PROCEEDINGS OF THE ASSOCIATION OF INDUSTRIAL MEDICAL OFFICERS

FOURTY-SIXTH MEETING

The forty-sixth meeting of the Association was held on Friday and Saturday, Jan. 24 and 25, 1947, at the London School of Hygiene and Tropical Medicine. Dr. W. Blood (London) was in the chair.

The Chairman welcomed Dr. L. S. Potter to the Meeting as the representative of the British Medical Association.

New Members

Ten Ordinary Members and three Associate Members were elected.

National Advisory Committee for Rest Breaks

Dr. J. A. Mekelburg (London) was appointed as the Association's Representative on this Committee vice Dr. Patricia Shaw (Nottingham) who resigned.

Joint Meeting of the Association and the School Group of the Association of Medical Officers of Health

A joint meeting of the School Medical Service Group of the Society of Medical Officers of Health and the Association of Industrial Medical Officers was held on Jan. 24, at the London School of Hygiene and Tropical Medicine. Dr. J. B. Morgan, President of the School Medical Service Group of the Society of Medical Officers of Health, and Dr. W. Blood, Chairman of the Association of Industrial Medical Officers, presided jointly; 120 persons were present. A discussion on "The Change from School to Industry" was opened by Dr. A. A. E. Newth, Senior School Medical Officer of Nottingham, and Dr. T. A. Lloyd Davies, Chief Medical Officer of Boots Pure Drug Co. Ltd., Nottingham.

Dr. A. A. E. Newth of the School Medical Service Group in opening the discussion observed that interest in the health of the school child was due largely to the realization that it did not pay to try to give education to the child who was not well enough to benefit by it, and that the foundations of ill-health in the adult were generally laid in childhood. He supposed that industrial medicine existed because industry could not get the best out of the employee who was ailing and that it paid to provide good conditions for the workers. These were important practical considerations, not sentimental ideals.

During his school life the health of the school child had been carefully guarded. Every effort was made to provide a curriculum suited to the needs of each child. The modern school was a healthy place and great care was taken of the physical health of the children. The School Health Service did its best to prevent and remedy defects and, with the Child Welfare Service as a valuable ally, was turning over to industry a much healthier person than it did a few years ago. But its control of child health was far from complete. Unpreventable illnesses left handicapping scars. Further, the child left school for industry when he was physically and emotionally immature. The work of the examining factory surgeon, perhaps carried out under not too favourable conditions, must be difficult. Could it not be helped by a closer consideration of the previous medical history, the records of which remained unasked for in the files of the school medical officer, who was anxious that this confidential information should be used for the benefit of the employee and not to enable the employer to reject recruits who might embarrass him later. Who was the best person to carry out the duties of the examining factory surgeon? The factory with its limitations of recreation could not surely be as healthy a place as the school. There were certain children who were permanently handicapped. What happened to them in industry? Did the highly organized firm with its efficient industrial medical service want the young person who was not so fit? If so, was there not a danger that he might be allowed to drift into employment where there might be less careful supervision? It might be that industrial medicine could suggest to the School Health Service how better to prepare the child for industry. By working in harmony the two services might be able to fulfil some of the highest ideals of preventive medicine.

Dr. T. A. Lloyd Davies, of the Association of Industrial Medical Officers, recalled that the Factories Act of 1833 required part-time education of juveniles under the age of 14 working in industry. Unfortunately, subsequent Acts did not continue this provision, and education and industry were not again associated until the Education (Fisher) Act of 1918. This Act permitted the establishment of day continuation schools but only one local authority (Rugby) and a few firms took advantage of this provision. Not until 1950, under the Education Act, 1944, would county colleges become compulsory throughout the country, and the link between school and industry firmly established.

The change from school to industry was abrupt and took place at a time when special physical and psychological stress occurred. At school, work was done in an interesting manner for long periods; free dinners and milk were provided, and medical supervision was continuous. In industry work was long, dull, and uninteresting, and its purpose was seldom explained to the child. Canteens were now regarded as an industrial asset; but except in a few specified jobs, such as night work, there might be no further medical supervision. Children entering industry showed few examples of gross disease, but many of remediable minor defects. Many of these were a reflection on the social circumstances. Greater use should be made by the examining surgeon of the reports to which he was entitled under the Factories Act from the School Health Service. The actual placement of the child in industry should be made by the industrial medical officer, who had an intimate knowledge of work and industrial conditions. Dr. Lloyd Davies' work as medical officer to the day continuation school, established since 1920 by Boots Pure Drug Co. Ltd. and the City of Nottingham, had brought
him in close contact with the School Health Service. The help that he had always received from Dr. Newth had convinced him that much was to be gained from co-operation between the medical services in schools and factories.

Adolescence was a time of change, of instability and of extreme susceptibilities. A sense of uniqueness of experience was felt by the adolescent; loneliness and doubt caused much unhappiness. The young person found factory work dull and boring. The zest was taken out of life. The industrial medical officer might find that after a few weeks a recruit had "settled down," but actually his spirits might have been broken and his instincts dulled. Girls were able to perform repetitive work better than boys. The latter must have satisfaction in their work, otherwise they became frustrated and bored or developed psychoneurotic illnes or left. Delinquency did not increase after entry into industry, though the type of crime altered. Above all, the adolescent needed work. The tragedy of mass unemployment must never be repeated. County colleges provided a glorious opportunity to fill the gap in knowledge of the development of the normal adolescent. Experience of being associated with day continuation schools could not fail to give great faith in the future generation. The aim of county colleges should be to provide a liberal education so that the change from the discipline and responsibility of school to the freedom of the adult was not harmed by the self-seeking and shabby achievements of industrialized work. Dr. Lloyd Davies' work in a day continuation school had given him great faith in the future. Boys and girls now entering industry were magnificent. Given the opportunity, they would create a world in which the abilities of the citizen were matched with a sense of responsibility and duty to fellow citizens.

The papers were followed by a discussion in which speakers advocated the adjustment of the machines to the requirements of the workers on recognized scientific lines, and asked that the child on entry should be given opportunities of seeing varying aspects of the work before deciding on apprenticeship in any particular branch. Others considered that the young employees should meet employers, industrial medical officers, school medical officers, and representatives of the juvenile employment bureaux to discuss their problems. With regard to the examining factory surgeons, one member mentioned that there were certain difficulties in getting the industrial medical officer appointed as examining surgeon, a policy which he considered advisable. A good deal of the discussion turned on the employment of disabled persons under the provisions of the Disabled Persons (Employment) Act. It was noted that, although various types of disablement were mentioned, such as epilepsy, heart disease, and blindness, none pleaded for the deaf. The Chairman, in closing the discussion, spoke of the value that the meeting had been for both branches of medical service and expressed the hope that similar meetings should be held at future dates.

**Discussion on Intervertebral Discs**

At a meeting held at the London School of Hygiene on Saturday, Jan. 25, Mr. R. H. Young, F.R.C.S., gave an address on "Diagnosis, Pathology, and Treatment of Intervertebral Discs," illustrated by a colour film. "Almost all cases of recurrent sciatica," he said, "are disc lesions." A positive diagnosis could be made on the history and back signs alone, the latter being a limitation of forward bending, associated with unimpaired lateral bending. Backache was a common initial symptom, and recurrent backache with physical signs pointed to disc lesion. The pathology of the condition consisted in either a tear of the annulus fibrosis (which was commonest), or a protrusion of the nucleus pulposus, causing, in both cases, irritation of the nerve root. Any disc might be affected, but the commonest was between the fourth and fifth lumbar vertebrae. There was no satisfactory method of localizing the lesion. Treatment was conserving for the first attack, and operation for persistent symptoms, consisting of a laminectomy and removal of the protrusion. Exercises began twenty-four hours after operation, and the patient was considered fit for any work at the end of a year. Eighty per cent. of cases operated on between 1938 and 1945 had been free from symptoms.

Dr. N. L. Lloyd opened the discussion on behalf of the Association. Mr. T. Eldon Stowell gave some interesting information on the incidence of disc lesions in industry. In the survey of a light industry, he found that 3·8 per cent. of men and 2·8 per cent. of women were liable to this injury, as against a heavy industry (exemplified by an establishment for testing armoured vehicles) in which 7·6 per cent. men developed lesions.