rected before they have caused irreparable damage. Furthermore, incipient tuberculosis, unsuspected diseases of the heart, kidneys, and a host of other diseases of similar nature are discovered and the applicant referred for proper medical treatment which otherwise might have been postponed until too late.

Of even more importance than the initial physical examination of applicants is the periodic examination and care of old employees. Such a procedure serves to check the efficiency of preventive measures designed to prevent occupational diseases. It offers the most effective way of controlling the health of large groups of workers by discovering early not only occupational diseases, but many other conditions that go undiscovered until the worker is acutely ill or becomes disabled. If the various contagious conditions go unrecognized, others become infected.

The information obtained from physical examinations affords the medical supervisor the opportunity to make certain that employees are engaged in suitable work, to correct the effects of undue exposure to harmful environmental conditions, and generally to lessen all occupational hazards. As a public health measure, it is impossible to over-estimate the value of such periodic examinations in establishing among employees interest in sickness prevention.

For a long time the importance of accident prevention has been well recognized by industry. The very earliest attempts at industrial medicine consisted largely in the prevention and treatment of accidents occurring in the course of employment. By systematic work along educational lines and establishment of safety departments supervised by trained personnel the occurrence of serious injuries has been enormously reduced. The problem that confronts all industries today is how to bring about a like reduction in so-called occupational diseases.

Since actions for damages on account of diseases due to alleged negligence of the employer are being brought with increasing frequency in the civil courts, many bills have been introduced in state legislatures for the purpose of bringing certain occupational diseases under the compensation acts. At the present time considerable discussion as to the advisability of including the most important of the lung diseases caused by dusts, namely silicosis under the compensation law is heard. Despite the fact that silicosis is purely an occupational disease, none of the state workmen's compensation laws in the United States specify silicosis as a compensable occupational disease, with the exception of Kentucky which passed an amendment, effective June 14, 1934, permitting employers in certain industries subject to the silica dust hazard to voluntarily place themselves under the workmen's compensation act with respect to silicosis.

Custody 2009



Of the eleven states and three territories in which occupational disease is compensable, five have schedules of diseases which shall be covered and none of these lists silicosis, so that it is definitely not compensable in Illinois, Minnesota, New Jersey, New York, and Ohio. In six states and two territories and in the District of Columbia, there is more or less general coverage for occupational diseases, and silicosis may be held compensable under the laws of California, Connecticut, District of Columbia, Kentucky, Massachusetts, by mutual consent of employer and employees in Missouri, and in North Dakota and Wisconsin.

The governors of a few states have appointed commissions to study the methods for bringing diseases caused by certain dusts under the compensation act and for promoting preventive measures. Valuable reports have been issued by such commissions in Pennsylvania and Massachusetts, while New Jersey, Illinois and Wisconsin have studied the situation intensively.

The Massachusetts and Wisconsin commissions recommended regulations for preventive measures, since the disease is already a compensable one in the states. The Massachusetts commission's recommendations included compulsory physical examinations on entrance to certain specified hazardous employments and periodic examinations throughout exposure, neither of which was carried through. The Industrial Commission of Wisconsin has developed and put into effect a code which attempts to define a harmful concentration of various injurious dusts and establishes a "safe limit" below which the atmosphere of workrooms must be maintained. The Pennsylvania Commission recommended a scheduled list of diseases and special provisions for the compensation of disabled workers with strong emphasis on a medical board of control such as exists in the British Empire.

These references serve to indicate the trend of present-day thought with respect to control and diagnostic measures. Control measures cover a wide scope of conditions to be standardized, which, besides physical examinations, include methods of determining the extent of hazards; equipment designed to protect the workers; and the elimination or control of contributing factors. These problems can be solved only by the combined experience of trained men in the various sciences. The diagnosis of the diseases resulting from exposure to industrial hazards and the extent of disability incurred obviously should be entrusted to medical men specially qualified for this work with facilities for adequate radiological examinations. Disputed cases should be referred to a board capable of coordinating the medical, radiological, and pathological examinations as well as the results of scientific investigations.

The set up of a proper program for medical control of workers exposed to dust depends upon the number of employees involved and individual plant conditions. A series of articles under the title of "The Medical Department Manual" by Dr. Hart E. Fisher, published in recent numbers of *Industrial Medicine*, gives a very comprehensive account of the organization, operation, and routines of a medical department.

Any number of instances of adequate medical supervision of workers might be listed, differing in certain respects, but all retaining the essential features of control measures. Briefly, these include:

1. Establishment of a medical department with adequate facilities and qualified medical personnel. A process analysis of all operations in the plant should be made and the medical supervisor should list all possible health hazards and familiarize himself with their physiological effects. If necessary, he should conduct research studies to determine the harm-

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