

Industrial Nursing

WEDNESDAY MORNING SESSION

October 7, 1936

The panel discussion on "Industrial Nursing", held Wednesday morning, October 7, in the Atlantic City Auditorium, was built about the theme that industrial nursing pays in relation to industrial health and safety.

The session was called to order by Miss Hortense Gruber, Group Liaison Nurse, Metropolitan Life Insurance Company, New York City, and Chairman, Industrial Nursing Section, National Organization for Public Health Nursing, who presided.

Participants in the panel included Dr. Loyal A. Shoudy, Chief Surgeon, Bethlehem Steel Company, Bethlehem, Pa.; David S. Beyer, Vice President and Chief Engineer, Liberty Mutual Insurance Co., Boston; Charles Zeitler, Industrial Service Department, Oxweld Acetylene Company, Newark, N. J.; C. H. Edgar, Otis Elevator Company, New York City; Miss Marion Dowling, R. N., Lowe Paper Company, Ridgefield, N. J.; and Miss Joanna M. Johnson, R. N., Director of Nursing Service, Employers Mutuals, Chicago.

Chairman Gruber: The industrial nurse's job can be inhibited by an inadequate knowledge on the part of the employer as to the potential value of her service in dollars and cents. Management is out for production. The employer should have adequate knowledge of how her service can best be utilized to produce dollars and cents for him.

The qualifications of the industrial nurse are also important. If nurses are to accept responsible jobs, they must be qualified for them.

Miss Gruber introduced Miss Julia Weder, R.N., Director of Health and Safety, Giant Portland Cement Co., Egypt, Pa., and former Executive Secretary and Director of Nursing of the American Red Cross in Allentown, Pa. Miss Weder assumed the chair to take charge of the panel discussion, introducing Dr. Loyal A. Shoudy as the first speaker.

Dr. Shoudy: Any nurse who wants to do industrial work must be a graduate of a Class A Nursing School and have a desire to do the work.

Let us take for granted, then, her ability in the technique of nursing, her interest in her fellowmen, her willingness to work among all classes of people and to do a good job. She must join the doctor in the "department of human engineering."

If she is connected with a plant where there is a full time medical man on duty, a nurse must be able to carry on in the way that the doctor plans the work. If, however, she is in a smaller plant where she is the "king pin," and the doctor comes only occasionally; where she has the responsibility for the whole time of

the shifts of eight or ten, or three or four, then her problem becomes greater.

She must be able to build up good will between herself and the personnel of the plant or the shop. In a nurse who is handling a job mainly by herself, executive ability is essential. As the head of a department she should have the ability to fit in with the other departments. In a small plant she may have to help the superintendent, the supervisor, the employment manager, and do part of the physician's job.

The other thing she still must do in many cases is sell her services to those in charge of the plant—and at the same time not oversell them.

All good hospital nurses do not make good industrial nurses and all good nurses

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who can go into the sick room at home do not come into the industry and make good nurses. You have to have an industrial viewpoint. How are you going to get it?

You, who have been pioneers in the game have been fortunate enough to pick it up and have it drilled into you. Problems hit you, and you took a look and did what seemed necessary.

We mention courses in public health nursing. There are courses in social work but every good public health nurse is not necessarily a good industrial nurse and every industrial nurse would not make a public health nurse.

C. H. Edgar: An industrial nurse should be a registered nurse, thoroughly experienced in the profession, with good personality, and selected with the aid of the industrial physician (whether full or part time).

The same searching analysis and care should be followed in engaging an industrial nurse as in engaging any other employee in a highly responsible technical or professional field whether the individual is to be trained as an ultimate sub-executive, or used for the immediate assignment as such. Personality and tact are necessary.

The Industry that feels the need for developing industrial nursing appreciates the waste caused by human inefficiencies, and anticipates that this waste can and should be reduced to a minimum.

The employer, however, is not expected to know the complete application of medical and nursing knowledge that accompanies these professions. The employer does know that he is creating another division and thus adding to the combination of departments already established. He knows that its scope and development must be handled on an economical and business basis. Its growth and justification will depend upon the service it can render beyond mere first aid.

Management will demand that it be equipped and started properly; will approve and authorize its policies, but it will not interfere with minute details or attempt to govern its operations.

This means that the employer must seek the applicant well equipped with a diversified and extensive nursing experience. In addition to expecting co-

operation and obedience to the physician in charge, the employer will look to the nurse for the same constructive suggestions, constant progress and improvement as expected from any other department or its head.

An industrial nurse should not be engaged with the thought that she is merely an assistant to the industrial physician, but instead that she should be a wide-awake, alert sub-executive.

Her interests are those of management as they reach into the fields of employment, safety, health and welfare. Her interests and relationships likewise should extend beyond the plant, and reach into the social, health and welfare organizations of the community.

The importance of an industrial nurse cannot be over-emphasized. She has a two fold task, and must represent both the viewpoint of the employer, and the interest of the employee.

A successful industrial nurse is not one who confines her work to nursing. She must stand out as a leader in accident and illness prevention. She should be prepared to aid and advise wherever health and family welfare are involved. The extent of her services may vary in different types and sizes of business or industry, but whatever the conditions are, she possibly has closer personal contact with a greater number of individuals within the organization than anyone else.

Her task, therefore, requires not only education but initiative in developing and expanding undertakings for a healthier and safer place to work, and a healthier and happier group of employees.

David S. Beyer: When we established the first schedule rating system about twenty years ago, we included an item of five per cent direct reduction in all of the compensation insurance premiums where there was adequate nursing service in plant hospitals.

That is one way in which it has been recognized for many years by engineers as paying a very direct dividend, and with the schedule rating service the benefit is still there for the employer who is broad minded and intelligent enough to use the nurse in the plant hospital.

From an insurance standpoint, and that means the standpoint of the employer, too, because the insurance companies merely collect the money from the em-

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employers and pay the accident expenses with it, pays by cutting down lost time, and this is true with even such minor illnesses as colds.

There are many minor treatments which can be given at a plant hospital which will reduce lost time, and this will mean continuity, increased production and saving by preventing minor injuries from developing into major ones.

One of the first fatalities our company had to deal with was that of a janitor who when taking an ash can out one morning cut or bruised his ankle. He received no attention and died of blood poisoning.

From the standpoint of the safety engineer the greatest help he can get is the constructive assistance of a nurse. Accident frequency is a symptom to the engineer just as the temperature of a patient is a symptom to the doctor. The nurse who follows the accident can find the causes and give the engineers the little intimate details that often are of the greatest assistance in solving the problems.

I have a list here of about a hundred concerns that have anywhere from two hundred thousand to eight million man hours without a lost-time accident. A record of eight million man hours without an accident was made by a large New England concern that has a foundry. This would be equivalent to a hundred-man plant going for forty years without a lost-time accident. The majority of the larger plants with low accident rates have industrial nurses.

Mr. Zeitler: A good industrial nursing job does pay dividends both to the employer and to the employee. The industrial nurse plays a very important part in the mothering advice she often administers to the employee. It creates a feeling of good fellowship between the employee and the employer. We feel that she is a necessity in industry.

Miss Dowling: Industrial Nursing does pay dividends to the nurse, the employer and the employee.

The chief concern of industry is production and production proceeds most smoothly and efficiently when the workers are happy and well. Satisfied nurses who have the proper training and temperament and are willing to work to bring about

these conditions in an industry are invaluable.

Not long ago one of our men had his only son in the hospital to have his tonsils out. To you doctors and nurses that doesn't sound very bad but to a lay person it is very important. The father was doing a particular piece of work that day and underneath he was bothered about his child in the hospital.

I went to the hospital to see the boy and when I came back I could report, "I have seen Junior. He is out of ether, his pulse is good and the nurses say that he is a good boy."

He said, "Whee-oo, what that means to me you will never know!" He then went about the job in fine style, having been relieved about his youngster.

Chairman Weder: One of Dr. Shoudy's remarks brings up a point that should be impressed on industrial nurses—not only on them but on nurses in general—that is the question of standing orders.

Miss Hortense Gruber: Let's look at it from this point of view:

Suppose you were a private nurse and your patient was your employer, and the doctor on the case was your doctor. Suppose your patient said to you, "I have a headache. I wish you would give me a dose of aspirin." Suppose you gave the dose of aspirin and about a half an hour later your patient had a reaction, and you had to call the doctor. Suppose you didn't have an order to give the aspirin, and when the doctor said, "What's wrong with the patient? What did you give him?"—you answered:

"Well, Doctor, I gave him a dose of aspirin."

The doctor would surely say, "Who gave you the authority to give medicine?"

Aren't you practicing medicine? Isn't that exactly the same situation that exists in industry when we assume the responsibility of giving even a dose of sodium bicarbonate without a doctor's order, and aren't we making ourselves liable, and aren't we making our company liable? Maybe we have gone on for years doing this; but just suppose some shyster lawyer gets in touch with a case that has had a severe reaction from a dose of medication.

Isn't that enough to make us feel we don't want to work without standing orders. There is no phase of nursing in

which we can carry on without a doctor in attendance, and therefore we can't work in an industry without a doctor.

I would like to tell you my own experience with standing orders.

When I went to my second industrial job, the employer said I might change the doctor if I wanted to.

I said, "You have worked with him, why not continue?"

As it happened, the doctor left, and it was necessary to employ another. I was the first nurse in that industry. I kept a record of all requests for medication for various ailments, such as indigestion, colds in the nose, pains in the head and many other things. That was the way that I built up my standing orders. I sent a list of the requested medications to the doctor and asked for his approval.

Standing orders for various first aid treatments were also obtained from our industrial physician. Our medicine cabinet looked comparatively empty, as it contained only the medications which were called for in the standing orders. With the standing orders, I did not have to send any employee away from the first aid room without giving him some treatment. My job was to keep the man on his job.

In compiling the standing orders I did not draw up one list for the doctor to sign, but had the orders typed so that enough space was left between each item to allow for the doctor's signature. This, I felt, made for added protection and would forestall any future question as to the doctor's approval.

Working with the Metropolitan Life Insurance Company, I contact many industries. I always ask if an industrial nurse is employed. One of the first things I discuss with the nurse is standing orders. When I find the nurse is working without standing orders, I explain how necessary it is for her to have them, for her protection and that of her company.

Chairman Weder: Those of you who do not have standing orders signed by the doctor should obtain them when you return home.

Dr. Shoudy said he felt a good hospital nurse might not make a good industrial nurse, and a good public health nurse might not make a good industrial nurse. He said that among the qualifications

should be an interest in people, and it seems to me that the nurse should have a few other qualifications. Is there any discussion?

Mr. Beyer: Doctor, what were your reasons for saying that you should have different qualifications for these different kinds of nursing?

Dr. Shoudy: A man may be good in one job and not in another. A nurse can be very good in hospital nursing but another job and a different environment create different problems altogether.

As far as the public health nurse is concerned, her function is that of one handing out on the outside rather than the function of the industrial nurse who, on the inside, is trying to make contacts all the time.

To me these require two different types of persons. The jobs are different. The jobs of the public health nurses involve the whole public and community. The work of the nurse inside the plant does touch on some of the problems of public health but it is a great deal more concerned with the direct plant and personnel. Some of you may say that in certain places your plant may be the indirect public and that is quite true. In such cases the two types of nurses will have problems a great deal more in common.

Consider the problem of a nurse in a small plant of five hundred or under and that of the nurse in a plant of fifteen or thirty thousand. One is on her own and doing the job a hundred per cent plus, with visitations from the doctor, and the other is working on a shift of eight hours with many others. The jobs vary. However they never vary in the human element, and the ability to make good personal contacts is a very fine thing in any nurse who is going to work in an industry.

Miss Dowling: Whether the people we care for are fifty or fifty thousand, they are still the public, and public health nurses are trained to teach health. I think a public health background is very important to the nurse in industry.

Dr. Shoudy: Yes. The more a nurse knows, the better it is—

Mr. Beyer: Dr. Shoudy, granted that if they have different technical problems they need certain different education and technical training, don't you believe that

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the same sort of personality and ability to sympathize with the patient and sell the patient—that same sympathetic personality—would be beneficial in private duty or any other type of nursing activity?

Dr. Shoudy: That is quite true but I think more is required of the nurse in industry.

Mr. Beyer: She gets more varied problems.

Dr. C. H. Watson (President, National Safety Council): Standing orders are a very valuable thing in medical departmental work. Close medical supervision isn't available all the time, but on the other hand you solve only one question with standing orders. When acting without the orders the nurse is practicing medicine. On the other hand, if you are going to use your medical measures in handling first aid, the nurse has to make a diagnosis, and when she makes the diagnosis, she is practicing medicine too.

It is very useful to have standing orders, however. There may be times in emergencies when we have to step in and do things.

The physician should be available as persons come in with various ailments. But if hundreds are coming in, standing orders should be used by the nurse to facilitate the work.

In other words, the standing orders devoid of medical participation in the problem are solved on the basis of viewing every sick case that comes to the nurse and industry as an emergency. The nurse can do anything in an emergency. Anyone could.

Chairman Weder: What about the small industry where a doctor comes in only once a day? Don't you think it is necessary for the nurse to have certain standing orders for certain situations?

Dr. Watson: She must view those cases as emergencies; in that way she can get around the law.

Miss Blanche Francis (Carpenter Steel Co., Reading, Pa.): I like the standing orders, though I think they should be only for the simple things. However, I don't think that we should give an aspirin without first looking at the physician's examination cards to see that there isn't an ailment of the heart, and if this is true, we certainly shouldn't give an aspirin then.

Dr. Watson: There is no state in the United States where the nurse can practice medicine. Practicing medicine consists in making diagnosis, and you don't have to do anything in the way of breaking the law in taking care of the injured person in an accident, because the answer is solved in "This is an emergency"; and when you give an aspirin—it is given on the "emergency basis". When you have large groups of people, you have to bear in mind that legal requirements have to be met in some fashion. If you can say it is an emergency, then it is all right.

Chairman Weder: There are other things to be done besides giving out drugs. In the first aid room the nurse must have orders for burns, cuts and abrasions and types of solutions and so on. Many men come into the first aid room. We encourage them to come in with the very tiniest scratches. At times when these are being dressed, the man uses the nurse more or less as a safety valve. She does do other things besides giving out drugs.

Dr. W. J. McConnell (Metropolitan Life Insurance Co.): The average industrial physician hesitates to write standing orders because he doesn't want to be responsible, and he recognizes the fact that the physician alone is responsible.

Standing orders don't necessarily mean that the nurse must use them to cover any diagnosis. They are intended to instruct the nurse how to handle certain symptoms, and the nurse doesn't necessarily make a diagnosis.

If a man tells her, for instance, that he has a severe pain the abdomen, she doesn't have to diagnose it as appendicitis; her standing order would perhaps instruct her that under no condition should she give that man a physic. It may instruct her that in all such cases the man should be sent home or to the doctor immediately or that his temperature should be taken, and if he has a temperature, he should be referred to the doctor.

The doctor may suggest a dose of favorite cold pills in the event that a patient complains of a cold, and I think that in the absence of a temperature and other symptoms the doctor would instruct the nurse to give these tablets until he had an opportunity to see the

patient rather than give the patient absolutely nothing.

Again, he should give her standing orders and tell her what she should do about removing foreign bodies from the eye. Some doctors hesitate to give a nurse a standing order to remove a foreign body from the eye and others give them permission to do so. For instance, standing orders may instruct nurses not to use a sharp instrument but permit them to use a cotton wad. There are any number of things that should be covered in standing orders. The trouble is that the physician doesn't want to sit down and determine those things and those conditions.

I do feel that there should be standing orders in every dispensary because, after all, the doctor is responsible, and the nurse is really responsible to the doctor.

F. M. Ward (Otis Elevator Co., Yonkers, N. Y.): I believe that if the industrial nurse expects to have a selling argument to the employer insofar as the lost-time question is concerned, she is obligated to construct some means by which she can help the employer.

In our company, where we have standing orders, men will come into our medical clinic and some will have colds, others boils, and things of that character and through the assistance that the nurse can give him, a man is able to stay on the job and he will not be obligated to go home or to the doctor.

In case of colds or something of the sort, she arranges with the garage to have a car take the man home with the understanding that he call his own physician.

If the plant has no full-time doctor, it is going to work a hardship on the employee if he is made go to the doctor to cure a headache or a boil or something of that character and lose that time and money. To the employer it would also be a loss because when a man goes out it interferes with production.

Miss Ruth Waterberry (Metropolitan Life Insurance Co.): How about the practical nurses and lay people who are in charge of the plant dispensary? They give surgical treatment and dispense medicine! There is quite an army of them. I have observed some of them who have had only six lessons in first aid. . . .

Miss Dyott (Insurance Company of North America): I know of practical attendants who are working in industries that have registered nurses in some of their plants. The employer thinks these attendants fine because they have been with the industry a very long time. The doctor will say nothing about this. What are we to do about this situation?

Miss Francis: I want to support Miss Dyott. Recently I wrote to the Department of Labor in Pennsylvania asking for a list of industries which had full-time nursing systems and the list included more than three hundred. I found six on the list that did not have nurses at all, but simply had first aid attendants. Industries are getting credit for having full-time nursing which do not have graduate nurses at all.

Chairman Weder: I feel that if the nurse in industry takes advantage of all her opportunities, it won't be long before the employer will recognize and use nurses with background instead of first aid attendants.

Graham Cole (Safety Director, Metropolitan Life Insurance Co.): The reasons for this situation are the insufficient supply of properly trained nurses and the fact that we have not sufficiently sold industrial management the need of trained nurses in their dispensaries.

This results in many plants doing what they think is enough and utilizing what they think is proper—bringing in an attendant to take care of the situation.

We need to create a demand for industrial nursing by selling management more effectively the need of these nurses, and having created that demand, we need to create a supply of properly trained and qualified nurses for industrial organizations.

Speaking of the attributes of a good nurse, I think of those qualifications that would fit in most effectively with what I want to accomplish—the prevention of accidents.

You, the nurse, attend to the injured employees under the doctor's instructions and standing orders.

You receive the employee, frequently, when I, the safety engineer, have failed and when I have been unable to prevent that individual from getting into difficulty. You and the doctor are the people that I am then depending upon to

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keep that case from becoming serious and raising my severity rate on the basis of which I may either be promoted or discharged. I look to you to help keep that severity rate down by preventing infection and by getting the employee back on the job as quickly as you can. When I fail to keep him from being hurt, then I have to rely on the medical department to keep him from becoming one of my serious accident statistics.

This is a logical and proper phase of your work.

I have met two types of nurses in industrial plants. One has a job and is interested in keeping it. She knows her job is to carry out the order of her doctor and to give the proper treatment. She is looking forward to the weekly pay envelop and to having a permanent position on the pay roll. Unfortunately, we do have that type of nurse in industry.

The other type is a nurse who has developed the view that she has an important place in that industrial organization. She has not erred in assuming medical or executive responsibilities that are not hers. But she has found her niche in that organization and has found that she is an influencing factor in that company.

When I have found that type of nurse, I have found the industrial plant more and more sold on the value of the nurse. She has built herself into that organization.

Twenty years ago in industrial work, a safety engineer was regarded as a nuisance around the plant, and sometimes I think the industrial nurse has been regarded in the same light. It is necessary that the nurse build herself up from that classification. Your position is indispensable in industry, but every employer doesn't know that.

The industrial safety engineers are interested in the prevention of accidents. The industrial nurse is in a splendid position to assist and advise me in my job.

She receives the employee when he is most amenable to discussing accidents. The total number of persons injured is infinitesimal in comparison with the total number in the United States, and yet the person who has not been injured is the most difficult to approach because he hasn't experienced the situation and that is the crowd that we are most anxious to reach.

When the man comes in to your dispensary, you are in a position to talk to him regarding the cause of the accident and other conditions in the plant, and he will tell you things that he won't tell you two hours afterwards. You are in a splendid position, and you have a splendid opportunity to help the safety engineer by assisting in finding out the situations in the plants which come to your attention through accidents.

Dr. Shoudy: In order for a nurse to give you that information, it is important that the nurse should know her industry.

Mr. Cole: Absolutely. There is one other phase of the problem in which the nurse can help. We feel that there is a definite correlation between an accident and the physical condition of the human being. Where should we go to get definite information? You are in close daily touch with the people in your organization. I would like to see the Industrial Nurse give some attention to the relationship between accidents and the physical conditions of the human beings.

If, for example, an employee is coming in every two or three days and asking for aspirins, that indicates that something may be wrong with his general condition. The nurse should watch those cases and if she finds that a number of those individuals finally come in to have a finger tied up, I want to know about that relationship.

If I am to expect all of that from you, what should I do to help you in carrying out these responsibilities? You can't report on conditions in a plant if you have never seen them. You can't tell me about things that I want to know unless you have some idea of what I want to know. To what extent should I, as a Safety Engineer, help you so that you can aid me in removing hazards? Should I provide an opportunity for you to go out into the plant so that you might see it first hand and see the situations under which the employees are meeting these accidents?

Miss Dowling: The industrial nurse need not wait to be taken to the site of an accident, but might go of her own accord to investigate the matter. Of course, this would depend on the size of the plant and whether or not a safety engineer were employed. We found that where the men needed goggles only oc-

casionally, they would not use them. I had the idea of bringing an extra supply to the first aid room and saying that when they wanted them for a specific job they could ask for them. Each time they were used, the goggles were boiled and put away in a closet for use again. We didn't have any more trouble after that.

H. N. Welch (Bloomfield, N. J.): I have the safety end of personnel work, and the nurse is one of my very valuable co-workers. I find that it is quite frequently important to go with her to the scene of an accident and let her get the exact picture. She will be able, then, to learn conditions under which the employee works. The safety manager must cooperate with the nurse and give his knowledge of plant conditions to her in the same manner that he expects her to keep him posted, in cases of minor injuries which might subsequently become major ones.

Chairman Weder: Does your nurse function as a member of the safety committee?

Mr. Welch: Indirectly. In some cases she has been a bona fide member of the safety committee.

Miss Nevada M. Evans (Philadelphia, Pa.): Should an industrial nurse attend safety meetings?

Mr. Cole: The nurse should be happy to attend committee meetings if she is entitled to take part. There are certain conditions where it would not be best, and others where it would be highly desirable.

Chairman Weder: Do you not think that she offers a valuable contribution to the Safety Work just by her attitude when an injured man comes into the first aid room, when he comes in with a tiny something? If a nurse shows the man that she is concerned over the small things, that is a contribution to the safety work.

Mr. Cole: There is one other thing—if the nurse has developed the right kind of relationship with the supervisory force, and they are sold on her work, they will provide an opportunity and give her time to go through the plant.

Chairman Weder: Mr. Beyer has asked about the industries too small to afford a nurse. There are jobs that a nurse can do, and even if there weren't

any safety department or medical department, there would still be the job for the nurse who has had public health training. When she is called into the family to give bedside nursing, she helps the family solve both the medical and social problems.

Miss Laubscher (American Seating Co., Grand Rapids, Mich.): We try to eliminate the simple ailments by finding out the causes of them. We once had a man who came in frequently for an aspirin. I asked about his personal habits and found that the man would eat his lunch hurriedly and use the rest of the time to play cards. He didn't get any exercise. I got in touch with his family and asked the man to cooperate by going home to a simple lunch such as I would help his wife plan. He cooperated and abandoned the injurious habits. Later he became a member of our "House of Representatives" and was sent to the Chicago Congress of the National Safety Council. That is an example of the things we have done.

Another thing—how are we to know who want to be industrial nurses? In our city we have three training schools for nurses, and often the senior class from one of those schools is invited to my place. Some executive from the hospital is also invited, and we have instructions as to what we would do about the simple things. Sometimes we have a mock accident and watch the girls rise to the emergency.

I have a safety score card in my first aid room, and our men watch it. On the left hand of the safety score board I have the departments and on the right hand I have a number—the number representing the number of months that the department has gone without a lost-time accident.

The men watch this score board very closely to see that their slate is kept clean.

When a new man is employed, he goes to our employment department and then is sent to me, and our doctor examines him. I call attention to the score board and the safety program. I tell the applicants that the men expect cooperation from new men coming in; otherwise we don't want them to work. We get wonderful response.

Miss Mary MacDonald (Retired —

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ubber, Copper and Steel Company Service): We kept a list of all accidents by departments. I had a great many foremen coming in from the departments to see how many accidents had actually happened and the machines on which they occurred. The foremen would go back and look over these machines, and it was very helpful.

Chairman Weder: There are a great many things that a nurse can do, such as conducting health classes for a group, helping supervise, taking some part in recreation; all of those things may not be in our estimation the work of the nurse, but nevertheless, they do make for good will between the employer and the employee.

Miss Joanna M. Johnson (Employees Mutuals, Chicago): One point we haven't touched is the follow-up of a physical examination. In large plants this is done by the doctor who is giving full time to the work. That isn't true in the smaller plants.

Physical examinations if properly followed up will fit the man for the job. Getting goggles when the man needs them is an example of this. There must be someone to encourage the man to follow up his defects.

The doctors in industry don't take care of these cases; they can't. But employees can be referred to the family doctor, who knows more about the condition of the person than would an outside doctor. There is no use for the man to know about his defects unless he does something about them. We as nurses can encourage these men to have their defects followed up.

There is a clever stunt that one of the nurses has done at the Beloit Iron Works. She has a little red clip placed on the card for a heart case, perhaps a blue clip for bad teeth, a yellow clip for poor vision, and so forth.

At that plant about 95 per cent of the poor vision cases have been corrected.

Dental work has been done on practically all the cases which needed it. That is one of the most important contributions that industrial nurses can make, and it creates a demand for the services of the doctors in the communities.

Standing orders are a fine thing, though they have been a problem for most of us in industry. I think we need them. Just how they are to be arranged, must be worked out with the doctor and the nurse in each industry.

The Wisconsin State Medical Society has issued a pamphlet containing standing orders. That list is simple. It is brought to the individual plant physician and then left at the plant. This may not be a big help, but it makes us feel that we are working with the Medical Society and that it appreciates our power to do good.

The duty of the nurse as an educator is vastly important. She sees the man at the time that he is most interested in the injury he has received. At that time she can help the safety man most by encouraging employees to report promptly.

The nurse going through the plant has a definite influence in creating a better place for the men to work. She does that by making comments as to the plant housekeeping, condition of paint, and other things. The men will try to make the place look better when she comes again.

The requirements and the qualifications of a nurse must depend on industry. She must adapt herself to the industry and be big enough for her job and the problems she will meet.

The problem of education is primarily that of educating employers as to what the industrial nurse can do for the men. It is not so simple to tell the employer as it is to show him how the nurse can help through the figures of reduction of lost-time accidents.

Miss Gruber resumed the chair.

ADJOURNMENT