp of the situation and its possibilities in the way of preventive medicine was of the greatest importance in the founding of our association. From the time of his first visit we never lost sight of our ultimate goal—the organization of industrial medicine on a national basis."

From these early contacts and discussions the movement for an association spread rapidly, by chain reaction. Through the efforts of Frank Billings, Thomas R. Crowder was appointed medical director of the Pullman Company. By 1912 he not only was supervising the health of Pullman employees, but also had become a great authority on ventilation, fumigation, and the prevention of contagious diseases by systematic examinations.

Said Mock: "Tom became a wise friend and a man of keen judgment, with a broad vision of the possibilities of industrial medicine and the means by which it could fit itself into the medical world without antagonizing those in the profession who were limiting their work to private practice."

Crowder became familiar with every step in the preorganization thinking of the Chicago group. It was he who wrote the final draft of the constitution of the American Association of Industrial Physicians & Surgeons and set forth its objectives. He later served as its president (1927-1928).

Again, in 1912, Billings recommended the appointment of Wilbur E. Post, a close friend of Crowder and Mock, as medical director of the Peoples Gas Company, of Chicago. Post, in turn, called the attention of the group to Charles G. Farnum, chief surgeon of the Avery Company in nearby Peoria. Farnum had de-

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OCCUPATIONAL HEALTH IN AMERICA

Shoudy (Bethlehem Steel), Cassius H. Watson (New York Telephone Company), W. Irving Clark (Norton Company), and James E. Mead (Ford Motor Company).

Of the entire group engaged in this voluminous correspondence, no less than six were later to serve as presidents of the Association. Drawing its strength from such diverse sources, and from every section of the country, the association-to-be was assured of truly national representation from the very beginning. Most of its supporters were already members of several organized medical groups concerned with various phases of public health and private practice; yet they rallied behind a new association as the *one* answer to vital industrial problems not yet adequately covered by any existing agency.

Encouraged by this wholesale response, the Organizing Committee met frequently during the winter of 1914-1915. "At each meeting," writes Harry Mock, "there were increasing evidences of approval, ending in agreement to crystallize the movement by formal organization."

"Accordingly, under the friendly auspices of the Illinois Manufacturers Association, a 'meeting of physicians and surgeons in industry' was called in February, 1915, at the Chicago City Club, where the proposal was discussed at length. The unanimous expression was that such an organization would be beneficial to employees and employers, as well as to the physicians specializing in industrial medicine."

At that February meeting a committee was appointed, which, "for the physicians and surgeons engaged in industrial medicine, prepared and executed the documents necessary for a corporation (not for pecuniary profit) to be known as the *American Associational of Industrial Physicians & Surgeons*, under an Act of the General Assembly of the State of Illinois."

So reads the record. Accompanying the application was a formal statement of the corporate purposes—as printed in full at the head of Part Two. Writes Mock: "This statement remains [essentially] unchanged. There has been no occasion to change it. Nothing in the developments of the years since 1915 has been added to the comprehensiveness of its definition of industrial medicine, nor disclosed a facet of the subject which it does not cover."

Spring and summer were gone before charter details had been settled to the satisfaction of the committee. Under date of October 12, 1915, Harvey forwarded to Mock duplicate copies of the application with a letter asking him to get the required signatures "as quickly as possible."

The final document, as notarized and forwarded to the Secretary of State of Illinois, bears the signatures of the Incorporating Committee: J. Chase Stubbs (medical director of the National Malleable Casting Company); A. M. Harvey, H. E. Mock, C. G. Farnum, W. E. Post, and T. R. Crowder, all of Chicago; and S. M. McCurdy, of Cleveland. Stubbs served as chairman.

While the preliminary work of organization was moving slowly ahead, busy doctors elsewhere were taking advantage of every opportunity to win further sup-

port for the public meeting proposed organization of influence growth of the founding."

Otto Geier, other a surgeon, common interest of the National Council Inter-

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OCCUPATIONAL HEALTH IN AMERICA

While the founders set their sights at the highest level with respect to the association objectives and the caliber of membership, they kept their financial program within modest bounds. A standard paragraph in committee correspondence dealt with the matter of cost in these reassuring words: "There will be some little expense connected with the organization, but this will be very slight and can easily be covered by nominal dues of one dollar per member." Actually, first-year dues were set at two dollars, but, since a maximum membership of one hundred and fifty was expected, the working budget gave no ground for charges of extravagance.

One finds a similar note of economy wisely accented in arrangements for the convention itself. Under date of May 25, R. A. Carson and C. C. Schantz, co-managers of the Cadillac Hotel, sent a banquet menu to Mock for his approval. The following exchange of letters is of passing interest as a commentary on those times:

Mock to Cadillac Hotel, May 26: "This menu is very satisfactory with the exception of cigars. Two dollars a plate should include at least one round of some good cigar."

Cadillac Hotel to Mock: "Yours of the 26th to hand with menu as selected for the American Association of Industrial Physicians & Surgeons, at \$2.00 per plate—cigars extra."

Mock to Cadillac Hotel: "As we have advertised our banquet for \$2.00 per plate, I wish you would kindly make some slight change in the menu so as to include one round of some good ten-cent cigar."

There was no provision for cigars.

There was, in fact, no need for either frills or festivities to whet the enthusiasm of the founding group. To a man, they realized the seriousness of the business at hand, and sensed something of the import of this new milestone in the history of American medicine.

As almost the final step in completing arrangements, Mock dispatched a night letter to Sidney M. McCurdy of Youngstown, a fellow committeeman: "Organization Committee have left it to me to choose toastmaster banquet Monday night. Have chosen one of best scouts in the bunch, namely, you. You can't refuse, for programs go to press tonight. Everything looking rosy."

There appears to have been only one advance notice of the Detroit meeting published in any periodical reaching the medical fraternity. It appeared in the *Journal of the American Medical Association*¹ under the headline:

MEETINGS OF NON-AFFILIATED ORGANIZATIONS
AMERICAN ASSOCIATION OF
INDUSTRIAL PHYSICIANS & SURGEONS

The notice stated that organization of the association was to be completed at a meeting in Detroit on June 12, 1916, and gave the essential facts about the new association, its purpose, and the character of its proposed membership—adding that

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 THE ASSOCIATION IS BORN

the industrial doctors had been meeting during the past few years in AMA sections and with the National Safety Congress. Among the problems to be discussed at the meeting, the *Journal* listed the following:

1. Medical examinations of employees, and the results and benefits of these.
2. The surgeon as an aid in preventing accidents.
3. Emergency surgery and the standardizing of procedure in certain types of cases.
4. Standardizing of records used in this work.
5. Various forms of industrial insurance and the need of a federal health insurance law.

Through the Committee on Arrangements for the American Medical Association meeting in Detroit—with James H. Mead (Ford Motor Company) as an intermediary—reservations had been made for a "minimum of one hundred," who were expected to enroll for the session of the AAIP&S. Actually, about 125 were present when J. Chase Stubbs, as temporary chairman, called for order at 10:00 A.M.

Interest in the purpose and plans of the new organization was unquestionably much broader than actual attendance would indicate. This was evidenced by the flow of letters and telegrams Mock received from physicians and surgeons in all parts of the country, who, because of other pressing business, could not be present. Typical is this telegram from R. C. Cabor of Boston, who was prominent in organized activities of the AMA. "You are pioneers in medical service and medical organization such as the public good demands. You will meet opposition, but you should welcome it and will surely overcome it. I am heartily with you in spirit and in purpose."

Typical, too, was a message from Frank Billings of Chicago: "I congratulate you on the inauguration and first meeting of the American Association of Industrial Physicians and Surgeons because it is one of the most important subjects for the consideration of physicians and surgeons."

The Conference Board of Physicians in Industry fulfilled its promise of support, made earlier in the year by Dr. Moorhead; this organization was well represented at Detroit by leading industrial doctors from the east. The group centering around Chicago, who had engineered the incorporation and preliminary organization, were present almost to a man.

From the far West came Legge (California), Philip K. Brown (Southern Pacific Railway), Alvin Powell (Western Pacific Railroad), and William Brown (Valmora, New Mexico). Among representatives in the public health field were J. W. Schereschewsky and Anthony J. Lanza (USPHS), and F. D. Patterson (Pennsylvania). Others who were to render signal services to the association in later years included Donald B. Lowe (Akron), Clarence D. Selby (Toledo), Loyal A. Shoudy (Bethlehem, Pennsylvania), and Guy L. Kiefer (Detroit). It is unfortunate that no complete or accurate list remains today, either of those who registered at the 1916

OCCUPATIONAL HEALTH IN AMERICA

meeting or of those officially qualified as founding members. Such records apparently were lost or destroyed in the years before the association established a permanent headquarters office—or lie forgotten in personal files.

The first official act of the convention was to appoint A. M. Harvey as permanent chairman of the meeting—a fitting tribute to a man whose leadership had been largely responsible for the founding of the association. Mock, as secretary, reported on the activities of the Organization Committee, then presented the proposed Constitution and Bylaws, bearing committee approval. This document, after stating the name and object of the organization, established four classes of membership: (a) Active, (b) Associate, (c) Honorary, (d) Fellowship. In essence, it provided:

That only physicians who are actively engaged in the practice of industrial medicine and surgery, or who are engaged in the investigation of industrial medical problems, shall be eligible to active membership.

That other physicians might be eligible for associate membership, though they failed to meet the requirement of active industrial practice, but provided they had the personal and professional qualifications entitling them to active membership.

That applications for active and associate membership must be made in writing and be accompanied by the fee for annual dues; with the further provisions that the applicant be approved by a member in good standing and be certified as to ethics and good standing by the secretary of his local medical society.

That honorary membership might be conferred upon a physician for some definite contribution toward the advancement of industrial medicine and surgery or for the performance of some special service for the association.

That associate and honorary members should have all the privileges of active members, except the privileges of holding office and voting for officers and directors or for amendments to the Constitution and By-Laws.

Under provisions of the document the Board of Directors was empowered to elect a candidate to any class of membership by a two-thirds vote. Active members, after three or more years in the association, were permitted to apply for fellowships, to be conferred upon selected applicants who satisfactorily passed an examination by a board of examiners consisting of five members or fellows.

In essence, the original Constitution of the association does not differ greatly from the articles and regulations governing the present Industrial Medical Association, though these have been amended from time to time to meet changing conditions. That the basic provisions have stood the test of the years is a tribute to the foresight of the founders and their grasp of the fundamentals of sound organization.

The business of debate and decision proceeded swiftly, and with remarkable unanimity, at that first meeting in Detroit. The Constitution and Bylaws were adopted promptly, with a minimum of change. Records from the files of William A. Sawyer (president of the organization, 1926–1927) tell us that committees were named to deal with the matter of an association journal; standardization of forms, records, and methods in the examination of employees; and the problems of health insurance.

The chairman, H. W. Clark, in the new association. Loyal Shoudy recalled

"When we were elected, we should be president about the slate. I was elected, and another ought to be elected president."

Whatever the reason, he went into office and in his first vice-presidential year, treasurer, Harry I.

Joseph W. Scherenschew and Dartmouth I. Scherenschew, steward in the Sp. Service, and from industrial Hygiene. administrator, and with the founder, nationally qualified distinction from

The first meetings of the association—plus a program, concluding

The convention addresses; and compared with some. There were no specialties, no medical program, nevertheless, opening address, of the Avery Collection's place in the Pennsylvania D.

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The surgical experiences of our own war between the states had been well documented⁵ and pictorially recorded by Matthew Brady⁶ and Surgeon-General Joseph K. Barnes.⁷ Lister,⁸ using the research of Louis Pasteur,⁹ had demonstrated the principles of antisepsis and cleanliness, and James T. Whittaker¹⁰ had demonstrated the importance of physiological changes and the part played by parasites and bacteria.

The year 1900 found the industrial plants of America, with a few exceptions, totally without facilities to provide even the most primitive first aid other than a meager supply of unsterile bandages, kept in a cigar box on a shelf and supplemented by the proverbial chew of tobacco to be applied to a wound.

The exceptions included the first major prepayment program of record, started in 1868¹¹ by the Southern Pacific Railroad in Sacramento, California, where a hospital was opened in 1869. This project, financed jointly by employer and employees, provided service by a medical staff through arrangements with surgeons along the railway.

In 1882 the first major employee-sponsored mutual benefit association was formed: as the Northern Pacific Railway Beneficial Association. This organization developed a program of complete medical care and other benefits financed by employer-employee payments. Medical services were provided through group practice in the Northern Pacific Hospital in St. Paul, Minnesota, and through arrangements with surgeons along the line.

Through the years following those humble beginnings, the railroads continued their support of progressive health programs, with the close cooperation of the American Association of Railway Surgeons. It is interesting to note that at the 41st annual banquet of the Industrial Medical Association held in Philadelphia, April 25, 1956, the Health Achievement in Industry Award was presented to the Pennsylvania Railroad for the excellence of its modern facilities in Philadelphia, which developed from one of the earliest medical departments.

Nineteenth-century efforts to safeguard the health of workers were not, however, limited entirely to the railroads. In 1887 the Homestead Mining Company¹² of Lead, South Dakota, established a company-financed medical department, with a full-time staff providing complete medical service to employees and their families. Other mines and kindred establishments in remote areas followed suit with programs of one kind or another.

Andrew Magee Harvey's introduction of protective goggles for workers¹³ in 1897 heralded a similar trend in large industrial centers. As medical director of the Crane Company in Chicago, he set an example which profoundly affected the development of truly modern industrial medicine.

Another pioneer of that period was Dr. Robert T. Legge, who in 1899 joined the McCloud Lumber Company of California as chief surgeon.¹⁴ Though traumatic injuries were of first importance among the hazards in this isolated community, Legge soon discovered the need for more basic planning. With company coopera-

OCCUPATIONAL HEALTH IN AMERICA

to find expression through social or government-social agencies, labor unions, and other lay organizations now and in the reconversion period. Strong guidance will be required by the medical profession to accomplish for industry the most efficient results, while at the same time maintaining the highest scientific and ethical standards." Pleading for a stronger public relations program, the report continued: "The AMA is showing little leadership in this field. Lay organizations such as the National Association of Manufacturers, Princeton University (Industrial Relations Research), the National Conference Board, and Chambers of Commerce are actually doing more promotion work than any medical agency."

There was no doubt even at the time of the report that organized labor was keenly aware of the vast social benefits that could result from a broad expansion of health insurance and also aware of the influence that labor might exercise in that field. Various union leaders were among the strong proponents of a federally sponsored compulsory system; and the United States Department of Labor sought by one means or another to extend its authority in matters of industrial health.

In December 1944, at the Eleventh Conference on Labor Legislation called by the Secretary of Labor, the United States Public Health Service and state health departments were bitterly attacked from the floor for their work in the field of industrial hygiene. Committee reports accused them of operating in a sphere in which they had no authority and, more specifically, of blocking federal legislation which would place industrial hygiene activities in the Labor Department.

Industrial Medicine sprang to the defense of the health services with an indignant editorial branding the charges as "preposterous" and presenting facts and figures to expose what it termed "the smear technique."¹² The legislation in question was not passed in 1944 or in 1945, but the effort persisted. Similar bills¹³ were still awaiting action in 1946. Their main provision was the allocation of \$5 million to state agencies administering labor laws for maintaining safe working conditions and controlling health hazards.

The AMA went on record in February 1946 as opposing this legislation. At a Board meeting of the AAIP&S on April 9, the directors approved another resolution asking that any tax project of this kind "be developed in such a manner as to provide funds ultimately for the state departments of health in cooperation with the United States Public Health Service." In presenting the resolution President Newquist pointed out that this work in industrial hygiene had always been handled by the USPHS through state health agencies, except in New York and Massachusetts, where the hygiene bureaus were part of the labor departments.

Under different circumstances, this same issue came up again in 1950. The occasion was a hearing before the Schaeffer Commission (known as the Little Hoover Commission) of Illinois on a labor-supported proposal to move the Industrial Hygiene Division from the Department of Health to the Department of Labor. Among industrial physicians testifying were J. F. McCahan (Bausch & Lomb Optical Company), J. H. Chivers (Crane Company), and M. H. Kronenberg

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in 1950. The [the Little Hoover] the Industrial Department of Labor. [Lausich & Lomb] H. Kronenberg

THE ATOMIC AGE

(Caterpillar Tractor Company), who strongly supported the opinion that matters of health should be under jurisdiction of health departments. In spite of opposition from various sources, the Illinois transfer was approved and put into effect.

There were also moves in the same direction in other states during the same period. When a report of the Schaeffer hearing was made to the directors of the AAIP&S in December 1950, members mentioned that in Michigan, without public hearings, the Labor Department was empowered to set the standards for first aid in industry and that the department had authority to go into any Michigan plant and make an inspection.

In these and similar controversies there was no implication that government agencies had no place in industrial medicine or that their functions should be unduly restricted. Medical organizations, since their beginning, have cooperated fully and wholeheartedly with public health services at every level. But they have insisted that government, as such, should not interfere with doctor-patient relations or dictate medical practices and procedures.

It is a matter of record that, at mid-century, there were twenty-five federal health agencies performing nine different types of service; at the state level, sixteen major types of agency and many miscellaneous categories; and a host of city, county, and city-county agencies engaged in health service and supervisory activities.¹⁴ Rarely has there been anything that could be underscored as conflict between organized medicine and this multitude of governmental groups.

Moreover—although federal compulsory insurance projects have been steadfastly opposed, and the transfer of medical authority to government labor units has been strongly resisted—it is significant that organized labor has been neither stifled nor impeded in the constructive promotion of health plans for the benefit of the working force and society as a whole.

It is obvious that no one program, formula or panacea can meet all the health needs of the nation, and, as should be the case in this free economy, a vast number of different medical care plans have become operative within the memory of men still living. A few of these, typical of many, are described briefly here:

Union Health Center, New York City, famous as the first experiment in medical service sponsored by the workers in an industry. Founded in 1913 by Dr. George Price and directed since his death in 1942 by his son, Dr. Leo Price, it presently provides a wide range of preventive and medical care to more than 200,000 members of the International Ladies' Garment Workers' Union and limited services to their dependents. In its first forty years of operation, the total number of individual services rendered annually grew from slightly over 1,200 to well above 5.5 million. Most of the medical services, through collective bargaining, have been paid for by the union's health and welfare fund since 1946.

Railroad Retirement Program, authorized by the federal Railroad Insurance Act of 1936 and administered by the Railroad Retirement Board in coordination with unemployment insurance. All railroad workers covered by unemployment

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whatever feats man may perform in the conquest of space, organized occupational medicine, and the Industrial Medical Association, will play a vital role in their accomplishment.

The American dream hurries on, eager for tomorrow. Man, the Worker, moves with it—as does industry and the medicine of industry—each to keep a date with destiny. That destiny will be the fulfillment of the inspired dreaming of Paracelsus and Ramazzini centuries ago—and the reward of the flaming faith of Andrew Harvey, Loyal Shoudy, Harry Mock, Otto Geier and Robert Legge in our time.

INDEX

- workmen's compensation, 139; (*See also*, Trends)
- Gratia, Andre, 160
- Green, William, 84
- Greenburg, Leonard, 218
- Griffin, Frank R., 368, 410
- Grissoli, 22
- Group curative medicine, 92
- Group insurance, 208, 217
- Group practice, 147
- Guaiaicol, 159
- Gunter, Pauline, 75
- Guthrie, Donald, 268
- Halifax, Nova Scotia, disaster, 309
- Hall, A. Fletcher, 310
- Halos, Stephen G., 328, 435; (Appendix 12, 463)
- Hamblin, Donald O., 304, 343, 344
- Hamilton, Alice, 92; author, "Health Hazards in Munitions Plants," 88; delegate to International Medical Congress on Occupational Accidents and Diseases, Brussels, 40, 413; first woman professor on Harvard faculty, 201; honorary member, AAIP&S, 39; investigations in the manufacture of high explosives, 79, 80; on phosphorus necrosis, 38; quoted, 38, 39, 59, 79; report on occupational poisoning, 80; research at nitrous plants, 309; studies on lead, 43; surveys by, 50; toxicologist, 201; tribute by Legge, 201; (Appendix 8, 456)
- Hamlin, Lloyd E., 242, 369
- Hammond, Frank P., 342, 343, 385, 389, 392; quoted, 384, 387, 388, 390, 391
- Hammond, J. L., (and B.), quoted, 11
- Hand, Carpenter Lectureship address, Abbe, 158; injuries, 177; new techniques, 177; preservation of function, 177; surgery of, 158, 177; trauma, 158
- Handicapped, 84, 103, 105, 295, 365; reclaiming, among civilian workers, 94; placement of, 337
- "Handicraft," "cottage systems," 9; trades, 124; workers, 32
- Hargreave, inventor, 8, 28
- Hargreaves, Margaret S., 412, 413
- Harney, Louis G., 192
- Harrison, Harold A., 372
- Harrold, Gordon C., 291
- Harvard Mercantile Health Work, The, 216
- Harvard, faculty, 201; School of Medicine, 188, 207; School of Public Health, 293, 432; University, 265, 358
- Harvey, Andrew Magee, 66, 73, 147, 441; chairman first meeting AAIP&S, 73; first to practice modern industrial medicine, 59; first to suggest organization of industrial physicians, 63, 64; provided safety glasses "as early as 1897," 58, 59, 147
- Harvey, John W., 251, 269
- Harvey, William, discoverer, circulation of blood, 15, 17, 20
- Hawaiian Society of Industrial Physicians and Surgeons, 343
- Hayek, F. A., "Capitalism and the Historians," quoted, 10, 11
- Mayhurst, Emery R., 52, 63, 236, 249, 267, 280; author, with Kober, "Industrial Health," 43; authority on industrial poisons, 43; clinic, at Ohio State College of Medicine, 53; definition of occupational disease, 100; delegate, Fifth International Medical Congress for Industrial Accidents and Occupational Diseases, 218; educator, scientist, 202; lecturer on military and industrial hygiene, 281; on silicosis diagnosis, 265; professor of industrial hygiene, 152; research in plumbism, 202; study of brass poisoning and caisson disease, 40; surveys by, 50, 405
- Hazards, 108, 109; aluminum, 311; automobile manufacture, 47; disease, 243, 288; industrial dust, 289; job-connected, 233; new metals, chemicals, compounds, substances, 240, 323; occupational disease, 82, 133, 134, 237; oral conditions, 357; poisons, 311; public utilities, 217; radium, 312; wartime industry, 301
- Hazlett, T. Lyle, 251, 304, 319, 327, 329, 426; Author, *Introduction to Industrial Medicine*, 424; established Department of Industrial Hygiene, University of Pittsburgh Medical School, 282, 421; first intensified course in industrial medicine, 281; "medical-engineering cycle" of industrial medicine, 192; member, Advisory Commission on National Defense, 293; member, American Board of Industrial Medicine and Surgery, 420; on cycles of industrial medicine, 122, 123; president, AAIP&S, 318 (Appendix 2, 444); pioneer in medical education, 421; program of training, 422; quoted, 309, 318; special industrial course, 429, 430; supplementary education for physicians and hygienists in industry, 297; (Appendix 8, 456)
- Heacock, L. D., 358, 359
- Head injuries, 177; mortality, 177
- Health Achievement in Industry, Award, 147, 371; Committee, 427; (Appendix 11, 460)
- and Medical Committee, Council of National Defense, 297
- , Brookings Institution study, 367
- Center, Union, ladies garment industry, New York, 50
- conservation, 141, 151, 181; industrial army, 251
- , dental, Council on, ADA, 356
- , dental, Pennsylvania campaign, 360; pre 360
- care, 112, 127
- 243; environmental of nurse in, 143; or trend, 1916-1955, 142; workers, 101, hazards, 47, 108, 323
- impairment, 108
- inspections, 199
- insurance, 67, 71; community-sponsored, 3 of, 382-390; pl. 382-390; prepayment trend, 1916-1955, graph of trend, 134, sponsored, 50; sponsored, 397; (*S. Insurance*)
- Insurance Pl Greater New York 398, progress, 399
- , key to production legislation, 240; asset, 109, needs in, 292; problem lected, 45; plans for safety, 36; supervisory, 198; survey, 238; also, Medical Care)
- Organizations United States, Gu. USPHS, 116
- Welfare Fund, Heart, 163, 402; d 363; disease in 209, 313; infection sounds, 364
- Heat cramps, 173, exhaustion, 47
- Heating, 111
- Heatley, 161
- Heilman, M. H., 321
- Heiser, Victor G., 30
- Hellerich, *Atlas of Fractures and Lux.* 158
- Heller, Edward P., 369
- Hemoglobinuria, 16
- Hemolysis, 164
- Hemorrhage, 163, 1318
- Hemorrhagic shock, 166; (*See also*, St.
- Henderson, Melvin, Henry Ford Hospital, 404
- Hepatitis, 166