INDUSTRIAL MEDICINE AND REFORM

The growing interest in industrial medicine is shown in striking form by the recent report from the Royal College of Physicians of London summarized at some length in this number of the Journal. It is a matter for satisfaction to those engaged in the practice of industrial medicine that the subject is now being given prominence by leaders of the profession. That it has given the College food for thought is shown in the foreword to the report. Here it is stated that the Social and Preventive Medicine Committee which prepared the report 'has devoted the past year almost entirely to the subject of industrial medicine, since it seemed that here there was much that called for re-arrangement and reform.' But the pioneer work of the British Medical Association during the past ten years in this connexion must not be forgotten; and it is of interest to note that many of the recommendations now put forward were in fact incorporated in their report on the subject published in 1941. Both reports recommend that industrial health services should be made available for all workers, not only for those in large firms; and the College maintains that they should be national in scope and apply to every variety of employment. The College takes a refreshingly wide view of industrial medicine. 'The time has come,' says the report, 'to review the position in the broader terms of the prevention of sickness and the promotion of health. It has been shown that the industrial workers lose about fifteen times as many working hours from non-industrial sickness and accident as from occupational accident and disease. It is evident, therefore, that occupational disability causes only a fraction of the total morbidity of the industrial worker, and that occupational disease as such takes a comparatively minor role in an industrial health service.' These words need continual emphasis.

The main theme of the report is the need for co-ordination of industrial medicine with the other health services of the country. This is due to the fact that the Government’s white paper on a national health service last year appeared to exclude industrial medicine—a so-called ‘impersonal’ service—from the new scheme. So the Committee’s first recommendation is 'that an industrial health service be planned as an integral part of the National Health Service.' The report goes further and states quite definitely that the general practitioner, 'who will be in the front line of the proposed National Health Service ... will also be the main body of the Industrial Health Service. There would be obvious difficulties if they were employed by two separate Government Departments.' This is straight talk, although central direction of policy by the Ministry of Health may not be the view of all parties. The suggestion that industrial medicine may be isolated from the national health service has been widely criticized, not only by the Association of Industrial Medical Officers but by the British Medical Association and other medical organizations, and by the Trades Unions Congress who emphasize that the industrial health service should be interwoven and co-ordinated with the national health service as a whole. In a leading article on the report The Times comments as follows: 'With the proposed extension of Social Insurance and the transformation of Workmen’s Compensation, the time is right to bring factory welfare into the general framework of provision for health, and for the Ministry of Health to bring together under its central charge as many as possible of the health and medical responsibilities of other Ministries.' Transference of the whole of the Factory or Mines Inspectorate, both important groups of health workers, would mean planning in the bold manner and without much regard for the traditional arrangements. But transference of the medical inspectors only would still mean confusion, and the report is not clear on this issue.

Some of the recommendations of the College are provocative and will need further discussion. These include, apart from the central changes already mentioned, methods of regional and local integration with the national health service; the place of the general practitioner in the service; the proposal that ‘consultants’ be created; the link between industrial medicine and universities and hospitals; the vast problem of education; the industrial medical officer’s part in rehabilitation—particularly in relation to the new Disabled Persons (Employment) Act; methods of appointment and payment; and the ever-widening field of industrial health research. All these points must soon be considered in detail; but here a lead is given which can be of much assistance to the planner.

On one point the Committee could perhaps have gone further. While the Trades Unions had an opportunity of presenting their collective proposals it appears that no employers’ federation gave evidence before the Committee. Little mention is made of the view-point of the employer towards all this suggested reform. That he publicly admits his responsibility to the workers on vital matters such as sickness and disability allowances, hours of work and holidays with pay, family allowances and housing, is seen in a document recently published by a group of the leading industrialists of the country. But it would have been interesting to know the views of this same group, for example, on the proposals in the report. The document referred to could well be implemented, and strengthened, by reference to the need for health services at the place of work. Although the Committee is anxious that the workers should be given some opportunity

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1 See page 51.
2 Report of Committee on Industrial Health in Factories (1941).
B.M.A. Lond. Pp. 43. 6d.

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to take part in the appointment of medical officers in industry, yet the method of appointment of members of the management—for the industrial medical officer is in this category—is a matter on which directors of firms must be consulted. Industry in this country is still largely run by private enterprise. It is no business of this journal to predict the future of industry but, whatever its structure may be, one paragraph in the report must always apply: 'It is necessary to dispose of the point of view that industry cannot afford a health service. Surely the opposite is the truth: industry cannot afford to be without a health service if efficiency and output are to be maintained.'

FACTORY INSPECTION AND MEDICAL SCIENCE

The Annual Report for 1943 of the Chief Inspector of Factories is a document of seventy pages of which seventeen are devoted to industrial medicine. Though this is undoubtedly an improvement on the four pages of 1940, there can be little doubt that Dr. E. R. A. Merewether, with unvariable sources of information available, could fill the whole volume with matter of the greatest value to medical science. The medical branch of the Factory Department includes some of the most distinguished doctors in the field of occupational medicine, and in the past many of them have made contributions of great value to science, for example Dr. Merewether's own work on asbestosis; yet in the report no mention is made of the work of any of the medical inspectors, but they must have contributed to it in some form. The authoritative nature of the annual reports of hospitals such as Guy's and the Brompton can be compared with this brief document, containing no first-hand information, published by a government department with unique opportunities in an almost virgin field of medicine. The important facts relating to health collected by the Factory Department are of interest not only to works managers, personnel and labour managers, and the workers themselves, but are the urgent concern of doctors and scientists. So it is reasonable to suggest that in the future a separate medical report should be published each year and summarized in the Chief Inspector's Report.

On p. 21 the Chief Inspector refers to special investigations being carried out by his Department, and the first mentioned is luminizing. On p. 48 Dr. Merewether uses some of the scant space allotted to him to describe the results of the investigation, yet the amount of information he has been able to get into the space is valueless from a scientific point of view. There is neither a description of the conditions to which the workers were exposed, nor the clinical findings in those workers. Maybe the facts have been published elsewhere, but another striking feature of the report is that it is without references. We are told that as a result of the information, which is not published, further Orders have been made by the Minister of Labour. Doubtless these are necessary and correct, but it would be more democratic to publish the facts which show their necessity.

Early work on chronic benzene poisoning by Santesson and Selling established the conception of a simple, constant clinical picture. This was an over-simplification based on insufficient human material. The work of Frank Hunter of Boston has made the problem of the relationship of leukaemia to benzene poisoning of the first importance. It is suggested in this report that a case occurred last year in England, yet no details are given of the exposure or the chemical findings; and no evidence is advanced that the man would not have died of leukaemia if he had never been exposed to benzene. Scarcity of human material may cause it to be many years before the relationship of benzene and leukaemia is fully understood, so that it would be a thousand pities if this case is not properly published forthwith.

The whole structure of medicine is at the present time in the melting pot and many reforms are necessary; but in this process all branches of medical thought are agreed that the freedom to publish scientific information must be ensured. It therefore follows that this freedom must be allowed to all medical inspectors and particularly to the senior medical inspector who prepares a report with such a wide circulation. Further, security must not be used in a rigid manner to prevent the dissemination of scientific knowledge; where it is truly involved we all agree that nothing should be published which might conceivably give useful information to the enemy. But now that the Ministry of Supply have published in a restricted form a paper on the early effects of exposure to trinitrotoluene, many will have had an opportunity of judging whether security can be considered a true reason for postponing the publication of this excellent piece of work.

METHYL BROMIDE

Methyl bromide is used in the chemical industry in the preparation of methyllic compounds and for making colours from methylated tar. It has been extensively used in recent years as a fire-extinguisher, a refrigerant, a fumigant, and a delousing agent. It is an insecticide of great effectiveness and is capable of protecting a wide variety of foods, grain, plants and textiles. Entomologists favour its use in pest control because it leaves no smell or taste behind it, it is not explosive on mixture with air, it is highly toxic to insects in all stages of their development, it has a low absorption and high penetrating power, and is inexpensive. It is particularly effective in the extermination of lice, bed-bugs, and weevils.

It is a colourless, odourless gas at ordinary temperatures and pressures and is approximately three and a half times as heavy as air. As so often

1 Effects of Asbestos Dust on the Lungs and Dust Suppression in the Asbestos Industry, 1910, H.M.S.O. Lond.; and Yaberkov, 1933, 15, 69, 109, 152.


