Wide Focus for Industrial Health

A broadened prospect for industrial health was signaled at the 24th Annual Meeting of the Industrial Hygiene Foundation, October 28-29, 1959, at Mellon Institute, Pittsburgh, Pa.

Complementary addresses by Surgeon General Leroy E. Burney, Public Health Service, and George A. Jacoby, director of personnel relations, General Motors Corporation, emphasized that with respect to health and safety services the industrial employee enjoys far better protection on the job than at home or on the street.

Although General Motors employees have a safety record better than average, Jacoby pointed out, of every 13 accidental injuries they suffered last year, 12 happened off the job. He also described the medical care plan provided for General Motors employees and their families.

Dr. Burney began by emphasizing the dependence of the growing urban population upon industrial technology. For example, he cited the staggering effects of disruption of a city’s water or electrical system. He also mentioned the slow pace of biological and social change in contrast with industrial transition, with the result that society fails to achieve full benefits of modern technology. For the same reason, it fails to protect itself against emergent hazards. "When hundreds—literally hundreds—of separate political jurisdictions . . . are involved in a single metropolitan area," he said, "such basic requirements as water supply . . . can be provided only with difficulty and at unnecessarily heavy public expense."

Industry has been much quicker to rise to the demands of technological change than government or civic organizations, he noted. "Industry spends billions to eliminate or effectively control hazardous exposures in the working environment," he observed. "In plants operated by responsible, well-organized industries, the worker has better protection than in his community. I do not know of a single one of our urban communities where environmental controls for the protection of the general population measure up in scope and quality to those maintained by the majority of our larger industrial establishments."

"From the point of view of a physician," he added, "it is difficult not to see an inevitable merging of the problems of industrial health with those of community health."

As targets in this process, he named first an increase in knowledge of environmental factors bearing on individual and public well-being; second, application of available knowledge "to the full" in eliminating or controlling environmental hazards.

He concluded, "I do not count myself among those prophets of doom who periodically predict the end of man as a result of his own achievements. The historical means of maintaining a hypothetical ecologic balance are famine, disease, and war. Yet it would be unthinkable not to combat these conditions. The history of man on earth in a fundamental sense is the history of his efforts to win plenty, health, and peace."

Dr. Henry H. Kessler, director of the Kessler
Institute for Rehabilitation, West Orange, N.J., reminisced informally upon events in rehabilitation since he was inducted into this work by Col. Lewis T. Bryant, who told him, "Don't be an ordinary doctor. I want you to know the workman through and through."

"In 40 years," he said, "the concept of rehabilitation has barely dented the consciousness of the public or the medical profession, although cure means rehabilitation in a relatively simple condition, such as a broken arm. Loss of a limb or a spinal injury, however, needs many hands and the support of the whole community. It is a lucky community that can apply all its resources to rehabilitation."

Such a community, he continued, begins before amputation to prepare a patient for the emotional strain: the shock is akin to grief, which needs specific management. "In the mind of the patient are the questions: will I work again? walk? what will happen? Concrete evidence to answer such questions is needed; moving pictures of rehabilitation or personal demonstrations, if possible, reassure patients, where a pat on the back will not."

He also emphasized the value of professional collaboration. Dr. Kessler does not write a prescription for prosthesis unless the maker and the therapist are standing by to consult and advise. Also, he said, fitting of prosthetic devices is a shared endeavor. In the objective of restoring some degree of independence, apart from the medical treatment, testing and placement services, he said, are also essential. Even though some patients are "socially inoperable," most of them can be placed, he said, if not in former positions, in shelter work, or in tasks that can be done at home. Their potentials as a rule are underestimated, he added. "One patient returned to work successfully at his old trade, as a steel rigger on the upper levels, minus his legs."

Recommending a rehabilitation center available to every community, Dr. Kessler favored a minimum size of 40 beds and 60 outpatients. For such an institution, he estimated a need for a staff of 80 and a budget of $400,000 annually. He said a center could operate at a half that size but should not be reduced more than that unless its services were limited to outpatients. About 25 outpatients, he estimated, might be served with 2 physical therapists, 2 occupational therapists, a speech therapist for hemiplegics, and a nurse to coach patients in the simple tasks of daily living.

Affiliation of such a center with a hospital, rather than with a health department, he believes, is likely to offer the most advantages.

Other speakers at the conference dealt with such broad subjects as stream pollution, atmospheric pollution, community zoning, epidemiological methods, food additives, mental health, and radiation.

All papers offered at the meeting are being published in the Archives of Industrial Medicine and Occupational Health.

**Nursing Home Services Section**

A Nursing Home Services Section has been established within the Chronic Disease Branch, Division of Special Health Services, Bureau of State Services, Public Health Service.

The newly created section will provide consultative services on matters relating to clinical services, administrative management, and licensing of nursing homes and homes for the aged. The unit will conduct studies and analyze needs relating primarily to services given in such facilities and develop guides for their operation. It will also develop guides relating to State licensure laws and rules and regulations pertaining to nursing homes and homes for the aged.

Dr. Bruce Underwood is chief of the section. Other members of the staff are Kenneth R. Nelson, Jr., consultant in administrative management of medical care facilities; Mrs. Frances S. Wolford, nursing consultant; and Mrs. Charlotte Enterline, secretary.