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available to 247,366, or 61%, of the employees. One hundred fifty-one, or 18%, of the plants (71,317, or 17%, of the employees) have the services of a part-time safety engineer. Full-time nursing service is available in 122, or 15%, of the plants and available to 263,294, or 64%, of the employees. Twenty-nine, or 4%, of the plants (12,911, or 3%, of the employees) have part-time nursing service available. Recreational facilities were provided in 249, or 30%, of the plants employing 236,779, or 58%, of the employees. A tabulation of the number of workers having group insurance, sick benefits and other welfare provisions has been made.

WITH respect to venereal disease control in the defense plants, two facts were determined; namely, presence or absence of a venereal disease control program in each plant, and the opinion of the plant management on the subject of veneral disease control. Sixty-two, or 7%, of the 827 plants whose reports and opinions have been tabulated had a venereal disease control program of one form or another. In some of the plants the program was limited to one of education only, which included the use of posters and the dissemination of venereal disease information. In others the existence of venereal disease was determined in either or both pre-employment and periodic physical examination of employees. Three of these plants made treatment compulsory; one plant maintained a venereal disease clinic for its employees and charged a fee for its services.

In conclusion, industry, and particularly the industrial hygienists, should make an evaluation of those community health problems which may exert a harmful influence on its employees in addition to the recognition and control of specific occupational disease hazards. No health program in industry may be considered complete unless a determination of these factors is made.

Model Course

—*In Industrial Hygiene and Occupational Diseases*—

NEW YORK UNIVERSITY, Division of General Education, Center for Safety Education, in cooperation with the National Conservation Bureau, in the early part of 1941, established and conducted a course on "Industrial Hygiene and Occupational Diseases," designed to meet the need of physicians, engineers, instructors, and nurses.

The course was divided into 15 units as follows:

1. "Occupational Diseases; their Nature, Incidence and Prevention"—HENRY D. SAYER, Instructor.
2. "Dusts"—LEONARD GREENBURG, M.D., Instructor.
3. "Metallic Poisons"—JOHN M. MACDONALD, M.D., Instructor.
4. "Toxic Gases"—J. B. FICKLEN, Instructor.
5. "Toxic Organic Solvents"—ROY S. BONSIB, Instructor.
6. "Dermatoses and Venereal Disease" — LOUIS SCHWARTZ, M.D., Instructor.
7. "Factors Affecting Industrial Health"—CASSIUS H. WATSON, M.D., Instructor.
8. "Air Sampling and Analyses"—REUEL C. STRATTON, Instructor.
9. "Miscellaneous Exposures and Sick Absenteeism"—JOSEPH G. HARRIS, M.D., Instructor.
10. "Engineering Control Methods"—C. W. SEHL, Instructor.
11. "Personal Protection Equipment"—F. A. PATTY, Instructor.
12. "Ventilation"—B. F. POSTMAN, Instructor.
13. "Plant Surveys, Industrial Processes and Operations"—MYRON A. SNELL, Instructor.
14. "Occupational Diseases and the Law"—J. DEWEY DORSETT, Instructor.
15. "Industrial Health and the Prevention of Occupational Diseases"—A. J. LANZA, M.D., Instructor.

The lectures began on February 3, 1941, and extended through the spring semester. A complete digest of the 15 lectures is presented in a 200-page mimeographed volume which also includes an outline of the course as above, and an extensive bibliography. Copies can be secured from the Publications Department of the School for Safety Education, New York University, 20 Washington Square, N., New York City, at $1.25.

Clean Wounds

THOS. A. LOWE, M.D.,
South St. Paul, Minnesota

WE believe it is generally recognized that clean wounds are infected from too frequent or careless dressings. One means of contamination could be either from the patient's or doctor's respiratory tract.

To guard against this possibility, we conceived



the idea of placing an adjustable swivel on the dressing table and using it in all cases with the wound protected under the glass. This permits inspection and direct vision of the injured area.

It has been our privilege for 15 years to have attended large numbers of injuries with the Armour & Company Packing Plant, South St. Paul, Minnesota. We have used this protective glass for some time, and we are well satisfied with it. The patients are very pleased to cooperate and are more conscious of secondary infection, and as a result do not meddle with the dressings as much as previously. We are certain it has reduced our secondary infections.