July 1964
? Was this written about 1948? AMH

INDUSTRIAL MEDICINE IN SOCONY LA[illegible]

This situation is an unusual one for me. I have a feeling that I am in a surgical amphitheatre but this time I am at the short end of the stick. I am [illegible] patient and you are the surgeons. I hope the operation will be successful and the patient lives.

Maybe a little history of the development of the medical department at 26 Broadway would not be amiss here.

I can remember when we had no medical department at all - back in the days ~~when~~ under Mr. C. M. Dredger - when I used to come down and sit at the desk of one of [illegible] the claims men or the marine department and discuss their cases.

At this time, which was back in 1914, we were only interested in legal claims as damage done by our trucks, injuries to our seamen due to unseaworthiness of our ~~tankers~~ ships, such as a loose door latch, etc., and compensation, which was just starting.

The medical department always came under the direction of the claims. About21 years ago we started with our first nurse. I think at this time we had about two rooms. We continued doing practically nothing but claim work, and then following Mr. Dredger came Mr. Burt, Mr. Benedict and Mr. Bresnan, who had charge of the medical department and all were enthusiastic for a medical but the time was not ripe.

1923-1925 = first 2 nurses (2 nurses prior to Miss Ericson who started in 1926

In 1930 the medical department was changed from claims and placed under the supervision of industrial

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relations. It ran along in a more or less of a pre-functionary manner - I visited 26 Broadway once a week - looked over all the claims and that was about all, maybe did a little medicine on the side.

In 1938 we added a stenographer. (Miss Ericson paid April 1, 1939)

December 1, 1941 we added another nurse.

Our work became more and more industrial in character. We started with about an average of anywhere from 10 to 25 people. The department continued to grow until we were taking care of from 75 to 80 cases a day, ranging from 1500 to 1800 treatments a month. The most rapid strides have been made since our medical came under the direct supervision of Mr. Zabreskie.

July 1, 1945 our work was of such a nature that we added another stenographer. Our work grew so that instead of spending 2 hours a day 3 times a week I am now putting in an average of 5 hours 3 times a week, or better.

In January of 1946 the manufacturing department decided to revive their clinics in the refineries. In Paulsboro they have always had a fine clinic called "first aid" and at one time, previous to the war, had a full time Doctor. During the war they had a part time Doctor. Even though they wanted to increase their work in industrial medicine it was an impossibility until after the war stopped. January 1st a full time Doctor was placed in Paulsboro. That clinic now gives about 1100 to 1200 treatments a month.

On March 1st the East River Refineries put in medical departments. Queens has a part time Doctor, full time nurse and stenographer.

Sone & Fleming have a part time Doctor, full time nurse and full time stenographer.

Olean has a part time Doctor and a full time nurse. Their medical clinic is being rebuilt.

After starting these clinics they needed supervision which necessitated giving some of my time to them. Therefore, in June 1946 a very competent Doctor was obtained to help me at 26 Broadway.

In our clinic we try and do everything possible to give the people good advice, practise preventative medicine, and take care of many of the ambulatory cases, together with preplacement and routine physical examinations.

The department has so outgrown itself that the space we have is entirely inadequate. I understand that as soon as space is made available our department will be enlarged so that we can do more and better work.

I hope in the near future that we will have an Xray machine, electro-cardiograph, basal metabolism and a labaratory where we can do blood counts, urine analysis and routine work.

Your medical advisor at 26 Broadway was appointed as Socony's medical advisor to the A.P.I. for the past two years and is connected with all their medical researchs.

Together with Dr. L.C. Beard, one of our leading chemists, Socony carried on the research and wrote the final report on Chlorinated Cutting Oils. Both Mr. Beard and myself are now working on Carcigenic Hydro Carbons, Hydrofloric Acid, and many other research problems.

At 26 Broadway we have the advantage of the advice of the leading talent in the field of petroleum industry as Legal, Research, Industrial Relations, Claims and Safety solve their problems, so that when problems come in from the field they are taken up and the best decision that we can arrive at is given to management so that management can carry on as it sees fit.

The reason that I have spoken about the above is because you have asked me to talk about

A) Headquarters

B) Medical organization

C) Functions including service available to the field.

We feel that after the number of years of experiences, trials and errors that a very satisfactory medical clinic can be set up throughout Socony Land, which would help build up the morale and health of our employees. We also feel a goddmedical department is one of the best liaisons between employee and employer.

Questions which come up in the division medical clinic, which they feel need the advice from the home office, may be referred there for suggestions. For example:

Only the other day there was a question about two cases of coronary disease working in bulk plants. These cases had been well worked up and it was just a question what type work these men could do, if any. Knowing the type of work done in bulk plants we know that there is no position for a coronary as they require sedentary work, which means desk work. There is no such thing in a bulk plant, so a decision has to be made what to do with these men. All medical can do is advise the type work and what the physical condition of the patient is, what harm might come to him or to the public if he is left to do his former occupation. After this medical decision is given it is strictly up to management what disposal it will make of the case.

Other examples are as follows:

From one of our divisions a call came to the medical department because a pharmacist had purchased some Takol from us and several people were thought to have been poisoned. Immediately this was taken up with our chemist - the chemical ingredients determined and all the other necessary information was given to the claims department so that they knew how to proceed in the case.

Another example - Bugaboo with DDT was used as a spray on a bed and the user had DDT poisoning. Medical worked again with our chemist andan answer to the field was given.

All products before they are given to the field are generally gone over by the chemist, medical and those intimately concerned with the subject.

If it is an injured case where one of our trucks happen to injure a person, again the medical department's advice is solicited.

Also the health of all our employees are directly in the hands of the medical department and the hazzards are looked after through the safety department so that our employees are always working under the best health conditions.

To illustrate the type work that we do I am handing out a copy of the last report from Sone & Fleming Refinery as I am very proud of the way this medical clinic is functioning. It was started in March and although they were working in the beginning under adverse circumstances, that is, enlarging and equipping, and both the Doctor and Nurse having had but little experience handling such a unit.

Here I would like to thank both Dr. Howard, Mrs. Krieger and stenographer Miss Bier for their untiring aid which they have given me and I think after you look this report over that you will agree with me.

Another reason for showing this report is that I feel when medical departments are started throughout the marketing field that such a report should be sent to the home office and in this way we can aid the division medicals by keeping closer supervision.

The first chart that I am going to show you, which in itself is explanatory of why a medical department should be set up, as you will see from this chart, shows how little

medical work was done and how inadequate first aid really is, and how little tendency it has toward cutting down lost time.

You can see that the so called first aid or the treatment of occupational injuries and diseased caused 0.6% lost time, while the non-occupational injuries, which mean injuries received at home, such as automobile, etc., caused 4.6% and while non-occupational diseased caused 94.4% lost time, for this reason a greater part of our efforts should be directed to the prevention of sickness and to keep our employees healthy, well and happy.

The second chart is made to show what strides we have made in setting up medical departments throughout the manufacturing field. This can all be done throughout marketing.

I have talked on C before taking up B.

I will now take up B - I think that this can be best illustrated by Chart 5.

An ideal marketing setup would be as follows:

Looking at the chart you will see that I have various dots placed which would represent what we call field Doctors, and would be the first echelon, that is, those who would do replacement examinations, look after the injured and health of the one or two, or possibly ten, men at the small bulk plant. These Doctors should report directly to the division medical which would be the second echelon. This would be a medical department made up of a part time Doctor, a full time nurse and a part time or

full time stenographer, depending upon the amount of work, working under the supervision of the industrial relations.

It would be the duty of this clinic to do all the preplacement examinations, routine physicals, and when deemed necessary look after the health and welfare of the employees in the concentrated area in which the clinic is established. Then this division medical could send in a monthly report to the home office and if they needed advice or help the home medical department would be only too glad to work out any of the problems with them, and in this way the home medical would be in a position to give advice, if requested, to management through the industrial relations.

This chart also would give you an idea of how the Doctors in the field should be selected. It is impossible for me and I have taken this up with Dr. Woody in New Jersey, who selects the Doctors the same as we do to make the best selection. The method we use now to select Doctors is for the industrial relations to check the Doctor in the town whom they think is good and who meets the medical requirements that I have set up in order to get the best talent that we can to look after our employees. This has been done faithfully throughout all of our Eastern market, but to me this still is not the answer because the Doctor with the most after his name and the best educated may be the poorest equipped to do this type of work, as a Doctor doing this type of work must be of a sympathetic nature, honest and have a fine personality. This you cannot see on paper so to pick out your first echelon Doctor should be a part of the

duties of the Doctor in the division medical because he is in a better position to know the Doctors throughout his area, and the distance would not be too great for the Doctor who is to be chosen for the field work to come and interview division Doctors. After the division Doctor has obtained all of the details that he feels necessary, the prospective Doctor's credentials and the division Doctor's impression can be sent to the home office for final approval, if this is wished for. I know from experience in the last six months the difficulties that arise in choosing suitable Doctors to do industrial medicine that would meet Socony Vacuum Standards.

This may seem an ambitious program but I would like to see Socony Vacuum the first in the field of petroleum industry to set up such a medical program.

I might say that the A.P.I. has now a committee working on such a program but nothing as yet has come from the committee, but we feel that with the coming, or with the possibility of socialized medicine, this would be one way of circumventing it, and finally it is my opinion that these medical setups, while of great help to the company, are, if properly run, a big morale builder to the employee and the employee in my experience has not objected to our type of medical setup but have welcomed it with open arms.

Now for the post operative treatment of the patient, and if this is not successful, the autopsy.

I hope we may devote the rest of the time allotted me to questions and answers.

[illegible]

[illegible] tion of [illegible]

[illegible] be in all probability [illegible] worked out that the employees [illegible] As Mr. Kendall suggests, it would be a happy solution to the problem.

A. E. Hoag, M.D.

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Dr. W. [illegible]
Room 436
[illegible]

[illegible]

I have [illegible]
val and Health Service [illegible]
delphia and Buffalo.

All of them [illegible]
[illegible]
[illegible]

I think it should be [illegible]
ing the way it [illegible]
The others might have to vacate office space is available before there can be a medical set-up. Possibly it might be good to make a medical survey in this office and in this way be able to offer them [illegible] their problem.

A. M. Hoag, M.D.

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