INDUSTRIAL MEDICAL PRACTICE

729 Legge's Axioms Re-Examined. A. W. Gardner.
Trans. Soc. Occ. Med. 17, 74-75 (April, 1967).

Thomas Morison Legge (1863-1932) was the first Medical Inspector of Factories in England. His name is well-known to all students of occupational health, not least on account of the celebrated and oft quoted axioms which appeared in his posthumous book "Industrial Maladies" (Legge, 1934). The axioms set out in Legge's original words and order are: (1) Unless and until the employer has done everything—and everything means a good deal—the workman can do next to nothing to protect himself although he is naturally willing enough to do his share. (2) If you can bring an influence to bear external to the workman (i. e., one over which he can exercise no control) you will be successful; and if you cannot or do not, you will never be wholly successful. (3) Practically all industrial lead poisoning is due to the inhalation of dust and fumes; and if you stop their inhalation you will stop the poisoning. (4) All workmen should be told something of the danger of the material with which they come into contact and not left to find it out for themselves—sometimes at the cost of their lives. Having examined Legge's axioms in the light of present problems and knowledge, the author suggests the following revisions: (1) Both employers and employees have important and complementary responsibilities, which neither must shirk nor evade for the prevention of occupational diseases and injuries. Evasion or failure of responsibility by either or both will lead to undesirable consequences. (2) A great deal is known about the causes and principles of prevention of occupational diseases and injuries. Lack of recognition of problems, lack of appreciation of the importance of human attitudes and risk-taking behavior as causes, and lack of practical application of existing knowledge are the commonest causes of failure to prevent. (3) No material or process should be used without knowledge of the potential hazards. All the people who are involved must understand in detail the hazards, so that they can cooperate in the application of appropriate safety measures.

730 The Aging Worker. I. H. Stokoe.
Trans. Soc. Occ. Med. 17, 57-63 (April, 1967).

The subject is discussed under the following headings: Definition, Age Structure and Demography, Characteristics of the Older Worker, Sensorimotor Activities, Physical Powers, Mental Powers, Short-Term Memory, Learning Ability, Psychological Characteristics, Placement of Older Workers, Retraining, and Retirement Counseling.. The author states in his conclusion: "We have seen how the demographic trends are towards an aging population, and an aging and falling labor force, and how society at the moment, by its retirement policies, denies youth and the aged of the privilege of labor. We have seen how the older worker becomes slow in sensorimotor activity due to delay in control mechanisms, how his capacity for heavy work falls off less than might be expected, how short-term memory failure becomes a problem, and how complexity of task will tend to baffle him. On the other hand, he is reliable, stable and conscientious and by proper design of machines, modifications of tasks, retraining and regular medical examinations, proper placement in industry can lead to his continuing employment to the benefit of the economy of the nation, the productivity of the firm, and the satisfaction of the individual. And finally, when retirement eventually does occur, preparation for this should be initiated at least 5-10 years earlier."

731 The Paradox of Mental Health. W. Gomberg.
J. Occ. Med. 9, 239-250 (May, 1967).

Management has in many instances, without prodding, provided appropriate insurance coverage for employees and their dependents for the treatment of psychiatric disability. Unions, for their part, have come to the fore in recent years, both sponsoring clinics which include psychiatric care for their members and successfully bargaining for broader insurance coverage to include such treatment at community facilities and through private physicians. Together, unions and management have begun to attack the problem successfully. Workmen's Compensation is contributing, but, as the author sees it, for the wrong reasons and in a less healthy way. Nonetheless, a significant facet of the impetus for providing industrial sponsorship (which is passed ultimately to the consumer) for the treatment of psychiatric disorder must be acknowledged through Workmen's Compensation court decisions. Unions, management, and the Workmen's Compensation courts are together providing some of the answers to the question, "Who has the responsibility for the treatment of the employee with a mental illness?" Others also have a share of responsibility, not the least of whom is the employee himself. It is well and good that management, labor, and the compensation courts are making provisions for the treatment of mental disorder. But the ultimate responsibility is with the individual and his family. Not only must the individual feel a need for professional assistance, he must be willing to make the move, to reach out for help. For many, this is a painful decision, often postponed too long. Seven references are given. -- Author's summary, cond.