International Congress on Occupational Health

More than 45 countries, with approximately 1,800 participants, were represented at the 13th International Congress on Occupational Health held in New York City, July 25–29, 1960.

Marion B. Folsom, former Secretary of Health, Education, and Welfare, pointed out that the concept of occupational health has extended beyond mere accident prevention and occupational disease control. "Occupational and nonoccupational influences on the worker's health cannot be readily separated," he said. "Realization of this fact has led to preventive practices for total health maintenance."

"The importance of total health maintenance is reflected in the fact that 90 percent of sickness absenteeism in the United States is due to nonoccupational causes," Folsom told the congress. Mental health and human relations are now receiving recognition as integral parts of occupational health. As a result occupational health has emerged as a social as well as a medical science, uniquely qualified to deal with the worker in a changing occupational environment, he continued.

Folsom directed attention also to the shortage of trained health manpower, saying, "As employers increasingly realize the necessity of occupational health, many more personnel will be required. It has been estimated," he concluded, "that 10 industrial physicians and industrial hygiene engineers could profitably be used in the United States for every 1 now employed."

Dr. Leroy E. Burney, then Surgeon General of the Public Health Service, said the increasing emphasis on maintenance of general health in industry indicates management's acceptance of preventive medicine. Through its interest in preventive health services in industry, he pointed out, Government has signified it considers occupational health an element of public health. "This concept, I believe, holds the key to the direction in which occupational health in the United States, Canada, and Latin America is evolving," Burney said.

Despite the substantial headway that has been made in the past half century, Burney warned of many needs still existing:

1. More adequate laws governing occupational disease control.
2. Revision in the adequacy, equity, and consistency of workmen's compensation benefit structures and levels.
3. Improvement in application of preventive and restorative principles in management of industrial patients.
4. More widespread provision of second-injury funds, relieving the employer of responsibility for a greater disability than actually occurred while the worker was in his employ. (This provision would advance the hiring of handicapped workers.)
5. Increase in trained personnel: industrial physicians and nurses, and industrial hygiene engineers.
6. Accumulation of knowledge through organized and centralized reporting.

The development of the International Congress on Occupational Health, from its inception in Milan, Italy, in 1906, was outlined by Dr. S. Forssman, president of the Permanent Committee and of the International Association on Occupational Health. Though these congresses have been organized every 3 or 4 years (except during wartime), this was the first ever held in the United States.

"In order to promote occupational health," Forssman said, "it is important to find out the trends of development and to visualize problems of the near future."

Although the main progress in prevention has taken place in the field of industrial hy-
giene, development of new techniques or industrial processes cause new occupational hazards, Forssman cautioned.

Increased mechanization and automation are shifting demands on the human body from physical to mental. This change in stress calls for new studies, Forssman declared.

Another category requiring future study is the occupational health of the aging population. Forssman stressed the need to adjust work and working environment to the limits and capacities of older age groups.

Forssman especially urged occupational health services in developing countries, where large numbers are shifting from agriculture to industry and from rural areas to urban, frequently in countries with a low standard of living, short life expectancy, high infant mortality, and high morbidity and illiteracy.

**Hire the Handicapped**

In a study of the work performance of 77 known epileptics and all employees in four large companies, Dr. Melvin M. Udel of the Metropolitan Life Insurance Co. reported that no significant differences were found in the length of service, absence, and efficiency rates of the two groups. No lost-time accidents among the epileptics were recorded, a better than average record.

Dr. Lewis H. Bronstein of the Beekman Downtown Hospital in New York City told the congress that a 1- to 6-year followup in the hotel industry in that city revealed time lost by 93 cardiacs who had been in congestive failure compared favorably with time lost by healthy workers. About half lost no time at all, although a small number had to change to lighter duties. All these cardiacs were under medical supervision.

**Part-Time Work for Women**

Two disadvantages of full-time work for women are overwork and exhaustion, Rene Michon of France told the congress. These are more pronounced if the woman is married, has children, and does her own housework. He advocated half-time work in a number of industries and trades. The creation, develop-

ment, and generalization of such a plan would enable more women to work, thereby raising the family purchasing power, producing a more suitable environment for children, and increasing the national production potential, Michon said.

**Inpatient Training**

Because many skills and trades required in operating a hospital are identical with jobs available in the community, Dr. Robert H. Manheimer of the New York State Chapter of the Arthritis and Rheumatism Foundation suggested that a suburban hospital can adapt its services to furnish vocational rehabilitation to physically handicapped residents. Through the addition of a vocational counselor and training supervisor, the hospital’s operating departments can be used for evaluation and training. In a 14-month period at one hospital, 51 of a total of 91 cases of physically handicapped ambulatory patients referred from the hospital and other agencies were closed; 29 clients obtaining employment in commercial or industrial jobs at earnings ranging from $40 to $75 per week.

**Union Hygiene**

The safety and health of workers in England are protected by “shop stewards,” known as watchdogs of the trade unions, from the first day of their employment, according to James Matthews of the National Union of General and Municipal Workers in Surrey. Trade union officers know by experience which employers can be relied on to observe rules and regulations and those who are prone to disregard even elementary safety precautions. The majority of convictions for violation of the factory act have been brought about by vigilance of the trade unions, Matthews said.

The unions believe that both employers and employees should foresee risks and take necessary precautions. They insist safety must be a definite aim, and there must be the will, organization, and resources to secure it. They recommend the availability of full facilities for the treatment of workers laid off through accidents or ill health, and rehabilitation
courses to speed recovery and return to full employment.

Safe Drivers

In setting out a medical guide for physicians in determining fitness to drive a motor vehicle, Harold Brandaleone, chairman of the Committee on Standards for Motor Vehicle Drivers of the Industrial Medical Association of New Jersey, pointed out that only the physician can ascertain the physical, mental, emotional, and physiological impairments of an individual and evaluate these disabilities in relation to safe driving. The commercial vehicle driver should be examined every 2 years up to age 45 and every year thereafter, he said. Other drivers should have an examination every 3 years up to age 45 and every 2 years thereafter. Personal characteristics, emotional disturbance, fatigue, and use of drugs and alcohol are to be considered as well as physical conditions, such as vision; otolaryngological problems; and cardiovascular, metabolic, and neurological diseases.

Suicide Prevention

As a cause of death among industrial workers, suicide ranks third behind cardiovascular diseases and accidents. A high percentage occurs in the years of greatest potential productivity, said Dr. Mac Roy Gasque of the Olin Mathieson Chemical Corp. of North Carolina. Statistics from authoritative agencies emphasize higher frequency of suicide among industrial workers than among the general population. Identification of the suicidal personality and recognition of the prodromal signs and symptoms can be made by the industrial physician who can save the lives of many industrial workers.

Bladder Cancer

A small group of compounds responsible for the occurrence of bladder cancer in dyeworkers has been identified as aromatic amines with the paraposition blocked by an aromatic group and includes 4-aminobiphenyl, benzidine, and 2-naphthylamine. Of the species studied so far, according to Walter Troll, only human beings and dogs are susceptible. The active carcinogen is a urinary metabolite. Ortho-hydroxylated amines are carcinogens on the tissue level where amines are inactive. Investigation has revealed an unusual metabolite of 2-naphthylamine in human beings and dogs, a phosphate ester of the orthohydroxylated amine. Such a compound is a promising candidate for the role of the active carcinogen because this material is found only in urine of the two species, and there is ample presence of phosphatases in urine and bladder mucosa, and rapid localization in the bladder mucosa when phosphate esters are injected into the bladder of rats.