

"ITS A SNAP" with BUHRKE'S new SCOTCH SNAP



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ly higher than in the control group. The pneumonia rates for the control group were, however, taken only for 1947 while those of the exposed population were for a long period of time which may reduce the significance of this.

The one plant which had a low incidence of cancer of the respiratory system handled only bichromate, chromic acid and basic chromium sulfate but no monochromate or chromite. Since the ferrous chromite which is the raw material is a very insoluble material this suggests that the cancer producing compound of chromium may be the monochromate.

The average exposure prior to onset in these cases was 14½ years. This compares to a mean exposure of 15 years for 39 cases collected from the German literature.

Excluding the cases of lung cancer the ratio of deaths from all other cancers for this industry

was 124% compared to 15% cancer deaths for the industrial group.

The number of known cases of perforation of the nasal septum in the plant with no cases of lung cancer was somewhat lower than that in the plant of the same company with cases of lung cancer but perforations did occur which is taken to indicate that irritation of the upper respiratory system does not necessarily indicate the ability to produce cancer.

Medical Care Plans

Medical Care Plans for Industrial Workers and Their Relationship to Public Health Programs by Lee Jans and Milton L. Roemer. The American Journal of Public Health 38:1245-1253 (Sept., 1948).

The war and post-war years have been marked by a great expansion of health and welfare plans for industrial employees, mostly hinging upon the provision of various types of group insurance plans. Since the industrial workers are a large group of the

Learning by Observation

✓ E-431



"Education by observation" is the theme of the program conducted by the Carrier Corporation, Syracuse, N. Y., for the reduction of waste and the prevention of accidents. Exhibits on various aspects of these problems have been set up and have been found very effective.

The exhibit shown in the accompanying illustration emphasizes the high cost of broken tools. In the center of the room was the "grave" surrounded by discarded equipment. The lights were low in keeping with the exhibit and the demonstration was devoted to correction of bad shop practices.

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population and since the average worker loses 15 times as much time from work because of non-occupational illness these plans must be interesting to public health authorities.

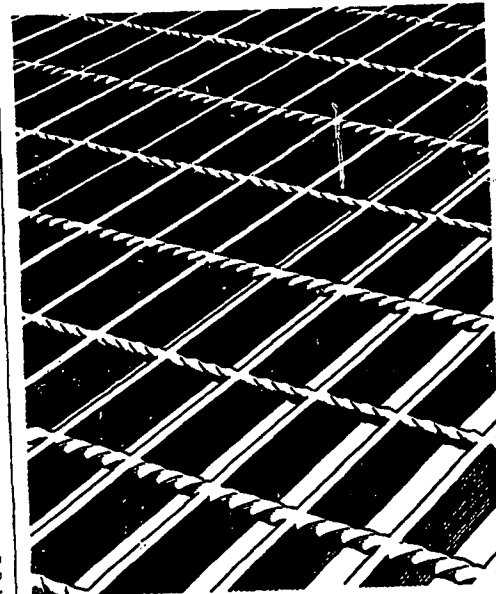
Such plans are not new to industry by any means as both labor and management have been promoting them for more than a century. The earliest attempts were in the form of mutual benefit associations of the late 18th and early 19th centuries set up to provide cash benefits to the families of workmen in the event they became ill or died. These societies were modeled on the earlier ones in Germany and in England.

Some of these societies gradually evolved into insurance companies while others became labor unions in the modern sense of the term, but most of them were gradually replaced by disability insurance carried by commercial insurance companies which were able to carry such risks upon a more secure financial basis than could most workers groups or most employers.

Simultaneously with the growth of the mutual aid societies, there grew up another type of organization which gave direct medical and hospital service to the employed group. This type of organization has been typically financed by employees through payroll deductions and administered by management. There are notable exceptions to this pattern, the Eadicott-Johnson Shoe Corporation plan, financed entirely by the management, being one of the outstandingly successful ones.

Organized labor has made a few attempts to provide such medical service plans within the union structure. The project organized by the International Ladies Garment Workers Union in New York City in 1916 and still operating is the best known and most successful of these. Most unions have been content to get their members enrolled in plans for prepaid medical care which have been developed outside of industry.

The Bituminous Coal agreement of 1946 made such health and welfare funds or plans a matter of collective bargaining on a large



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