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SOCONY-VACUUM OIL CO., INC.
AND DOMESTIC AFFILIATES

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FAST CHICAGO REFINERY, East Chicago, Indiana

EAST RIVER REFINERY, Brooklyn, New York

EAST ST. LOUIS REFINERY, East St. Louis, Illinois

LUBRITE DIVISION, St. Louis, Missouri

NEW ENGLAND DIVISION, Boston, Massachusetts

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WHITE STAR DIVISION, Detroit, Michigan

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MAGNOLIA PETROLEUM COMPANY, Beaumont, Texas



SOCONY-VACUUM OIL CO., INC.
26 BROADWAY, NEW YORK 4, N. Y.

*Preserve
Your Health*



by
A. E. HOAG, M.D., F.A.C.S.
MEDICAL DIRECTOR

MOBIL'S EXHIBIT #139

Index

<i>Preface</i>	1
<i>Industrial Medicine</i>	2
<i>Socony-Vacuum's Health Program</i>	4
<i>Summer Hazards</i>	5
<i>How to Keep Well</i>	7
<i>What to Do about Athlete's Foot</i>	8
<i>What to Eat</i>	9
<i>Peptic Ulcers</i>	10
<i>Flat Feet</i>	12
<i>Heart Disease</i>	13
<i>Hay Fever</i>	14
<i>Appendicitis</i>	15
<i>Tuberculosis</i>	16
<i>Diabetes</i>	17
<i>The A-B-C of Treating Burns</i>	19
<i>Self Medication</i>	21
<i>Cold Facts about the Common Cold</i>	22
<i>Something You Should Know About Cancer</i>	25
<i>How Much Should You Weigh?</i>	27
<i>Act Your Age</i>	29

Preface

More than 90 percent of the time that people lose from their jobs at Socony-Vacuum is due to illness and injuries incurred elsewhere, outside of regular working hours.

Such illness and injuries frequently result in personal expenses for medical care as well as inconvenience to yourself and to fellow employees whose efficiency is interrupted by a break in your normal routine.

It follows as a matter of course, then, that you help yourself as well as your company and your associates when you observe normal precautions and take good care of your health. At the same time, a knowledge of some of the basic facts regarding injuries and illness can help you to overcome them if they occur.

For some time, as a service to our employees, an article has appeared in each issue of our "Flying Red Horse" Magazine on some aspect of good health. High interest has been shown in these articles.

It occurred to us, therefore, that a booklet incorporating all of these articles would be of still greater service. We suggest that you read the booklet carefully, distribute it among other members of your family—and occasionally re-read it. Additional articles of the same nature will appear in the "Flying Red Horse" Magazine from time to time. Probably you will want to preserve them also.

The contents of this booklet were prepared by Dr. A. E. Hoag, medical director for the Socony-Vacuum Oil Company, Inc., and his staff. Hence it is authoritative information.

As you read this booklet, please remember that Dr. Hoag and his aides in the departments elsewhere in our organization, are always available for advice and assistance in your personal health problems. Do not hesitate to consult with them when the need arises.

C. F. BEATTY
*Director, in charge of
Industrial Relations*

Industrial Medicine



Industrial Medicine—what does it mean? The real meaning is the medical care of everyone who works for a living—and most of us gain our livelihood from some type of industrial work. Not only are the doctors who are employed by companies industrial physicians, but your family physician is an industrial physician also. It is his duty to see that you and your family are kept in the best health possible. By doing this he helps you to avoid losing time from work and he helps you to save doctor's and hospital bills. Whether you or a member of your family is ill—the cure is still a matter of industrial medicine. If your wife is ill, you worry about her and about how the children are getting on without her attention! That isn't good for you or your work!

The diagram on this page illustrates how important is this matter of Industrial Medicine. It represents one month's experience in one refinery and can be taken as an average condition. The circle represents all of the injuries and illnesses, both occupational and non-occupational, that caused lost time in that refinery in one month. All told, there were 41 cases and they caused lost time amounting to 401 days. You will observe that the circle has been cut into segments or sections—as you would cut a pie.

We have one segment that represents all of the cases of sickness and injury to employees that arose from their occupations. Any injury suffered while on the job would come in this section. You will note there was one case, 2 days' lost time, and that the proportion of lost time due to this cause—occupational injuries and diseases—totaled .49 per cent, less than half of one per cent! We are glad and proud that this is so very small and we are all working to make it smaller. That it is low is to a very great extent the result of study and work and teaching by the Safety and Medical Departments to protect employees from injury and from ailments that might arise from the daily work. Part of it is due to the fine cooperation that these Departments are receiving.

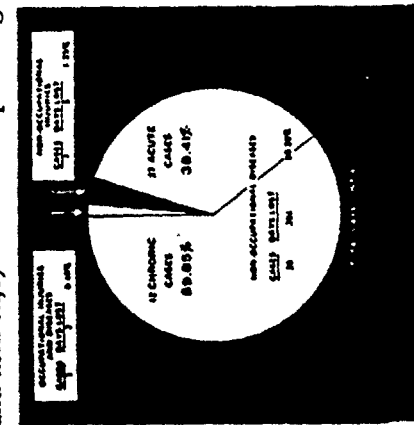
The section printed in black indicates the number and extent—one case, 5 days' lost time, 1.25 per cent of all of the lost time for the month—that can be credited to non-occupational injuries. Non-occupational injuries are those that happen OFF the job. Automobile accidents, for

example, or bruises or broken bones caused by the attempt to use a chair as a stepladder while hanging pictures in the home! Employees can cut down the number of non-occupational injuries by taking a leaf out of the Company's safety manual and reading it. Practice Safety at home. Don't do at home what you wouldn't do on the job! How safely do you drive your car? Do you watch the children carefully when you take them to the beach for a swim? Do you give your little youngster hard round candy—something that he might swallow and that might strangle him to death? Do you keep poisons out of reach and plainly marked?

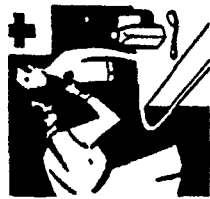
Another section represents 38.41 per cent of the lost time due to acute illnesses—common cold for example. Do you avail yourself of the Company's willingness to help you to avoid these common illnesses? Do you talk to your family doctor and ask his suggestions as to how to avoid them? If you do not, you should. When you go to picnics in the summer, do you watch what you eat and drink? In the summer, following picnics and outings there are many cases of diarrhea. There are many acute illnesses that can be avoided if you will only consult your family doctor or your Medical Department.

The fourth section, taking up more than half of the circle's and representing 59.85 per cent of all of the time lost by the employees of that refinery in a month, is made up of chronic diseases. What are they? Well, a few of them are cancer, heart disease, hypertension (high blood pressure), ulcers of the stomach and duodenum, arthritis, tuberculosis, etc. All of these diseases might have been discovered in their very beginning. They might have been arrested so that the patients could have been able to carry on their work until the time for their retirement and then enjoy leisure to a ripe old age!

When you add the two most important sections, you have 98.26 per cent of all of the lost time in that refinery! You have 98.26 per cent of the ailments that keep you from your work—and the same percentage applies to your family. Right there is abundant reason for keeping in touch with your Medical Department so that it can advise you and work with your family doctor to keep you and your family well and happy.



Socony-Vacuum's Health Program



As part of the Socony-Vacuum Health Program, about 48,500 treatments of various kinds are given to employees by the Company's various medical departments. Accident cases make up a relatively small part of this total, which includes the preplacement and periodic health examinations so important in the health program. The total does not, however, include thousands of treatments given marketing division employees by Company-selected physicians.

In addition to the treatments that go to make up the total, tuberculosis surveys—with the aid of chest x-rays—have been made in nearly all of the refineries and in one marketing division. In one refinery, the survey has even been repeated. In every case where the report following the survey has been "suspicious" or "active," prompt steps have been taken to see that the employee receives the proper treatment. It is good to be able to report that treatment, in almost every case where tuberculosis was found to be present, has made it possible for the patient to return to work as an "arrested case." It is the purpose of the medical departments to make certain, by cooperation with municipal health departments and with employees' own family physicians, that employees receive proper medical care.

In our refineries periodic health examinations help in maintaining the good health in which all are interested, and marketing divisions have arranged for all employees to have health examinations at the expense of the Company. It is surprising that only about 10 per cent of those who could have this great benefit have taken advantage of the opportunity for a thorough health "check-up." Periodic examinations are important. No doctor, no matter how well he knows a patient, can tell whether or not a person is up to par as to heart, lungs, blood pressure, or stomach, nor can he detect a beginning cancer without a thorough examination. Employees who have not had examinations recently will find a check-up of great value in helping them to prepare for the demands that impending cold weather will make on them. It can be made by the family physician or in the medical department.

In one year, the medical departments gave injections of A-B vaccine for influenza to thousands of Socony-Vacuum employees. Since there

was no influenza epidemic to be combatted, the vaccine did little good. In spite of the belief of some employees that the injections helped in respect to upper respiratory infections, our statistics indicate no beneficial results. Our experience agrees with that of the Navy. It was agreed at the meeting of Industrial Physicians and Nurses, held at Buffalo, that little good can be expected from the use of the vaccine unless there is an epidemic.

In any winter, if there is an influenza epidemic in any section, employees residing there should go to their medical departments for injections against the disease. The Company's medical departments, watching health reports constantly, will be in position to advise.

Several years ago in the Manhattan (New York City) area, there was a possibility of a small pox epidemic. The Health Commissioner urged all residents of the city to be vaccinated. The medical departments did their part, vaccinating in a very short time 2,182 employees in 26 Broadway and New York City Division.

Every refinery has a well equipped medical department, and its trained personnel is ready and willing to help every employee to keep well. It welcomes the opportunity to consult with the family physician. Its slogan, "Keep Well—it costs less and you will be happier."

Summer Hazards



Sunburn is a condition arising from exposure to the ultra violet rays of the sun. The burns may be any one of the three degrees: redness of the skin; blisters; destruction of tissue. There is no difference between this type burn and a burn from any other cause. Sunburns are generally quite extensive, as a great deal of the body is exposed at one time. The more the body area burned—the sicker the patient. Sunburn causes a considerable loss of time from work and a painful period of convalescence.

Take your sun by degrees if you want a good tan. Beware of cloudy days, as some of our worst burns are obtained on these days. Protect the eyes by means of dark glasses.

There are many lotions and creams which may be used, but do not

trust them too much. They "help"—that is all that can be said for them. What do you do if you are foolish enough to get sunburned?

If about the eyes, use boric acid solution; otherwise use a sodium bicarbonate wet dressing—a tablespoonful to a quart of warm water. When the body, arms and legs are burned, get into a tub of warm soda bicarbonate solution—a pound to a bathtub; lay in the tub for 15 to 20 minutes. When you get out, do not dry. Repeat every 2 hours. You may have a severe reaction following large areas of sunburn, as chills, nausea, etc. To combat these symptoms, drink plenty of water, tea, or coffee.

Sunstroke or heat stroke occurs in the tropics and in temperate regions during protracted heat waves. High humidity and exertion are contributing causes. It can occur without exposure to the sun.

Symptoms: Pain in head, dizziness, absence of perspiration, sometimes nausea, vomiting, unconsciousness, skin hot, face flushed, pulse rapid and temperature 107 to 110 degrees.

Treatment: Reduction of temperature as rapidly as possible, ice rubbed on body, wet packs with fan blowing on patient until rectal temperature falls to 103 degrees. This is a serious condition and doctor should be summoned as soon as possible.

Heat exhaustion occurs during protracted heat waves, most often in engine room or where heat is excessive along with the atmospheric condition.

Symptoms are giddiness, nausea, an uncertain staggering gait, pallor, pulse weak, often spasms, body cold and clammy, temperature 95 to 98 degrees, patient unconscious.

Treatment: Mild case—aromatic spirits, salt tablets with water, if conscious; loosen clothing, place in cool place. Severe case—hot water bags, blankets.

Persons doing heavy muscular work exposed to high temperature are liable to attacks of severe muscle cramps. Condition occurs in stokers in furnace room of ships, to workers in iron foundries and laborers in climate of intense heat. Spasms occur in calves of legs, arms, sometimes in abdomen; they vary in intensity of pain. Attacks may last 12 to 24 hours. Dehydration and loss of sodium chloride (common salt) are important causative factors.

Treatment: Salt tablets by mouth, 15 grains every hour until 10 or 15 tablets are taken with free fluid intake of water and diet.

During the summer months it is a very good practice, if the weather is extremely hot and one is perspiring freely, to take salt tablets with the drinking water. These tablets are always at hand in all our plants and should be used freely.

How to Keep Well



Important in any definition of human happiness is good health. Anyone when well is happier than he would be when he is ill. Keeping well is less expensive than paying the bill of doctors, hospitals and nurses. And it never makes for the convalescent's happiness to realize that the sickness that brought about the bills could have been prevented.

It is advisable for everyone to have a health check-up in the fall. Winter, when sickness becomes more prevalent, is not far off! Go to your family doctor for your semi-annual routine physical examination—or your Medical Department will be glad to make a check-up that will start you off right for the winter.

There are many things that you can do to maintain good health. Exercise is very important. Competitive exercises such as golf, bowling, table tennis and badminton are far more beneficial than mere calisthenics. The type of exercise that is good for you can be discussed with the physician when he makes your physical examination.

Hobbies contribute more to the maintenance of good health than many people realize. Hobbies make for keenness of mind, and the man or woman who has a hobby is less likely to develop high blood pressure or the other ailments that follow emotional upsets. A hobby, developed early in life, promises that when the time for retirement comes, there will be something to keep the mind occupied and interest in life at a high point. Time does not hang heavily on the hands of a man with a hobby. When an enthusiastic hobbyist retires, he looks forward to something more interesting than sitting on the porch in a rocking chair.

In developing a hobby, it is desirable that it be one that can be carried on in spare time. It is desirable, too, if the hobbyist really wants to enjoy it, to make sure that he rides the hobby—that it does not ride him. The man or woman who really gets the best of a hobby never loses sight of the possibility that his family wants—and is entitled to receive—some of his time.

There are many hobbies—no person should have any difficulty in selecting a hobby that is to his taste. One of our personnel has a green house in which he does wonderful things with flowers. The man who lives in an apartment might find this hobby a little awkward to follow. Others of our friends collect things—a stamp collection takes up little

space but provides countless hours of pleasant diversion. Others collect antiques, glassware, clocks and so on. Photography is another splendid hobby. Still another, for those mechanically inclined, is woodworking. Even the person who has no gift for the handling of tools will look enviously at the basement workshop of the friend who is skilled in the use of woodworking equipment made for use by amateurs. In one issue of the News there was a story about an employee who writes detective stories as a hobby.

There are many hobbies. Find one. It will pay rich dividends in the good health that is so dependent upon peace of mind! And when the day for retirement comes, the hobbyist will be ready to really enjoy life.

What to Do about Athlete's Foot



There has been a great deal of pressure brought to bear on Industrial Medical and Safety Departments by those interested in the use, in shower rooms, of various antiseptic solutions recommended for the prevention of the fungus infection commonly known as athlete's foot. Our experience, however, has been that a great many men walk around the antiseptic solutions rather than through them. It would be necessary, in fact, to station a guard at the showers to enforce a rule that men walk through the solution.

Athlete's foot is an infection caused by a microscopic fungus called *trichophyton*. At one time it was thought that an infection of the hands, appearing much like the infection of the feet, and sometimes occurring at the same time, was caused by the same fungus. Many tests, however, have failed to show the fungus in the breaking out on the hands. The condition of the hands is called *dermatophytide* as against *dermatophytosis*, the real fungus infection of the feet.

Fungus infections are more prevalent in the summer than in the winter months.

According to Dr. Louis Schwartz, Medical Director of the United States Public Health Service, the industrial worker is no more liable to athlete's foot than is any other member of the general population. Dr. Schwartz conducted experiments on pine lattice flooring in shower rooms after several hundred workers had taken showers. No fungi were

found. Similar tests, made in shower rooms with concrete flooring after the showers were used by the same number of workers, also failed to show fungi. Dr. Schwartz also states that the tests showed little difference in fungus infection between those who used a foot bath containing one per cent sodium hypochlorite solution and those who did not. He adds that it has been shown that a one percent solution of sodium hypochlorite will kill fungi in infected areas only after contact for an hour. (No worker on his way from a shower could be expected to stand in a foot bath that long!)

As the frequency of fungus infection is not greater in those who pass up the foot bath than in those who use it, the elaborate devices recommended for use before and after the shower do not seem to be of enough benefit to warrant the expense of installation or of the supervision necessary to insure their use.

It should be kept in mind that the growth of fungus requires heat, moisture and dead skin. Any method that effectively prevents these conditions, lowers the probability of fungus infection. To avoid athlete's foot, be certain that the feet are always carefully and thoroughly dried, especially between the toes, following a bath or shower. Clean dry stockings should be put on. They should be changed frequently; frequent changing is even more necessary if the feet perspire freely. A non-irritant antiseptic powder may be dusted on the feet.

If, in spite of precautions, you do get athlete's foot, go to your medical department or to your family physician as soon as you observe the breaking out. Valuable time is frequently lost in unsuccessful attempts at self medication.

What You Eat



In this day of dehydrated foods, few get enthusiastic over the possibility of substituting a capsule for a tall glass of ice cold beer. But many seem eager to have a couple of pills make up a meal. Swallowing a vitamin preparation is deemed by them to be sufficient to counteract all the faults in their diet.

This is a false premise. The multi-vitamins used today, are but a part of the total vitamins known or yet to be isolated. Furthermore, vitamins make up only about a third of the more than 40 food substances the body requires for good health. The enriched foods

now available still do not equal natural foods in all respects.

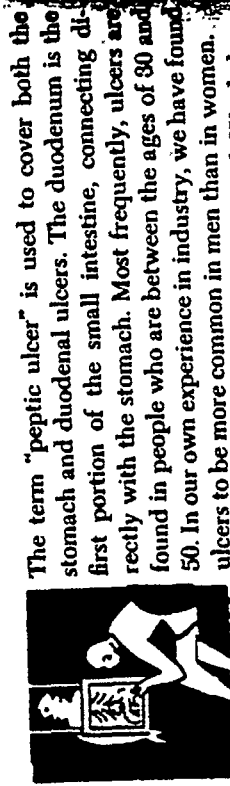
A varied and a balanced diet will supply all the natural vitamins as well as the other required nutrients. Each day's meals should include: one tablespoon of butter, one glass of milk, fresh fruit (at least one of the citrus variety), fresh vegetables (one to be a leafy vegetable), one egg and a serving of meat, fish or cheese. These are the minimum quantities for the essential food substances. The total amount of food eaten should be determined by the type of work a person does. The number of calories provided by the food should not exceed the body's need or they will be deposited as useless fat.

Vitamin and other nutritional deficiencies can be recognized by specific clinical symptoms and physical signs, by laboratory tests, and by therapeutic response. But most important is the history of an inadequate diet. It is astounding how many persons, when requested to make a list of their meals over a period of time, find that they are omitting essential foods. Once they see it on paper, they realize the diet is inadequate.

The science of nutrition is relatively new, but it is growing rapidly. Proper nutrition presents enormous possibilities in preventive medicine, and in increasing the length of a man's years. Research suggests that prolonged inadequate diet may be a factor in the early development of certain diseases such as arteriosclerosis, kidney conditions, etc.

The intelligent approach to nutritional problems in present day medicine, includes the consideration of deficiency of nutrients other than the vitamins, and the application of this knowledge in the prevention of disease and poor health, as well as the treatment of the conditions once they are established.

Peptic Ulcers



The term "peptic ulcer" is used to cover both the stomach and duodenal ulcers. The duodenum is the first portion of the small intestine, connecting directly with the stomach. Most frequently, ulcers are found in people who are between the ages of 30 and 50. In our own experience in industry, we have found ulcers to be more common in men than in women.

The exact causes of ulcers have not yet been determined. We do know that severe burns (not by actual contact but by toxic absorption) cause duodenal ulcers and we do know that emotional upsets are contributory.

factors. The type of condition caused by emotional upset is called psychosomatic, which means mind and body relationship. In other words, while an emotional upset may not be the primary cause of an ulcer, it may certainly be given credit for an "assist."

Peptic ulcers occur in persons employed in all types of work. Drivers of trucks are just as prone to peptic ulcers as men in top executive positions. Tobacco and alcohol are not the causes of ulcers. It has been quite well proved that tobacco neither causes ulcers nor aggravates them. Alcohol, however, definitely aggravates ulcers.

A patient complains of an uncomfortable feeling in the stomach. He may describe it as feeling as if there were butterflies in his stomach. The feeling, he says, is aggravated by mental upset. The physician does not immediately make a diagnosis of ulcer. The patient may have a spasm of the stomach, or duodenum, or may have a dropping of stomach or intestines (called gastro-enter-optosis).

The physician can determine whether or not an ulcer is present by means of what is called a "GI series"—meaning a gastro-intestinal series, which is an examination of the stomach and duodenum. The patient swallows an opaque fluid that aids the doctor to determine in examination by fluoroscope and x-ray whether the difficulty is caused by an ulcer, or is only a spasm of the stomach or is due to some other cause. If the trouble is merely a spasm, the doctor can supply medication to control the condition and will give helpful advice concerning better control of emotions.

If the patient has a history of pain in the stomach one or two hours after eating and adds that the pain is relieved by eating or taking sodium bicarbonate, the physician makes a diagnosis of a possible ulcer. This will be confirmed or disproved by a GI series.

If the GI series shows an ulcer to be present, medication to control the acid action on the stomach and duodenal ulcer is given. The medication should not be an acid neutralizer such as sodium bicarbonate, which is called an absorbent. Instead, a medication such as aluminum hydroxide should be given to coat the ulcer. This is called an adsorbent.

Diet is extremely important and the physician's instructions should be followed to the letter. The patient should eat six times a day. This helps to neutralize the acid.

It might be noted that duodenal ulcers never become cancerous and that death is seldom caused by hemorrhaging (bleeding) of stomach and duodenal ulcers. The best way to keep from having ulcers is to endeavor to keep mental equilibrium. If you do have the so-called "butterflies" in your stomach or the pains one or two hours after eating, consult your family doctor or go to the Medical Department for advice.

Flat Feet



Our pre-employment examinations show that about 62% per cent of applicants for employment have flat or weak feet. By "flat feet" we mean "fallen arches," longitudinal or transverse. The longitudinal arch is lengthwise of the foot and the transverse arch is crosswise, at the ball or front of the foot.

Flat feet are the cause of many miscellaneous aches and pains in various parts of the body. The cause of these aches and pains may be missed by a physician because the patient's complaint is seldom of the feet, but of pain in the back, knee, hip, back of leg or legs, as well as general tiredness, irritability and an "all-in" feeling upon getting home from work.

It is always advisable that feet be examined by a physician when complaints of these kinds are made.

Many cases examined in the Department previously have been diagnosed as herniation of the cartilage between the vertebrae, and serious operations to correct this difficulty have been advised. Proper treatment of the feet, however, has cured the back pains of which the patients complained. Painful knees have also been cured by attention to the feet, the pain in these cases having been due to an unbalanced way of walking.

Treatment of the feet has cleared up many cases of painful heels. It is an interesting fact that weak feet—feet in which the arches have not been entirely broken down—are at times more painful than are feet that are really "flat."

Every examining physician should be suspicious of prior diagnoses of arthritis of spine, hip, knees or feet until careful examination has removed the possibility that the cause of the aches and pains may lie in weak or flat feet.

The treatment of flat or weak feet is not difficult and usually results in much greater comfort for the patient and, frequently, complete elimination of the aches and pains about which he complained. The treatment requires the strapping of the feet until the rigidity has disappeared and the tendon in the back of the leg has been stretched. To prevent recurrence of the trouble, it is desirable that proper casts be made of the feet and metal arches made under the physician's direction. Leather arches and shoes with built-in arches may give temporary relief. However, as the leather presses down, proper support is lost and a return of the symptoms is to be expected.

Heart Disease



Contrary to what a great many people believe, "heart disease" isn't just one ailment. The term covers many conditions of the heart—many more than can be discussed in the space available here. It is well worth while for everyone to know something about the most common heart ailments.

Rheumatic fever is probably the cause of the greatest number of cases of "heart disease." It occurs, very commonly, in the very young, and does its damage by attacking the valves of the heart. Leaky valves cause various murmurs, depending on which heart valves are affected.

When a child has rheumatic fever he should be given every possible care and attention. He should be under constant and expert observation. To make certain of the skillful attention that is necessary in combating this disease, hospitalization is strongly advised. Neglect or inexperienced care of the little patient may mean that a bad heart will restrict his activities all through his life. There is no reason why a person with "rheumatic heart," if he has received proper medical treatment and care, should not live a normal life. The afflicted person, however, must learn not to over-exert himself. He should take up an occupation that is in accord with the amount of damage the fever has done to his heart. He should look to his physician for advice in these matters.

Another type of heart disease occurs most frequently in middle life. In this disease the coronary vessels of the heart are affected. The coronary vessels—arteries—supply the heart muscle. When one or more is blocked off, it might cause death. A spasm may cause a temporary obstruction of a coronary vessel or one of its branches without too much damage to the heart muscle, but complete or partial obstruction of one of these arteries will result in a badly damaged heart muscle.

Sometimes the patient has a warning that all is not well with the coronary arteries. This may come to him in the form of pain in the back of the sternum (breastbone). This symptom is called angina pectoris. It should be kept in mind, however, that this pain does not necessarily mean that the patient has a coronary condition. The pair should be looked upon as a warning from Mother Nature to slow down, to consult a doctor without delay and to follow religiously the advice he gives. When a patient recovers from a coronary disease, there is no reason why he cannot carry on his work, providing its nature is such that strenuous

exertion is not required. The patient must learn to take things easy and to pace himself by resting when he becomes tired.

Another common ailment is what your doctor calls "hypertension." You may call it "high blood pressure." Both mean the same thing. When the doctor "takes your blood pressure," he is doing what should be done at intervals for everyone, and it is absolutely essential in the case of those who have reason to suspect heart difficulties. If you think your heart (this is the way patients frequently describe the condition) is "skipping a beat," see your doctor. He may call the condition auricular fibrillation. One of the things he may prescribe is a reduction in smoking.

Heart disease is very prevalent—and its prevalence is one very strong reason for yearly or periodic health examinations. Go to your family doctor or to your plant physician regularly. If your plant physician, or Company-selected doctor finds something wrong with your heart, he will communicate with your family physician. If the examination indicates that your difficulty calls for a transfer to a type of work different than that you have been doing, the plant physician, or Company-selected doctor, will consult with your supervisors to help get you into the type of work best suited to you.

Hay Fever



If you suffer from hay fever, you should find out to what type of pollen you are allergic, so that hypodermic sensitization (desensitization) may be started early enough to prevent or relieve the uncomfortable symptoms of hay fever.

Hay fever is a seasonal ailment caused by pollen, and the symptoms are those of inflammation of the membranes of the nose, eyes and throat and may be complicated by bronchial asthma. Sneezing, rhinitis (running nose) and inflamed eyes, with itching, are the usual symptoms.

There are three hay fever seasons: spring, summer and fall. Spring type is caused by pollen from trees, weeds and grasses and extends from March to June. The summer, or the second season, type comes as the result of grasses and runs from the end of May through June and July. The fall type, or third season, is caused by ragweed and other weeds, starting in early August and running until the frost.

How are you to know from which type of hay fever you are suffering?

There is one way and one way only. That is to have tests made. There are two ways of testing. (1) The scratch (cutaneous) test is safe and is proof in 99 per cent of the cases. (2) Interdermal (injection) test, which is not quite as free from danger. Following the completion of the tests, you will know to what pollen you are sensitive and then you are ready for treatment (desensitization).

Two types of treatment are now in use, and are administered by injection or orally. Your physician will have to decide which is the best method of treatment in your case. So consult your physician or go to your Company Medical Department, NOW, for advice. It is advisable at this time also to inquire about the prevention and treatment of poison ivy and poison oak. **DO NOT PROCRASTINATE.**

Appendicitis



Until 1886, appendicitis was called "inflammation of the bowels" and was the cause of many deaths. Foreign bodies in the appendix, now known to be of extreme rarity, were blamed for most cases of appendicitis. Since that day, however, great progress has been made in the means of diagnosing and treating appendicitis. It is worth while for the layman to know something about appendicitis as this is a disease in which early treatment is of great advantage.

It is an interesting fact that at certain times of the year, spring and fall, appendicitis is more prevalent than at others. It is in the spring and fall that we have many throat ailments which, in turn, may give rise to appendicitis.

The appendix is a worm-like appendage off the cecum which is the beginning of the large bowel. It is situated in the lower right side of the abdomen. In rare cases it may be on the left side—then all of the organs of the body are reversed, the heart being on the right side and the liver on the left side.

Symptoms of appendicitis are, first, a pain in the stomach or in the region of the umbilicus (navel). This may become quite severe and there may also be nausea (sick to stomach), possibly vomiting. Temperature is rarely high, usually 99.6° to 100°. The pulse has a rather characteristic full feeling, but is not rapid—90 to 100 per minute. The pain gradually passes down to the right side, where if pressure is applied, it will feel

sore. Many patients upon lying down will find it more comfortable if the right leg is drawn up, as this relaxes the muscle over which the appendix lies.

You cannot take the symptoms and tell whether or not you have appendicitis. That is your doctor's job. If you have pains in the stomach or abdomen, don't begin to worry about what you have eaten or drunk and rush to the medicine closet to get a laxative. If you do have appendicitis and do take a laxative, the laxative may cause a rupture of the appendix and general inflammation of the abdominal cavity. This is called general peritonitis--and it may mean a prolonged getting well period. Often general peritonitis causes death. If you have pains in your stomach, you have something that you should not have. Go to your doctor. He will examine you thoroughly and have a blood count done. Then he can tell you what he, from his knowledge and experience and his study of your case, thinks ought to be done. If he thinks you have appendicitis, he will, and very properly, recommend an operation. If you came to him promptly upon feeling the pains in the stomach or abdomen and haven't complicated the situation by trying to drug yourself with laxatives or cathartics, the difficulty may be cleared up sooner than you expect. When the operation is done early, the patient is confined to his bed only a day or so. Very frequently he is able to leave the hospital on the third or fourth day.

Tuberculosis



Tuberculosis is a disease that is acquired through contact with another person who has the disease--through coughing, sneezing, osculation, etc. However, one who is in poor physical health is much more likely to contract tuberculosis than a person who is in good health. For this reason, one can see how important it is to have a routine physical examination and chest X-rays when the examining physician thinks that a person may have a lung condition. If you are losing weight, have night sweats or run an afternoon temperature, seek, without delay, the advice of your family physician or go to your Medical Department. Do not put it off!

Our Company is cooperating in every way with the Departments of Health, both in the cities and the states, in having chest X-rays made

of all personnel who wish to avail themselves of this important service. The X-rays are interpreted and advice is given to the patient when necessary. There is never any charge to the individual.

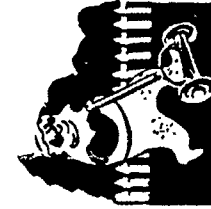
Great progress has been made in the treatment of tuberculosis. If it is caught in its earlier stages, it can be arrested by proper treatment. Patients, when the disease has been arrested, can return to work in good health and are not menaces to their loved ones at home or to their fellow workers. An employee who receives an unfavorable report from the reading of his chest X-ray and from the doctor's report, should not be discouraged *because these are the first steps toward his return to health.*

Both cities and states maintain tuberculosis clinics manned by specialists for ambulatory treatment. There are also hospitals where those who are too sick to go to clinics may be hospitalized. All this is done without any cost to the patient when the economic situation so warrants. Your family physician may look after you, if you are a victim of this disease, at home or he may send you to a sanitarium for proper care. There are many physicians who specialize in chest conditions.

The treatment of tuberculosis has made tremendous advances in recent years with the aid of early diagnosis and the use of artificial pneumothorax to immobilize the lung. This has resulted in sharp decreases in the rate of fatalities until, today, tuberculosis is less serious than it used to be. Research on still further improvements in the treatment of tuberculosis is constantly under way. Practically all the physicians who specialize in chest conditions are equipped to make these advances in treatment available to you.

Your Medical Department is always ready to help you get well, if you are ill. It looks forward to seeing you back on the job. Its advice is yours for the asking. With tuberculosis in particular, an *early* request for advice is an important step toward recovery.

Diabetes



There was a time, not too long ago, when a child who contracted the disease known as diabetes lived only a short time. An adult found to have the disease knew that his days were likewise numbered; he knew also that those days would consist mainly of painful invalidism. A sufferer had little chance of reaching a ripe age or, in fact, even of being able to carry on his

customary means of livelihood or any normal physical activity.

Today, one of the ten highest ranked tennis players in this country is a man who was found at the age of nine to have diabetes—specifically *diabetes mellitus* or "sugar diabetes." This man leads a vigorous physical life without discomfort and apparently has a normal life expectancy, for two chief reasons. First, the disease was detected early. And second, he follows proper medical treatment.

The contrast presented by these extremes—a person doomed to an early death as against a vigorous athlete with a bright future—not only underscores the seven-league strides already made by medical research, but also foreshadows the time when other dread diseases will similarly be conquered. Diabetes itself is a disease of the pancreas, an internal gland secreting the insulin essential to the utilization of sugar in the body. When the pancreas fails to secrete proper quantities of insulin, an excess of glucose sugar automatically accumulates in the blood and in the urine. This excess is easily detectable in a periodic physical examination, which includes blood and urine tests.

One of the paramount factors in the toll taken by diabetes is the fact that, in the absence of this examination, the disease can develop to the point where treatment is difficult and of doubtful efficacy *before any symptoms may be observed*. In other cases there are, however, definite overt symptoms: extreme thirst, marked frequency of urination, increased appetite, fatigue, loss of weight, drowsiness, eye conditions, premature aging. Coronary heart condition is more frequent in the diabetic. This disease may also bring disturbances of circulation, which in turn may cause gangrene of the toes from seemingly trivial causes such as using an overheated hot water bottle, cutting callouses, ingrown toenails, or from other causes that usually bring no serious results. In severe cases, periods of unconsciousness known as diabetic comas occur.

Diabetes is more common than is generally recognized. While it occurs most frequently in individuals over 40 or overweight, it *may* occur at any age. Further, it is a hereditary disease. If either or both of one's parents had diabetes, there is good reason to suspect its presence in one's own generation.

It is reported in current medical literature that there are one million known cases of diabetes in this country, and at least an equal number of unknown and therefore untreated cases. The American Diabetic Association is conducting a drive to discover the million or more unknown diabetics in the United States in order to bring them under proper medical care and treatment. This treatment includes proper diet, and the use of insulin to augment the inadequate amount secreted by the pancreas of a diabetic.

Perhaps one of the most interesting things about this disease is the fact that discovery presents a greater problem than treatment. Physicians understand well what to *do* about diabetes. The important thing is to discover those million or more sufferers who, unaware they have the disease, do not receive treatment until the disease is far advanced. Establishing the presence of diabetes is a simple enough matter in a careful and complete physical examination. One important activity of the physician in industrial practice is to uncover the symptomless, or "hidden," cases of diabetes through urine and blood tests. The Medical Department is the logical place to have such tests made. They take little time... use no real inconvenience. All employees should be examined annually, especially if they have relatives known to be diabetic. When an examination is made, the employee is told the results of the tests. If the report is positive, he should immediately consult his own private physician for guidance.

The findings of Dr. M. N. Howard of the Medical Department at Socony-Vacuum's East River Operations provide an example of the widespread occurrence of "hidden" cases of diabetes. Dr. Howard reports that, in the course of performing 600 periodic physical examinations, he discovered seven cases of the disease. Not one of the seven knew he had diabetes. But all seven are now under the care of their physicians, are showing no symptoms of the disease, and, thanks to early detection of the ailment, are carrying on their normal vocations. This illustrates both the essential nature of diabetes and Dr. Howard's comment, "A diabetic who knows he is one is a lucky patient."

The A-B-C of Treating Burns



Most burns are the result of ignorance and carelessness. Carrying lighted cigarettes near automobile gasoline tanks when they are being filled, lighting a fire that has been primed with gasoline, kerosene or alcohol, knocking a pot of boiling coffee off a stove, cleaning clothing with flammable (easily ignited) fluid, sitting in the hot sun too long, failing to close a match book cover before striking a light, improperly handling acids and caustics—all of these are common causes of burns. The exercise of a little common sense would prevent all of them!

There are three classifications of burns:

1. First degree burns—redness of the skin.

2. Second degree burns—blister formation.

3. Third degree burns—destruction of tissue (where skin and flesh are burned away).

Any person who will keep his head and remember a few simple do's and don'ts can give first aid for all types of burns. All can be treated by the first aider in the same way. The treatment should start by remembering not to put grease on the burn. The burned area is sterile, but it may soon be contaminated if oil or grease is applied. Things like Carron-oil, crankcase grease, butter and so on should never be put on a burn!

First aid treatment of a burn should be as simple as possible. The object of first aid treatment is to keep the burned area from being infected and to keep the patient as comfortable as possible until the doctor can take over. It is important that nothing be done that will interfere with the doctor's after-care. If grease, salves or cotton are used, the physician must clear them away in order to determine the extent of the injury. To get rid of the grease the physician must use benzene or some other solvent. Picking cotton from the burned area is a long, tedious and sometimes extremely painful process.

My own experience has convinced me that the cleanest and best method for treating burns makes use of a simple solution of bicarbonate of soda—one tablespoon to a quart of water. As a matter of fact, plain, every-day cold water is a lot better than many of the popular burn ointments and greases.

To give first aid to a burn, first remove the burned clothing. Gently apply sterile gauze, or any clean white cloth, to the burned area. (Clean white cloth just as it comes from the laundry is, for all practical purposes, surgically clean.) Wet the gauze or cloth with the solution and keep it wet! If there is no bicarbonate of soda available, use common cold water.

For acid or alkali burns, flush with cold water, flush again and keep on flushing for at least 15 minutes. (This, by the way, relieves the first aider of the responsibility for determining whether the patient has been burned by acid or caustic. The first aid treatment is the same for both.) For acid or alkali burns of the eyes, keep flushing the eye gently with water. Many plants that use acids or alkalis have eye-flushing fountains for this purpose.

For tar or asphalt burns, cold water should be applied liberally until the tar or asphalt is cold and hard. Never try to remove it. When it is cold and hard it has ceased to cause injury, and it really makes a good protective dressing. Trying to remove the tar or asphalt will almost certainly cause the patient needless pain.

In the case of a burn, the first aid should be confined to the simple treatment outlined. In a plant, all burn cases should be taken to the Medical Department immediately. If the injury is experienced at home or elsewhere outside a plant, the family physician should be called without delay. While waiting for the physician, the first aider should remember that common sense is as effective in the treatment of burns as it is in the prevention of burns.

Self Medication



Have you heard the one about the patient who swallowed the entire bottle of medicine at once thinking he would get well more quickly? Hearing that bad joke still does not stop many from repeating that bad mistake. Year after year people die because they want to play doctor.

Every drug is a potential poison. At the right time, in the right dose, for the right disease, drugs cure and save lives. The trick is to know when, where and what is right. That is a full time study occupying a physician's lifetime. One must learn the properties, the dosage and the dangers of all drugs. The lay person does not possess all this essential knowledge. Recently, one of our chemists who had been out sick for six days without seeing a physician told me, with some pride, that he had been taking one of the very newest sulfa drugs, one tablet a day. For any sulfa drug to work, a proper concentration must be built up and maintained in the blood. For all the good that one pill a day did him, he might just as well have taken sugar. As a matter of fact, sugar would have been safer.

Improper use of drugs is an interesting chapter in medicine. People grumble when a pharmacist refuses to sell them, without a prescription, a drug featured in the popular magazine of the day. As happens all too frequently, the traffic light was erected after the accident. In 1934, several thousands died from a drug widely used in patent headache medicines, a drug that caused a fatal blood disease. The law finally caught up with and prohibited its sale across the counter, but a bit late for those thousands.

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Shall we mention the headache that Presto Pills did not cure because it was a brain tumor, the cough that Grandfather Brown's Elixir did not cure because it was pneumonia, the pain in the back that the Atomic Liver Pills failed to improve because it was a kidney stone, the indigestion that was blown into a ruptured appendix by Nature's gentle little laxative? The list is long.

The number of people who seek advice about their health from any one but a doctor is astounding. They buy all the products ballyhoosed on the air and in the press and by Mrs. Longtongue. It has been said, but it is worth repeating, that if we treated our bodies as we do our cars, our health would be better and our years longer. You can get a new car (eventually) but never a new body.

There is no correlation between symptoms and the seriousness of a disease. A minor complaint may be the first sign of trouble. Let a doctor be the judge of whether it is trivial or not. In medical circles we say that a physician who treats himself has a fool for a doctor and twice a fool for a patient. Certainly that applies to those who treat themselves without any knowledge of medicine.

Names used to specify different medications are fictitious and have no relation to any existing manufactured drugs.

Cold Facts about the Common Cold



America's number one disease and, by common consent, her number one nuisance is the common cold. The importance of the research work being done to find a cure for this and the respiratory ailments related to it is shown by a survey which was made to show what acute illnesses are doing to Socony-Vacuum people. The survey covered employees who work in 10 refineries and one marketing division. The 8,607 employees covered by the survey lost 28,446 working days during the year due to acute diseases. Working days totaling 9,865 were lost due to acute upper respiratory diseases—the so-called "common cold." This, of course, does not take into account the discomfort and reduced efficiency that resulted from uncounted colds experienced by those who stayed on the job.

The prime purpose of the Medical Department is preventive medicine. A year ago we reported the Company's experience with anti-cold vaccines which were tested with the cooperation of a great many employees. High hopes had been held for these vaccines, but the results, which agree with those reported by other observers, indicated that vaccines do not provide effective safeguards against colds. Now it is far from pleasant to report that another "cold prevention means," which had been approached with equally high hopes, also seems to be not the solution for the problem. This study was concerned with the sterilization of air by means of triethylene glycol vapor.

The study of the glycol vapor was carried on from January 1 to June 30. Two offices, in 26 Broadway, as nearly alike as possible in respect to size as well as number, age and duties of the employees using them, were employed. It was determined that no injurious effects on the employees would be experienced by the use of the glycol vapor. Machines dispensed the vapor from impregnated paper rolls. For one of the offices, intended to be used as a control, the manufacturer provided rolls of paper, unimpregnated, but duplicating in appearance the impregnated rolls. The chemical has no appreciable odor. While employees knew that the study was being made, none knew whether or not the machine in the room in which she worked actually emitted the vapor. This eliminated the "psychological effect" of the presence of the machines in the offices.

Office A covers 2,160 square feet and the ceiling is 10 feet high—the cubic content of the room being 21,600 cubic feet. Over the period, the number of occupants of the room averaged 22.7—all being women. Their age averaged 32 years. Office B covers 2,272 square feet, the ceiling height, 10 feet, making the contents total 22,700 cubic feet. The number of occupants during the period averaged 23.3—all women. Their age averaged 32 years. The vapors were emitted in Office A, the other room, Office B, being used as a control.

Employees in Office A, during the six-month test period, experienced 13 cases of respiratory ailments sufficiently severe to result in lost time. The time lost totaled 54 days, or an average of 4.2 days per case. Employees in Office B, the control group, experienced 21 respiratory cases resulting in a loss of 43 days, or an average of two days per case.

In both groups, the great majority of lost time was of one or two days' duration. In the control group, there were five cases among the 21 upper respiratory cases that resulted in lost time of more than two days' duration (two cases of three days, one of five days, one of six days and one of seven days). In the experimental group (those who worked in the air constantly impregnated with the glycol vapor) there was only one case causing lost time in excess of two days. This was a case of pneumonia,

which caused a loss of time of 35 days. The control group had no case of pneumonia. In Office A, in which the glycol vapor was used, the humidity was too low for the glycol to be effective during 28 per cent of the working days. In Office B (in which the control group worked), humidity was too low to be effective for 32.8 per cent of the working days. The conclusions:

1. There are no differences in the respiratory cases of the group in Office A and the group in Office B which are explained by the presence or absence of triethylene glycol.

2. Under the conditions in the offices at 28 Broadway, the use of triethylene glycol has not produced a reduction in respiratory cases.

The Metropolitan Life Insurance Company has also made an exhaustive study of the use of triethylene glycol vapors for the control of colds among office employees. The study concluded that:

"Under conditions of this experiment we are unable to demonstrate any reduction in the number of airborne bacteria, nor a reduction in the absentee rate, nor in the incidence rate for minor respiratory illnesses which were attributable to vapor action."

The work of seeking an effective weapon for use against the common cold goes on. Recently, for example, the Medical Department has had encouraging results with some of the anti-histamine drugs. There are 27 of them, made by a number of manufacturers, and a complete study, of course, would necessitate tests with all of them. The tests have included observations of the effects of Benadryl, Pyribenzamine and Therylene, but there is no reason to suspect that results similar to those observed would not be experienced with others of the 27.

The effectiveness of the treatments is universally proportional to the lapse of time following the onset of the symptoms before treatment is begun. In other words, to be effective, an anti-histamine drug must be

Respiratory Infections . . . 9,865 Days

Operative Cases . . . 4,513 Days

Musculoskeletal Cases . . . 3,425 Days

Gastro-intestinal Cases . . . 2,437 Days

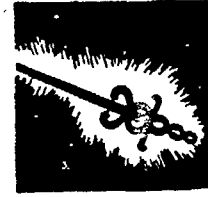
Neurosis Cases . . . 136 Days

From a survey in 10 Company units of a year's acute illnesses.

taken within the first hour after the onset of the symptoms. Obviously, the user must have easy access to the drug.

Anti-histamines are not suitable for use except under the direction of a physician. If you are looking forward apprehensively to a winter of "one cold after another," it may be worth while to ask your physician or your Medical Department for advice concerning the use of these drugs. The experience of the medical world with them is not yet great enough for a blanket endorsement to be made, but the person who is a victim of so-called "chronic colds" may find them well worth a serious trial.

Something You Should Know About Cancer



Through news reports in the press and on the radio of the work of research organizations and clinics, the public is learning more about cancer. It is becoming increasingly aware of the dangers of neglect of the disease and the reasons for hope when there is early diagnosis and treatment.

A report of the Sloan-Kettering Institute for Cancer Research likens the body cells to grass and the cancer to weeds. Cancers may occur in any part of the body—in the skin, mucous membranes, mouth, throat, tongue, larynx, stomach, intestines, bones, prostate in men, female organs in women and in various other parts and organs of the body.

There is general understanding of the seriousness of cancer and the need for finding ways in which to combat it. Millions of dollars are being spent in research into the causes and treatment of cancer. Funds for this research come from private individuals, from industry and from the government. Finding ways to conquer the disease is a concern of everybody. A publication of the American Cancer Society says:

"The annual cost of cancer is a staggering sum in monetary and spiritual terms, in loss to industry and in heartaches to cancer victims and their loved ones. All of us bear this cost, like a hidden tax and a hideous one. . . . We pay the cost in man hours lost and in increased production costs. . . . We pay in pain and heart-break, in medical fees and reduced income."

The causes of cancer are, obscure—most frequently they seem to rise spontaneously and from unknown causes. In fact, one authority declares

that 80 per cent of all cancers are still of unknown origin. However, certain contributive agents are known. During the past 100 years a considerable number of physical and chemical carcinogenic (contributive to cancer) agents of an occupational nature have been identified. The number of these occupational carcinogenic agents has increased during the last half century as wider use is made of various chemical compounds. Technical developments in the chemical and allied industries are giving us new and useful products which contribute to our high standard of living. Because of the newness of this subject industry is devoting extensive research to the possibility of injury to the health of those who come in contact with these products.

Most of our early industrial statistics come from England and Europe. Skin cancer amongst chimney sweeps and textile workers bulks large in such statistics. Because of better sanitary facilities in the United States and the protection of workers from continued contact with such agents, many of the hazards cited in the earlier literature are practically nonexistent in the United States.

The agents contributive in varying degree to skin cancer that have been cited in the technical literature fall into two classes: Physical—ultra-violet rays (sunlight contains ultra-violet rays), X-rays and the rays from radioactive substances. Chemical—soot, coal tar, gas tar, asphalt, crude oil, unrefined paraffin wax, certain chemicals, pitch, arsenic compounds, nickel compounds and chromium compounds. In the case of all these materials, contact over a fairly long period is required before any harmful effects are evident, and then only in individuals having some special tendency to be affected.

The only cancerous conditions that have been definitely attributed to contact with petroleum are skin cancers. There is no indication that internal cancers are caused by contact with petroleum products.

The experience in the petroleum industry has not been unfavorable, according to Government Bulletin No. 284 of the U. S. Public Health Service. The following statistics are quoted from a sick benefit plan connected with an oil refining company covering a six-year period (1933-1938):

The average annual death rate from cancer in the company mentioned was 0.78 per thousand for an age distribution of 15 to 69 years. The calculated death rate from cancer for white males from 15 to 69 years of age (calculated on the entire population of the United States) for the years 1933 to 1937 was 0.96 per thousand, while the experience of a larger life insurance company for 1935 gives a rate of 0.96.

Our Medical Department has followed the question of cancer in minute detail. In 10 refineries and 1 marketing unit where we have

Medical Departments, no case of skin cancer due to contact with petroleum products was found in 1948. As a matter of fact, the three cases of skin cancer found in 1946 and 1947 were experienced by clerical employees. These employees had no petroleum contacts in their work.

These studies indicate that there is no evidence at present to show that oil company employees are being affected by skin cancer to any greater degree than persons in other walks of life.

The recognition of carcinogens is not an exact science. The techniques of their identification and evaluation is fraught with uncertainty but progress is being made. The more progressive industries, of which the petroleum industry is one, are alert to those hazards and through their own investigations and support of research in cancer foundations are identifying such agents and are taking precautions to protect employees from intimate and continued contact with them. These industries are also supplying hygienic and medical facilities.

What can you do to help yourself?

Your Company has Medical Departments in many of its operations. Keep in touch with your Medical Department. Have periodic check-ups. You will find that all our physicians are well versed on the subject of cancer and are always very ready and willing to help you. They welcome and participate in cooperative work with your private physician as well as with state clinics, hospitals and both state and federal industrial hygiene departments.

Today, in the United States, every home has bathing facilities of some kind. Clean clothes are easily obtainable. Every refinery has showers and all employees are urged to use them. So, take daily showers, see that your underwear and outer clothes are clean. Do not wear oil-soaked clothes. Good hygiene and reporting to your Medical Department faithfully for your periodic check-up are good safety measures.

How Much Should You Weigh?



Being fat isn't funny—in spite of the chuckles that are heard when a singer on the radio declares, in rhyme, that a woman acquaintance fails to merit his approval because of her stoutness. Fatness—obesity—isn't just a matter of appearance or even a matter of some radio singer's opinion of some lady's appearance. A few pounds may be the difference between

good health and poor health—even the difference between a long life and a shorter one. If you feel that you are a bit too plump, that the pounds are piling on a little too rapidly, it might be a very good idea to ask your physician or your medical department: "How much should I weigh?" You may not get a good answer from the scales down in the drugstore, nor from the "doctor book" that Aunt Susie, bless her soul, sent you for Christmas. I don't know about Aunt Susie's "doctor book," but in my opinion if you weigh what these public scales say you should weigh for your age and height, you weigh (with few exceptions) too much.

What is obesity? Obesity is a disturbance of metabolism characterized by an excessive deposit of fat in the body. Metabolism is the word used to cover the various chemical processes occurring within the tissues of the body, upon which the growth and heat production of the body depend and from which the energy for muscular activity and for the maintenance of life functions such as breathing, pulse and temperature, is derived.

Heredity seems to play a part. That is, if parents are fat, their children are likely to be fat. Sometimes the eating habits of the family may play an important part. Obesity is due to lack of proportion between the food intake and the body activity. Eating too much, lack of exercise, tiredness due to the lack of oxygen in the tissues may play an important part in producing obesity. So may alcoholic beverages, especially malt liquors such as beer. Lack of certain internal secretions in both early and middle life are causes of obesity. In hypothyroid cases (lack of secretion from the thyroid gland) the patients have rounded fat faces. Juvenile obesity may be due to endocrine disturbance. The endocrine glands are internal secreting glands such as the sex, thyroid and pituitary glands.

The psychosomatic (emotional) side of a person who is inclined to have tendencies toward obesity plays a very important part. These patients have a tendency to nibble on snacks at every opportunity to relieve their nervous tension. Thereby they add more weight! The adding of more weight is a disturbing factor. Worrying about it increases the nervous tension—and that means another snack. The whole thing is just an endless circle.

When a person acquires excess fat it works against him in several ways. The fat is distributed in the subcutaneous tissues in the abdomen and about the heart and kidneys. The fat about the heart may penetrate in between the muscle fibers. The liver may also contain excess fat.

People who are obese are inconvenienced because of their bulk. Shortness of breath, difficult heart action, difficulty in walking are common complaints. It is an absolute must that people who suffer from any form

of heart condition, hypertension (high blood pressure) etc., keep their weight down!

If you are concerned regarding your weight, consult your physician. Your Company Medical Department will also be happy to advise you. You can get better advice from your doctor or your Medical Department than from the neighbor who is willing to share with you the "reducing diet" his doctor gave him. There's more than a good chance that the diet fits him better than it will fit you.

Beware of drugs and medications that are claimed to be able to make you thin in no time flat without changes in your eating habits. Drugs that have been recommended as "get-thin-quick" aids may cause extreme nervousness, twitching of face muscles, tremors of hands or heart irregularities. Extreme diets, such as are sometimes recommended by faddists and cranks for everyone who wants to reduce are also to be looked upon with skepticism. Many do not provide a balanced diet, nor do they contain the proper daily vitamins necessary for the upkeep of the body. Ask the doctor first!

By all means, consult your family physician or your Company Medical Department and follow the advice you receive. A good physical examination will determine why you are obese. It will help the physician to decide what medications and diet are suitable for your particular case. Asking your physician or the Medical Department "how much should I weigh?" may very well lead to better health and longer life!

Act Your Age



Records of 11 Medical Departments operating in units of the Company in which there are 8,607 employees show that time lost in 1943 due to chronic diseases—illnesses that generally continue over long periods—amounted to 14,308 days. More than one third of this lost time, 5,078 days, were caused by what are called cardiovascular diseases. Examples of the ailments in this classification are high and low blood pressure (hypertension and hypotension), and various types of heart diseases, the coronary diseases, which affect the blood vessels of the heart, and valvular diseases, which affect the valves of the heart. Time lost in the Soopny-Vacuum units due to these ailments figures out to .59 per cent

of the working time per employee. While this is favorable in comparison with time lost from these causes by the working population of the nation (the U. S. Public Health Department report places this figure at 1.34 per cent), we believe that the percentage could (and should) be lower than .59 per cent. The figures are significant, of course, because they indicate the extent of these ailments.

If cardiovascular ailments are caught in their early stages, there is much that can be done not only to prolong the patients' lives but also to make their work-lives both happier and longer. The treatment of ailments in this classification is a field of activity in which the practice of industrial medicine is highly useful and can be more useful.

If there were no other reason for frequent medical examinations than the possibility of early discovery of cardiovascular conditions, this in itself would justify many an industrial medical department. Every person, no matter what his age, ought to have frequent medical examinations. The need is even greater in the case of those who have passed forty. A great many people put off examinations, for fear that the physician will find something amiss. Some fear that a discovery of this kind may even cost them their jobs. This, of course, is not true. The doctor's object, when he discovers, for example, that there is evidence of hypertension or a heart condition, is to show the patient how to regulate his living in accordance with the seriousness of the lesions to the heart, blood vessels, kidneys, etc. The sooner the doctor discovers what is wrong, and the sooner proper treatment begins, the better for the patient. In the vast majority of cases, the doctor's advice—if followed—will help the patients to live long, useful and happy lives.

Specific advice, of course, ought to be given only by the doctor who has examined the patient and who thus becomes acquainted with the nature and degree of seriousness of the ailment. There are some things that can be said, however, in relation to all these ailments.

The first thing for the patient to learn is to take things in his stride. If you are the patient, be calm. Don't think about your ailment further than to the extent necessary to keep in mind the doctor's instructions and to follow them. Don't think of yourself as a "mighty interesting case." If you keep thinking of yourself as a "mighty interesting case," there's a good chance that before long you will be just that! Don't talk about your symptoms. Don't compare blood pressures with friends who have blood pressure irregularities. That sort of thing can do no good and may very well be exceedingly harmful. But follow very carefully your doctor's advice regarding exercise, sleep, diet, and such things as coffee, alcohol, and tobacco. Don't be concerned because one doctor provides a set of rules for a friend that differs from the instructions another doctor gives

you. Proper medical treatment has to be tailor-made—fitted to the patient and to his special conditions.

There is one valuable piece of advice that can be followed with profit by everyone who learns that he has high or low blood pressure or a heart ailment. It is a very simple rule—and many people, who ought to know better, pay dearly for their failure to follow it. The rule is this: *Never exercise to the point of fatigue.*

That is, no matter what you are doing, stop before you are tired. If you are not accustomed to physical labor, don't go out and shovel snow. If you are not used to working with your hands and muscles, let somebody else change the tires on your car. Unless you have a lot more will power than most of us have, beware of competitive sports. The desire to be a "good sport" makes many a man or woman finish out "the game and overlook the necessity for stopping at the first sign of fatigue. And, don't overlook the fact that mental fatigue is as much to be avoided as is physical fatigue.

In other words, the safe rule for those who suffer from any cardiovascular disease is this: Be your age! Act your age! Your doctor will tell you that those who do that usually last longer!

