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OCCUPATIONAL HEALTH IN AMERICA

by Henry B. Selleck

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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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announced the opening of a permanent office at 22 E. Ontario Street, Chicago, under supervision of the secretary-treasurer, with Miss Louise Ragan, of Lafayette, Indiana, in charge as full-time assistant. "For the first time in its history," the notice declared, "the association is now able to carry on continuous work for the members."

To increase the value of the organization to its members and others, President Sawyer appointed a standing committee to which problems that the secretary's office could not handle were to be referred. It consisted of A. W. George, A. Girard Cranch, T. Lyle Hazlett, V. S. Cheney, Louis G. Harney, A. W. Colcord, R. J. DeMotte, Lloyd Noland, J. M. Wainwright, D. B. Lowe, Robert P. Knapp, and Wade Wright. A star-studded team, it functioned well.

"It is expected," said the *Bulletin*, "that this committee will serve in an advisory capacity; so that from out of the experience of our own organization we will be able to supply the desired information to inquirers. . . . Out of this small beginning it is hoped that a wide field of usefulness may be developed which will do much to stimulate an appreciation of industrial health problems and place the work of the physician in industry upon the high plane where it properly belongs."

The salutary effects of these simple steps are not to be underestimated. They smoothed immeasurably the path of succeeding administrations, lifted a growing burden of detail from the shoulders of overworked officers and directors, and gave them time to concentrate upon the larger aspects of association activity, which were medical, not fiscal or political.

Professional interests were uppermost in the minds of the association's members. They were keenly aware that the future of the organization would be determined by the value of its services to industry, to the worker, and to the membership. But such services—the *raison d'être* of the association—were bound to suffer if they were allowed to become secondary to a battle for solvency and the treadmill performance of administrative routine.

Now, in the latter half of the twenties, industrial medicine in America had emerged from what Lyle Hazlett has called the "surgical cycle" and had entered what he describes as the "medical-engineering cycle." It was an era in which the *total environment* of workers assumed its rightful place as the prime factor in the conservation of health.

The accent on problems of membership and finance in the early twenties was justified by circumstances that were difficult to control. Until the association had achieved stability, coherence, and orderly operational procedure, it could not concentrate on the achievement of its medical goals.

Medical men, on the whole, are not noted for financial wizardry, nor for devotion to the humdrum of correspondence and clerical detail. Largely for lack of centralized operation and adequate help, administrative procedures left much to be desired in those formative years. Directors' meetings were held irregularly—if, when, and where expediency dictated. Dates were juggled. There was little long-range planning. Records were a sort of traveling library, which too often failed to travel

of Western Reserve University School of Medicine, had spent his entire industrial career as medical director of the B. F. Goodrich Company. He was in his late forties, a man of mature judgment and with a keen analytical mind, who could be relied upon to steer a wise course through difficult times.

Problems of membership (and money) continued to plague the association during that period. How to maintain high professional quality and at the same time achieve a reasonable growth in numbers. Membership requirements were exacting, association services to members were few. It is not strange that growth stopped and interest lagged between 1931 and 1934, when personal correspondence, an occasional bulletin, and a few issues of a new journal were the only links of communication between the organization and its members.

As if he sensed the coming of a letdown, Secretary Cheney ended his report at the 1930 convention in this plaintive tone:

We ran short of original articles presented at the last annual meeting for publication in the *Bulletin*. This year a stenographic report will be made of the clinics at the hospital and will give us more material for publication. As usual, there was practically no response from members who were requested to write something for the *Bulletin*. It is difficult to publish an interesting *Bulletin* if the members take so little interest in it.⁹

Affairs of the association were indeed approaching a critical phase at that time. After a slight increase in 1931, membership fell off gradually, and in 1935 the combined pressure of internal and external factors reduced the number of active members to its lowest level since World War I. Doctors, under the circumstances, could not be blamed for preoccupation with their own troubles, nor were potential new members greatly impressed by plans, not yet crystallized, for expanding and improving association services. But while the depression continued to hold the country in its grip, strong forces favorable to industrial medicine and the AAIP&S were already at work, foremost among them the plan for certification of medical services, initiated several years before under sponsorship of the American College of Surgeons.

No one need be reminded today that only well-organized and well-run medical departments can attract and hold capable industrial doctors. That requirement was of less importance in the twenties, when emergency treatment of assorted injuries was the chief problem, and a first-aid station staffed by a half-trained man or a practical nurse could, by courtesy, be labeled "medical department." There were still, unfortunately, far too many such "departments," despite the fact that foresighted doctors in industry—physicians as well as surgeons—had long been laboring to raise standards all along the line.

To trace the first steps on the road to certification of qualifying departments must go back to 1914, when Magnus Alexander, president of the National Industrial Conference Board, established the Conference Board of Physicians in Industry, a group selected to study the special medical problems of the industries and to serve as advisers to the larger board in such matters. This move brought together a number

unusual aggregation of talent. All the appointees were M.D.'s; with very few exceptions all were medical directors or chief surgeons of important corporations; all were deeply interested in the same aspects of the same profession. Together, they had charge of medical services for about three-quarters of a million workers.

The extent to which fate took a hand in the future of industrial medicine at that point is indicated by the fact that about half of the members of this advisory Conference Board were destined to become leaders in the policy-making and administrative councils of the AAIP&S.

As a matter of record, the list included such pioneers as W. Irving Clark (Norton Company), W. B. Fisk (International Harvester), George H. Gehrmann (Du Pont), Otto P. Geier (Cincinnati Milling Machine), J. W. Harvey (Tide Water Oil), T. Lyle Hazlett (Westinghouse), Robert P. Knapp (Cheney Brothers), S. M. McCurdy (Youngstown Sheet & Tube), J. J. Moorhead (New York Consultant), Robert S. Quinby (Hood Rubber), Frank L. Rector (government bacteriologist), William A. Sawyer (Eastman Kodak), Loyal A. Shoudy (Bethlehem), Cassius H. Watson (American Telephone and Telegraph), and J. J. Wittmer (Brooklyn Edison).

In August, 1916, only two months after the organization meeting of the AAIP&S, the United States government moved into the industrial medical picture. Anticipating American entry into the European war, the Congress created a Council of National Defense and authorized an Advisory Commission "of not more than seven persons" of special qualifications in civilian life. This Advisory Commission was an august body, its membership consisting of Daniel Willard, Hollis Godfrey, Howard Coffin, Bernard Baruch, Julius Rosenwald, and Samuel Gompers, with Dr. Franklin H. Martin (director-general of the American College of Surgeons) representing the field of medicine and surgery.

Martin was widely recognized as an organizer and leader of men. Of him it has been said: "As a constructive dreamer, he had the courage, tenacity and insight to make his dreams come true." In 1917, with the United States at war and federal boards and bureaus multiplying like mushrooms, he was the prime mover in creating a Committee on Industrial Medicine & Surgery within the General Medical Board of the Council of National Defense.

Chairman of this important committee was Joseph Schereschewsky of the U.S. Public Health Service, and president of the then new AAIP&S. Other appointees included Otto Geier and Harry E. Mock. This committee formulated the noteworthy "Industrial Platform for Conservation of Health of the Industrial Army." Presenting the platform at a meeting in January, 1918, Schereschewsky said: "Such a program will require the earnest cooperation of three groups—the medical profession, the industries, and labor. Labor has in some instances in the past frowned upon medical supervision of the worker. Industry has often been blind enough to object to its cost. The profession has been slow to recognize that the field of the industrial surgeon and physician is legitimate and ethical. . . ."¹⁰



69. T. Lyle Hazlett, M.D. (1885-). *President, AAIP&S, 1941-1942.* Twice, after Lyle Hazlett received his medical degree from the University of Pittsburgh (1912), war intruded upon his private professional career. From 1914 to 1916 he served with the Red Cross in Russia and from 1917 to 1919 as an officer in the USMC. At the time of Pearl Harbor he was president of the

AAIP&S, and his official life was largely shaped by the exigencies of World War II. Hazlett made his most important industrial affiliation in 1920, with Westinghouse. In a long association with the University of Pittsburgh school of medicine, he also set a pattern for the development of special industrial education in medical schools.

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other associations and societies and on the expansion and financing of the AAIP&S. Again the pace of programmed activities quickened.

Among the many milestones of the following year was the first Medical Conference of General Motors' Physicians, May 19-20, at Flint, Michigan. Its importance lay not only in the high-grade content of the program but in the declaration by a leading industrial corporation of the value it placed upon plant medical services. Nationwide and international interests of the corporation were represented at this meeting. Professional papers were presented by medical directors of most General Motors divisions, including M. R. Sutton, J. S. Lambie, M. M. Shafer, R. D. Mudd, Henry Snow, C. D. Selby (consultant), Max Burnell, A. L. Brooks, Fred Irwig, L. H. Childs, William J. Fulton, G. L. Bird, and A. A. Tower. Other speakers included President Sayers of the AAIP&S and C. F. Kettering. *Industrial Medicine* recognized the occasion with an issue devoted almost exclusively to the conference, with abstracts of important papers, which were described as "fourteen presentations of very unusual value."¹⁶

General Motors again made news in June, 1938, at the annual meeting of the AAIP&S in Chicago. There, in an unobtrusive statement by William S. Knudsen, the W. S. Knudsen Award was announced, to be made annually (starting in 1939) "for the most outstanding contribution to industrial medicine." Said Mr. Knudsen:

There is no argument about the value of medical service in industry. The more we improve health conditions in plants, the more we improve health conditions in general. The man who has the benefits of a health maintenance program in his work must inevitably carry some part of what he learns there home with him.

Many years ago I, myself, was the entire first aid department of a plant where eight hundred people were employed. The progress since those days has been tremendous, as we in industry know. With the desire to concentrate and crystallize the attention of the industrial and medical world on the wonderful progress that has been made and is being made in industrial medicine, I am glad to announce an award to be given to the industrial physician making the most outstanding contribution to industrial medicine.¹⁷

Education, too, was headlined in the industrial medical news of 1938, with the introduction of what T. Lyle Hazlett has described as "the first intensified course in industrial medicine" given under the auspices of the Graduate Education Committee of the Allegheny County Medical Society and the Department of Industrial Hygiene, University of Pittsburgh School of Medicine.

Many among older physicians in industry will remember that Emery Hayhurst lectured on military and industrial hygiene at Ohio State University as early as 1917, but formal preparation for industrial practice was almost nonexistent during the next twenty years. The revival of interest in the late thirties started a new cycle which has brought industrial medical education to the forefront among present-day goals in this field.

The course at Pittsburgh, consisting of a series of lectures for senior medical students, was made possible by the establishment of a Department of Industrial Hygiene in 1936, with Hazlett as director. The time allotted, in an overcrowded curriculum, was necessarily brief, but it permitted effective coverage of the commonest health hazards in industry and instruction in control and preventive measures.

At the same time the Department of Hygiene and Public Health at the University of Michigan was offering, primarily for graduate students, a more general course in industrial hygiene, comprising two one-hour periods per week for one semester each year.¹⁸

By the middle of 1938 there were unmistakable signs that industrial medicine and the AAIP&S had indeed "turned a corner" and were headed toward a brighter and better future. In attendance and enthusiasm the annual convention in Chicago duplicated the success of the previous year. Again it was a joint meeting with the Midwest Conference on Occupational Diseases, offering an impressive program made possible by the collaboration of Illinois, Ohio, Michigan, and Wisconsin health agencies.

At annual meetings prior to that year there had been occasional experiments with scientific exhibits as a convention feature, but at Chicago in 1938, displays became a major attraction. A distinguished committee (Sawyer, Mock, Geier, Lautenschlager, Wittmer, and Cheney) produced a total of fifty exhibits, divided almost evenly between scientific and commercial displays. It was an important venture in association history, as subsequent events have proved.¹⁹

It was at this meeting that Clarence D. Selby, who since 1935 had headed the medical staff of General Motors Corporation as consultant, took over the presidency of the AAIP&S. The officers elected included McIver Woody, president-elect, Daniel L. Lynch, first vice-president, and Lloyd Noland (Tennessee Coal, Iron & Railway Company, second vice-president. A directorate composed almost entirely of veteran members rounded out the administration.

Selby's active career, dating back to 1905, had given him an unusually diversified experience in "mass medical" practice—with the military in World War I, in the public health services, and in the organization affairs of both the AMA and the AAIP&S.

Under his administration the AAIP&S struck out boldly along lines that would expand and strengthen its services, advance its prestige, maintain quality while increasing numbers. It is significant that its membership, which had slipped back to a seven-year low in 1935, registered a net gain of 350 in 1938-39, the largest recorded in a single year up to that time.

Another milestone in the march of industrial medicine appeared in January, 1939, when the first Congress on Industrial Health of the AMA held the stage for two days in Chicago. It was a momentous occasion, the first substantial activity of the new AMA Council on Industrial Health. A noteworthy program was presented, in which many doctors prominent in the AAIP&S participated as speakers and group

employ general practitioners on part-time or call basis for the treatment of these conditions. Therefore, inasmuch as the general practitioners of medicine treat 100 percent of the nonoccupational disabilities and 85 percent of the occupational, the problem of removing the sources of ill health in industry is predominantly in the hands of the general medical profession. Any effort to obtain maximum results by way of health maintenance in industry must be through them.

At least as early as 1938, realizing the direct bearing of sickness on national productivity, the AAIP&S had a special (and extremely active) committee at work on studies of industrial absenteeism. In that year the group appointed by President Selby included Sayers (chairman), William A. Sawyer, D. L. Lynch, John J. Wittmer, J. B. McConaughy (Aluminum Company of America), and R. D. Mudd (Chevrolet Grey Iron Foundry). This committee continued its work for several years with slight changes in personnel, A. W. Schoenleber (Standard Oil Company, New Jersey) replacing McConaughy and Wittmer in 1939. Important among its reports was a recommendation submitted in June, 1940, outlining a simple record system which would provide industrial management with vitally needed information on absenteeism due to all forms of illness, whether or not of occupational origin.⁴

A few months before the Japanese attack on Pearl Harbor an all-important AAIP&S Committee on National Defense was appointed by the new president, T. Lyle Hazlett. Its chairman was Dan Lynch, perennially occupied with association activities, who had just retired from the presidency. Other members were Henry S. Brown (Michigan Bell Telephone Company), D. O. Hamblin (American Cyanamid Company), and Charles-Francis Long, an authority on the problems of tobacco workers.

In the summer of 1942 this committee released the results of an exhaustive study, known as the Lynch-Brown report, of wartime health problems and a detailed program for industrial management, designed to minimize the effects of possible enemy attack. It was a militant, and confident, presentation, but the over-all picture it painted of manpower losses through accident and illness was far from encouraging.

Citing National Safety Council accident statistics for 1941, the committee said: "Although it would appear from these data that occupational deaths and disabling injuries may not have increased in the same degree as employment, it still seems clear that the sacrifice of life and vital man-hours was not lessened appreciably. The reported 18,000 deaths and 1,600,000 disabling injuries represent a tremendous wastage of manpower, and a continued challenge to everyone concerned in saving lives and saving this nation."⁵ Accident figures such as these were indeed shocking to contemplate, yet they were only an echo of much older industrial statistics. The rate of fatal and nonfatal injuries had followed a seesaw course for many years, showing no conclusive trend in either direction. The situation was one which led Sayers to comment: "In spite of the spectacular achievements which have been made in safety

requested of the AMA the appointment of a joint committee of three from each of the associations "to further the establishment of an American Board of Industrial Medicine and Surgery" and to seek its approval by the Advisory Board of Medical Specialties. In June 1941 this resolution was introduced at a meeting of the AMA Section of Preventive and Industrial Medicine and Public Health by Robert T. Legge. On the following day the request was approved and a committee appointed to represent the AMA in interassociation conferences. It should be noted that all three appointees, Leverett D. Bristol, of New York, William A. Sawyer, of Rochester, New York, and R. T. Legge, of Berkeley, California, were members of the AAIP&S as well as of the AMA.

Surely this was progress! The association's journal, in a gay editorial, reported jubilantly: "Thus industrial medicine, which only a little while ago was pretty generally thought about as of possible specialty status only in the remote future, is well on its way toward full recognition *now*."¹

The road to certification, however, was not destined to become a rosy path. Disappointment followed disappointment. Negotiations were slowed by successive disagreements as to what should be done and how and when it should be done. And war was soon to change every perspective and affect every phase of medical service.

There was solid accomplishment to report, nevertheless, on the educational front. T. Lyle Hazlett had established a Department of Industrial Hygiene at the University of Pittsburgh Medical School and was blazing new academic trails in that field. As incoming president of the association in 1941, he urged the Board of Directors to accelerate action on a concrete program. "I hope," he said, "we may formulate a plan that can be presented to the senior class of each medical school in the country. I think it is most important that we guide that education. If we don't guide it, I don't know who will."

The association's Committee on Medical Education, headed by Milton H. Kronenberg, eagerly took up this challenge. It was ready in October 1941 with specific recommendations for undergraduate and graduate courses in industrial medicine. By the end of the year, in conferences with a corresponding committee of the AMA, a complete program had been worked out, and a joint report for study by the deans of medical schools was published in February 1942.²

Meanwhile, the Committee on Certification was beset by new difficulties. The corresponding group in the AMA did not like the name proposed for the new board, American Board of Industrial Medicine and Surgery. There was a feeling that the word "surgery" might lead the public or doctors to confuse certificates from the Industrial Board with those issued by the existing American Board of Surgery. The identities of the Board of Surgery and of the American College of Surgeons, it was argued, should be protected from any possible chance of conflict or misunderstanding. As a substitute, the AMA committee submitted the name American Board of Industrial Practice, but the industrial doctors would have none of that. It mentioned neither medicine nor surgery and could as well be associated with industrial production. A

bit nonplused, the Certification Committee went back to work. It inserted a change of name, American Board of Physicians and Surgeons in Industry, in a ten-page plan for organization of the proposed board and distributed copies at a meeting of the Committee on Standards and Examinations of the AMA Advisory Board for Medical Specialties in February 1943.

Slobe reported back to the Board of Directors that the AMA representatives at that session included one radiologist, one pathologist, one internal medical consultant, and one dermatologist, C. Guy Lane (secretary). "I don't think any of them," Slobe added, "had any conception of what this specialty really means."

Nothing was heard from the influential AMA group for three months, but the answer, when it came, was brief and to the point. The application for a new specialty board had been rejected, for three expressed reasons: standards of the proposed Founders' Group were not clearly defined; adequate facilities for graduate training were not available; and the existence of industrial medicine as a specialty was still questioned. For the first and third of these objections, the industrial doctors had ready answers. The size and character of the founders' group could easily be adjusted to meet any requirements. And the important work being done by the AMA Council on Industrial Health was itself sufficient recognition of industrial medicine as a special field. There was general agreement, however, that the second objection was valid at the time. Facilities for three years of graduate training for career candidates simply did not exist. It was obvious that an enormous amount of educational planning remained to be done, and with dogged determination the association set about doing it.

During the next few years the organization dipped deeply into its membership for personnel, old and new, to man necessary projects. Existing committees were enlarged, new committees formed. Past presidents, former officers and directors gave invaluable services. An incredible volume of study, analysis and detailed planning was handled by groups assigned to certification, medical education, graduate fellowships, qualifications, policies and practice.

During 1943, Hazlett and Kronenberg outlined a comprehensive three-year program of basic classroom courses and in-plant training. Word came that a growing number of medical schools were laying the groundwork for special graduate instruction in occupational medicine, the list including Pittsburgh, Buffalo, Long Island, Columbia, Harvard, Johns Hopkins, California. Slobe reported: "We have established a beachhead and I think we can hold it, but that is about as far as it has gone at the present time."

As time went on, the need for substantial aid to graduate students became more and more apparent. Very few had the means to extend their formal training for two or three extra years, and, recognizing this, the association decided to set up a fund-raising organization to operate in conjunction with the educational program. Officers and directors were thinking, roughly, in terms of courses covering from eighteen to twenty-seven consecutive months, depending on the amount of in-plant training included to meet certification requirements. The cost of fellowship aid per student was

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graduate instruction without fellowships, no fellowships without financial support—and few contributions without proof that the fellowship plan was workable and would provide trained men in the numbers required.

During the formative stage of the foundation, the association's Committee on Medical Education was in close contact with the deans of medical colleges. "Their cry," committee Chairman Kronenberg reported, "is that they need time to bring the industrial courses into their curriculum, which they hope to do after the war."

As chairman of the Committee on Graduate Fellowships in 1945, Hazlett filed a detailed report listing proposed minimum requirements for a graduate program in industrial medicine, setting up criteria for the selection of candidates, and outlining basic classroom and clinical courses. It also specified laboratory or in-plant medical department training acceptable to certifying boards. This material was made available to the deans of medical schools; and Hazlett stimulated further interest with a compact text titled *Introduction to Industrial Medicine*³ which was distributed to all graduates of the course at Pittsburgh.

In the same period came a report from Kronenberg that of fifty-two medical schools in the United States and Canada which had replied to a mail inquiry, only three were giving no instruction in industrial medicine. Among schools mentioned as doing particularly good work were Stanford, Colorado, and Illinois; and Yale and Wayne were projecting plans on an ambitious scale. "The seed," commented President Newquist, "is beginning to take hold in those medical schools."

Across the nation, as the war drew to a close, there were signs of growing enthusiasm not only for formal education in occupational medicine but for practical training in industry. *Medical Economics* cited on-the-job plans carried out by eastern utilities "in lieu of formal residencies."⁴ Said J. J. Wittmer (Consolidated Edison, New York): "We are constantly teaching by plant symposium and conference." The American Telephone and Telegraph Company had a similar plan.

True to hopes and promises, medical deans in every section of the country were adding special industrial courses to their curricula. Long Island College of Medicine offered a refresher course for men who had been in war service, and it planned to expand both its undergraduate and its graduate courses. In industrial Detroit Raymond Hussey, dean of Wayne University's School of Occupational Medicine, gave a fifteen-week orientation course as the "testing out of a pattern" for industrial instruction.

Another straw in this favorable wind was a substantial increase in publicity relating to occupational medicine. The AFOH published a timely brochure outlining the association's educational views and plans. The Wayne program, which included a continuing series of outstanding conferences on industrial medical relations, was described in an article in *The Detrouiter*, the journal of the Detroit Board of Commerce.⁵

Of national interest was a radio round table sponsored by the University of Chicago, in cooperation with the National Broadcasting Company, in April 1946.