failure were not all economic; indeed, that an important reason for the breakdown of that system was a failure to take into account the "human factors" of industrial organization.

Too often was the worker regarded as simply a digit in the equation of production, as solely an "economic man." The qualitative dimension of his life was left out of all account in the industrial picture. And part, at least, of the reason for the insistence of the masses on the adoption of a different system was the conviction that thereby their human needs—their emotional, their psychological needs—would receive greater consideration. Whether they have or not is beside the immediate point: The question of motivation for the change is what concerns us here. And I am convinced that we would have to acknowledge this factor as weighing heavily in the picture if we were to judge the situation impartially.

If this observation is justifiable, then I think it indicates the first task which industrial medicine must set for itself in attempting to create the optimum conditions for the health of the American worker. Yours is the job of interpreting the paramount importance, both to management and to labor, of the human needs of the whole man in American industry.[1] Mayo and Roethlisberger have demonstrated the decisive significance of this dimension of human relations in industry. Their findings have received further corroboration from the relatively new field of "group dynamics" in such studies as those of the Tavistock Institute of Human Relations and the Institute for Social Research at the University of Michigan.[2]

Ideally, the physician in industry occupies a uniquely advantageous position in the typical American factory: He stands on neutral ground between management, on one hand, and labor, on the other. This position of neutrality carries with it certain opportunities and obligations, which belong peculiarly to him. If the first of these is the opportunity to keep before both groups the importance of the human needs of the whole man, the second is his opportunity to mediate conflicts between the two groups as they arise and before they result in breakdowns of communications or in open hostility. This is one of his most significant potential contributions as counselor. It means accepting the important sense in which he is a social, as well as a medical, scientist. To fail to accept that challenge is to forfeit one of the most important obligations put on him by reason of his privileged position. I venture to predict that there would be a significant decline in work stoppages in American industry if industrial medical practitioners would accept this role as "advance mediators" of conflict—a role which only they, by reason of their position, can fulfil.

Recognition of the American worker—be he of labor or management—as a "whole" person implies a further obligation of the physician in industry: that of utilizing the insights of those who are concerned with the worker outside the industrial plant—*the civic leader, the family doctor, the social worker, the clergyman.* In order fully to meet the worker's health needs, the industrial physician must acquaint himself with the representatives of these other disciplines who are in

1. Compare the work of Vonachen and associates at Caterpillar Tractor Co. (Vonachen, H. A.; Kronenberg, M. H., and Forster, M. H.: Industrial Mental Hygiene in Action, MS., 6 pp., no date).

2. French, J. R. P. Jr., and Coch, L.: Overcoming Resistance to Change, Human Relations **1**:512, 1948. Zander, A.: Resistance to Change—Its Analysis and Prevention, Advanced Management **15**:9, 1950.