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Jim- Clark + Drinker's 1935 book is #29 on p. 712 of my book.
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OCCUPATIONAL HEALTH IN AMERICA

by Henry B. Selleck

in collaboration with Alfred H. Whittaker, M.D., F.A.C.S.

THIS BOOK WAS PREPARED UNDER THE DIRECTION OF
THE HISTORY COMMITTEE OF THE INDUSTRIAL MEDICAL ASSOCIATION
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**GEORGE ROSEN

*Deceased **Appointed to replace deceased member.

1962
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patients personally. And workers quickly learned that when he visited Sparrows Point they could count on finding him in front of the plant at lunchtime to say, "Hello."

In his year as AAIP&S president Shaffer found himself facing the agreeable task (as he has described it) of "planning activities for a large and growing organization." Realizing that the future promised a rapid increase of interest in industrial medicine, he centered the efforts of his administration on promotion of a program that would lead the way to such development rather than follow in its wake.

Throughout the 1930's the association (always its own severest critic) kept a watchful eye not only on problems close at hand, but on long-range plans and objectives as well. Some of the appraisals and reappraisals in that period are of historical interest, since they reflect the thinking from which the present IMA has emerged.

Shortly after the market crash that ushered in the great depression, J. Rollin French, president of the Western Hospital Association, commented bitterly on a situation that reduced many industrial physicians and surgeons to positions subservient to the heads of minor departments. Scornfully he referred to "the days of the so-called 'company doctor' who assumed only sufficient responsibility for the physical welfare of employees to appease public sentiment." Declaring that there was "too great a tendency to confuse industrial physical service with traumatic surgery," he urged a complete overhaul of industrial medical procedures, "to inject standardized business methods into a standardized practical system of physical service."[2]

In his first address as president of the AAIP&S in 1931, D. B. Lowe declared:

> I say the name has never adequately described the association, because it [the association] differs in character from any I have ever known. There is a friendliness among those who attend [an annual meeting] that marks it apart from the stereotyped convention. . . .
>
> The continuation and further development of this spirit . . . throughout the years to come is an ideal we should always keep in mind. It will aid us as industrial physicans to advance industrial medicine and keep it on the highest plane.
>
> There should be no misunderstanding of the term "industrial medicine." It can mean nothing but the application of good medicine and good surgery to those employees of industry who are unfortunate enough to be injured during the course of their employment or to suffer from occupational disease. . . .
>
> Far and wide, for a long period of time, the industrial physician and surgeon has been supposed to be a combination civil, mechanical, heating, lighting, ventilating and chemical engineer; economist, welfare worker, athletic director, public health officer, insurance expert, and sanitary policeman, not to mention a few other conferred titles.
>
> It is my opinion that few of us are qualified in this way, and that it will be far more beneficial to industrial medicine if we confine our activities to the one thing we were trained for, and that is the practice of medicine.[3]

In 1933, another prominent industrial physician and teacher commented constructively on the scope and procedures of the profession, particularly with respect to

toxic hazards. W. Irving Clark (Norton Company), declared it the duty of the industrial physician to be versed in the action and danger of every chemical and physical health hazard *in his own factory.* Clark detailed various procedures necessary for the "control of the environment" and strongly urged not only employment and periodic examinations of workers but periodic examination of working conditions in various departments and the transfer to non-hazardous work of any worker showing signs of industrial disease.[4]

Thus, by a process of self-criticism, the association broadened its thinking, raised its sights for the future, and at the same time established practical procedures for attainment of its goals. Here a writer, there a speaker, introduced a bit of relatively new thinking, and each new concept strengthened the foundation on which industrial medicine rested and enhanced the value of the services it rendered.

One must not conclude, however, that there was no criticism of the specialty from outside the association. At least three times in the thirties the ever old, ever new issue of "contract medicine" broke prominently into print. On no occasion did an open feud develop, but there was a considerable amount of spirited verbal fencing.

In the secretary's report to the Board of Directors of the AAIP&S in June, 1930, Volney S. Cheney wrote: "In an editorial in the *Journal of the American Medical Association,* January 4, 1930, industrial medicine has been officially recognized as a challenging specialty that is threatening to disturb the smug complacency of organized medicine; that plans must be considered for curbing its activities and it must confine those activities to its 'just and proper domain' and relinquish those functions which are 'beyond its legitimate field.' "[5]

Because it throws light on an interesting phase of inter-association relations, the editorial in question will bear some further quotation. After considerable preliminary comment, the writer made the following statement:

> The foremost objectives of industrial medicine are: (1) to fit every person to types and quantities of work according to his ability to perform such work continually without undue impairment, without injury to himself or his fellow workmen, and with profit to himself and his employer; (2) to procure and maintain fitness for work through efforts applied to the worker as an individual, to groups of workers, and to the work environment; (3) to educate the worker to a comprehension of the value and significance of physical and mental well being and, in particular, of personal hygiene and accident prevention; and (4) to reduce all loss of time, absenteeism and short work spans in industry the cause of which may be related in any way to health.[6]

There was nothing to offend anyone in this rotund statement of objectives, nor could it be seriously criticized even today, for it was broad enough to cover almost any constructive activity. The barb was in the statement that followed: "With these boundaries, much so-called industrial medicine is revealed as quite beyond the legitimate field."

The editorial went on to blast the medical care of "entire communities" through

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