

ites toward an inferior physician, less concerned with the lack of qualifications. The extent to which lack of qualifications in occupational disease work may go is reflected in the fact that recently a duly licensed physician in the State of Michigan reported "intestinal peristalsis" as a diagnosis of an occupational disease.

While the unwillingness of a physician to accept responsibility for pathologic states in which he is not conversant is commendable, there still remains a duty to direct his patient into channels wherein adequate services may be procured.

Industrial Terminology

One of the most annoying handicaps in establishing the exact etiology of a possible occupational disease resides in the widespread practice of industry in using code numbers in the designation of its substances. In inquiry, the patient may state to his physician that his work consists of filling outainers with "B-72." But, inquires the physician, "What is B-72?" The patient continues, "B-72 is a mixture of M-20 with 40 and L-97." Completely the physician is left in the dark, but if the truth were known it might be shown that this patient is engaged in the filling of cans with a grish remover, which consists of a mixture of wood alcohol, benzol and a synthetic wax.

Such situations may become so confusing that it may be almost impossible for a physician to obtain proper information as to work exposures. Medical, safety, social service or insurance departments all may have difficulty in obtaining full information as to actual chemicals and mixtures of chemicals designated in production relations only by code numbers.

The Absence of Records

The majority of industrial plants fail to maintain sufficient medical and work records to serve the physician properly in connection with occupational disease work. In a given instance an afflicted workman may give as his occupation some innocuous job as "elevator operator." He may remember that the job before that was as "ruck driver." There his memory may end. His work record may show no item of transfer within the factory of his employment and no record of any previous employments. Although the x-ray

of the chest of this workman may strongly suggest the possibility of silicosis, nowhere on the work record may it be shown that for a period of seven years at some much earlier time this workman was employed as a laborer in a pottery.

In this same connection it should be emphasized that one of the many handicaps to the physician in making an accurate diagnosis is to be found in the widespread practice of hospitals, of clinics, insurance records, etc., in merely naming the trade of a workman rather than describing his exact occupation. It is quite insufficient for medical purposes for a record merely to show, for example, that the patient was employed as an "automobile worker." Under this heading, there are perhaps not less than 200 different and dissimilar types of employment leading to different exposures, such for example as to silica in the foundry, cyanide in the heat treating room, chromium in the plating department, lead in body finishing, and on and on.

Lack of Library Facilities

With some tenuity the statement is made that regardless of many book publications in the field of industrial hygiene and occupational diseases, special magazines, and articles appearing in general medical magazine publications, there is, at this time, no condensed, informative material on occupational diseases well suited to the needs of the family practitioner.

It is of course impossible and undesirable that any attempt should be made to reduce all of the lore of occupational diseases to some thin book to which the practitioner may refer and with certainty obtain all the guidance needed in the treatment and management of occupational diseases. Granting all this, there still is occasion to assert that a real need now exists for a book publication on occupational diseases designed for services to the neighborhood physician who in the aggregate sees far more occupational disease cases than the small number of specialists in this field.

Attitude Toward Industrial Medicine

In times long ago, when mine workings, sawmills, and railroad construction camps were established in remote sections of the country, far removed from the usual sources of medical services, it became necessary that the management bring into these iso-

lated work places a physician who might carry out all manner of medical services. These physicians set the broken arms of injured miners; delivered the babies of the miners' wives; treated the miners' children for measles and mumps and otherwise attempted to meet the medical needs of these detached communities. Usually the companies contributed to the income of these physicians and every family and every single man was taxed a stipulated sum each month in order to cover the physician's salary. Thus arose the term "Contract Physician." This perhaps did not always represent the best of medicine and not in all instances were these contract physicians of the highest type.

Later some of these communities became larger towns, or cities, and other physicians sought to gain a livelihood, only to find that the contract physician was in the saddle. This gave rise to complaint and out of this "Pandora's box" have come innumerable evils that even to this day attend the highest type of industrial medical supervision under the most ethical and commendable circumstances. It has become a tradition on the part of many of the medical profession to blame almost any manner of their economic difficulties upon industrial physicians. So real is this disaffection that some organized medical groups have sought to legislate against almost any form of industrial medical practice and in some instances to deny membership in medical societies to industrial physicians. As a result, industrial physicians in some respects have been branded with a scarlet letter.

This queer situation, strange to say, may serve as a handicap in the diagnosis of occupational diseases, since some of the best physicians, and particularly the more timid ones, fear lest they may become besmirched by cooperating in this type of medical endeavor and to some extent shun any close affiliation that might lead to lifted eyebrows by those regarded as the leaders of the profession.

Now that the American Medical Association is somewhat alert to this situation and has organized a Council on Industrial Health, including some members with industrial medical experience, it is to be hoped that after all the industrial physician may become respectable.

New Chemicals

A further deterrent to accurate diagnosis of occupational diseases is linked up with an almost endless flow of new chemicals into industry's processes. Year by year, a far greater number of new chemicals are introduced than the number of investigations referable to their toxicity. It is often true that nowhere in the entire literature concerned with industrial toxicology may any word be found aiding the physician in determining if a given chemical might be responsible for a series of objective and subjective symptoms in any patient. One of the most desirable changes needed in connection with worker health protection is the requirement that no new substance be introduced into industry on a production basis until it shall have been established to the extent possible, through animal experimentation, that such a substance is without dangerous potentialities.

Significance of Handicaps in Diagnosis

A recital of the type just presented might be continued almost indefinitely, but perhaps without profit. The entire situation may be summarized by stating that whereas occupational diseases themselves are probably as diagnosable as any other difficult class of diseases, just about every stumbling block that may be produced is laid at the door of the physician sincerely seeking to acquire sufficient evidence upon which to make exact diagnostic decision. The greater number of these stumbling blocks represent no willful desire to hamper the physician, but instead arise from the results of peculiar circumstances that in some measure separate industrial diseases from the general run of afflictions.

As a consequence, large numbers of unwarranted diagnoses of occupational diseases have been made and are being made. Scores of suits have been instituted and some have been won by claimants whose claims possess no whit of merit, chiefly because well meaning physicians unhappily implanted the seed of possibility that his disease might have been caused by work and that the responsibility might be laid at the door of the employer. While the results may have appeared to work an injustice and monetary loss upon the employer, in the long run the interests of the worker himself are not served by these