

Lectures and Addresses

THE PART-TIME INDUSTRIAL MEDICAL OFFICER*

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I have been asked to speak to you about the work of a part-time industrial medical officer, which means almost always that of a doctor attached to a small works. These works vary so enormously in the number of people employed, the processes and industrial hazards involved, that it is almost impossible to say anything which applies to them all without being boringly platitudinous. So it seemed to me that the best thing I could do would be to tell you my own experiences in my own industry, that of making salt, and my personal reactions to it.

Early Experience

My first official contact with the local saltmakers was about 30 years ago when the largest firm asked the doctors in the town to act as its medical advisers. That was in the days of the old compensation acts, and the main aim of the firm, I soon learned, was for us to act as a sort of medical shield to divert any responsibility from the firm and to say that the cause of any man's absence was not due to his accident. I am always amused at the way my appointment terminated. There was one employee who had a dislocated shoulder as the result of a works' accident, and he used to get recurrent dislocations which put him off work. The manager got rather annoyed at these recurrent claims for compensation and sent him to see another doctor who examined him so thoroughly that he dislocated his arm in the process, and I had to put him off work once again. The doctor in his report cannot have mentioned what had happened for I got an irate letter from the manager saying that he was not suffering from his shoulder at all but from a septic throat. I replied thanking him for his diagnosis, but that I had looked in vain for his name in the medical register, and that until I found it I was not going to allow any layman to make a medical diagnosis for me. This so infuriated him that he promptly terminated the contracts with all the local doctors and appointed in our stead a doctor who had recently come and squatted in the district, and so, he thought, might be more amenable to managerial wishes. That is industrial medicine as it used to be in the bad old days.

Some years later this particular firm was bought up by I.C.I.

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and became its Salt Division, and I was appointed the divisional medical officer. That gave me personal responsibility for the works at Winsford and a general oversight over the other works at Middlesbrough, Runcorn, Stafford, Stoke Prior near Droitwich, and Carrickfergus in Northern Ireland. Altogether we had some 2,300 employees and 200 staff, of whom more than half were at Winsford. The clouds of war were already gathering, and before long I had to make plans for the likelihood that we might have to employ a lot more female labour—in the event the females rose from about 190 to 420, mostly employed on packing salt but some undertaking heavier work in the engineering shops. One well-built woman even became a blacksmith's striker, and a most expert one she made.

This illustrates the way an industrial medical officer may have to turn his hand to anything. There is no corpus of knowledge of which one can say: "This is industrial medicine." Industrial medicine has special techniques and problems, such as dust-sampling and toxic concentrations, but by and large it is the application of sound medical principles to the special conditions which obtain when numbers of people are gathered together to engage in activities which may give rise to unusual risks, which may be physical, like accidents, chemical, like poisons and skin irritants, bacterial from infections, or socio-psychological from factors which may be personal or inherent in the type of employment.

At that time the medical service in I.C.I. was only just developing and it was, in consequence, not autonomous but a part of the Labour Department, and so it came about that I was initiated into my duties by Mr, later Sir Richard, Lloyd-Roberts, who was to become the right-hand man and confidant of Ernest Bevin at the Ministry of Labour, and largely responsible for the enormous, beneficent revolution in factory conditions during and after the last war. He had, incidentally, been an old friend of my father, as he had lived at Winsford during World War I, and frequently came to play billiards with him at night. He told me later that a large number of the ideas which he and Bevin subsequently introduced had first come to him while discussing things with my father over the billiards table in my old home.

I did not know this at the time and I only mention it in passing, for it is an illustration of the way in which a doctor like my father can do real industrial medicine through social contacts without any special appointment. Medicine is not simply treating patients; and in particular industrial medicine is a real marriage between industry and medicine. The doctor has always to have an eye to what is economically and otherwise practical, while industry has to accept that the limitations which medicine may seem to impose

are in its best interest by preserving the health and welfare of those engaged in it.

Putting the Human Side into Industry

In a way it was the welfare side of it which Mr Lloyd-Roberts most impressed on me. He said that industry had to have its rules and regulations which might press hard on certain people in ways that the management might not know or understand. "Your job," he said, "is to put the human side into industry." Industry has become much more human since then, and a lot of the welfare work for which originally I was responsible is now taken over by specialized officers, welfare and personnel officers, safety officers, a fully trained canteen department, the special sanitary squad, and so on. In a small works it is still quite possible for the works medical officer to be responsible for the supervision if not the actual organization of many of these aspects of industrial life. Sometimes I am thankful to be relieved of them, and certainly I could not do all the other work I do if I still had regularly to inspect latrines and other offices, but the experience one gets in doing these ancillary jobs widens one's outlook and impresses the fact that medicine deals with the whole man, that it is really a health and not a sickness service.

The second thing Mr Lloyd-Roberts impressed on me was the importance of professional secrecy. In I.C.I. this is insisted on to the extent that not even the chairman has the right to ask what is on a man's medical record card, nor what the doctor knows about him. It is a cardinal rule that the doctor can only say things that will not be to any employee's detriment, and nothing at all without his permission. The Company feels that it is much better to lose a bit financially (not that it often does) than that its employees should have no one connected with the Company to whom they can go in an unofficial sort of way with anything that troubles them. This may not be at all connected with their health. The I.C.I. employee has the right to discuss with the works medical officer any grievance, fancied or real, any family trouble, any difficulty connected with works routine, in fact anything at all, without his foreman knowing what his consultation has been about, and in the absolute certainty that whether serious or silly his words will not be repeated nor their source divulged. During the war this proved a most valuable provision when dealing with so many who had never been in industry before. I well remember a man of about fifty who had been directed from his own little business in Lancashire to come and work for us. Naturally he was embittered and resentful, so I had a long chat with him, told him how much we sympathized, how we realized that he would find conditions strange and probably

hard, but that if he had any worry of any kind he could come and discuss it with me, and as I could go and talk to anyone from the chairman downwards I would do my best to help him. Long before I had finished the poor fellow's eyes filled with tears of gratitude and he said he certainly would come but, as you might expect, he never did. Knowing that he had a sort of safety valve he never needed to use it, and though I had similar talks with hundreds of employees, mostly women, during the war, I do not recall a single case in which they did not settle down happily, even pleased to take their part in the national effort and sacrifice.

The Initial Medical Examination

This leads me on to say something about the initial medical examination of employees. There is a terrible tendency for this to become mere routine, but it is, in fact, one of the most important turning points in the employee's career. It is money well spent for a firm to have its medical department well built and equipped. It should be vastly better than most doctors' surgeries. As such it impresses the new starter with the importance of the firm's medical service, and incidentally, of the status of the works' doctor. He is one of the highest grade in the works' hierarchy and his word goes, or should go, with the highest. This is the first, and for a long time probably the only time the new starter will see one of the firm's high officials at work. If the doctor's work is thorough the new employee will believe that the rest of the higher staff, who work in similar secluded premises, also do their work thoroughly. If the doctor's examination is merely official or slipshod he will have created an impression which may poison management and labour relations for years to come.

At first I thought such examinations were a boring waste of time in most cases, but slowly I began to realize that here was, in fact, a heaven-sent opportunity to see healthy people and not those who came because they felt ill. Since then I have found these examinations full of interest, and indeed through them I made a minor surgical discovery about which I have no time or reason to speak here.

Contacts with other Officers

I said just now that I could speak with everyone from the chairman downwards, and to me one of the great delights of industrial medicine, and one of the greatest compensations for its occasional drudgery, is the contact that it brings with people in entirely different spheres of work from medicine. Much of one's best work in industrial medicine is indeed done in personal contacts with the higher officials and the occasional lunch with the directors. I live

in rather a small and stagnant community, and meeting with people who are keen on their job and successful at it, people with whom one has also a community of interest and responsibility—this to me is a refreshment of mind for which I never cease to be thankful. They give me something I should not get otherwise, and I hope that I also pass over to them ideas and slants on their work that they would not get except from some medical colleague.

Even more is this true of the friendships one makes and discussions one has in the meetings of all the divisional medical officers in I.C.I. Twice a year we meet for two days, once in London and once at the headquarters of one of the fifteen divisions—Metals, Explosives, Alkali, Wilton, etc. One whole day is given to close discussion on questions of general I.C.I. medical interest, and part of the next day is usually given up to some special interest if we meet in London, for instance we once came to this building to learn all we could about ventilation and its measurement, aerosprays and so on. If our meeting is in the provinces the second day is given up to a tour of the works. In this way I.C.I. keeps its huge organization from being too hidebound and welds us all into what we feel to be a real unity of purpose and enrichment of life and experience. For a general practitioner to be able to get such an insight into the workings of a large industrial concern, which, after all, is an integral part of the life of the nation, is, I think, an immense privilege.

And it is not only in meeting the high-ups that one's mind is broadened. Meeting and watching the men at their work, discussing their problems and watching over their interests is a very rewarding task. Of course, we all know that as general practitioners we ought to do this anyhow, but so often we have not got the time. The wonderful thing about the part-time medical officer is that the firm pays him for doing just the thing he knows he really ought to do. We do not interfere with the relationships between our employees and their own doctor, but ever and anon we do get illuminating sidelights about the way other doctors practise; and belonging, as I do, to a great firm, I can sometimes use the resources it controls to get something for the employee quicker or better than he or his doctor could alone. We do not push these things, but it is our duty to make the facilities known, for if industry employs people it is its duty to use any power it has for their benefit. If any firm doubts this it is the duty of the industrial medical officer to impress it on the management. He has to be, as it were, the social conscience of the directors if they fall short; just as he has—as Lloyd-Roberts told me—to put the human factor into industry at lower levels.

Conclusion

I have not said anything about industrial hazards, for they vary from industry to industry, and in the salt industry we fortunately

have practically none. Nor have I said anything about industrial processes and secrets. It is essential that the industrial medical officers should know exactly what is going on, and this fact alone would, I think, prevent just any doctor doing the work at any factory, for these trade processes could not possibly be shared with more than one or two doctors. It is only as the doctor is known and respected by the management and officials and men that he can do really effective industrial medicine, and he can only gain this respect if he maintains the highest professional standards. The fact that only three times in my nineteen years have I ever been asked what I considered an improper question shows, I think, that what I have been saying is well understood by all, and in each case I hope I gave the proper reply. At times what I have said and done has been unpopular with the management, but I have always told the directors that the only real value I have for them is my independence of judgment. That does not mean that I am dictatorial or obdurate, for industrial medicine is, as I say, a marriage—a taking for better or worse—and for those of you who may have the opportunity of practising it I can assure you that it can be a very happy marriage indeed, fruitful both for industry and the general practitioner who is party to it.

ASTHMA IN GENERAL PRACTICE*

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I wish to make clear two points at the beginning. First, I do not consider myself a general-practitioner specialist in asthma. I am an ordinary general practitioner treating asthma as it arises every day in practice. What I see or do in my practice is what every general practitioner sees or does every day. Secondly, for this paper I have not delved deeply into the literature on the subject.

Statistics

Recently I read that there are three kinds of liar—a liar, a damned liar, and a statistician. This story may be appropriate here, because I have extracted some figures from my practice over the period of six months from 1st July to 31st December, 1957. For ease of interpretation, these figures have all been reduced to per 1,000 patients.

Pre-war in this country and the U.S.A., it was reckoned that there were six asthmatics per thousand of the population.

*This paper was presented as a part of a symposium on asthma delivered before the Dumfries and Galloway Division of the British Medical Association on 12th January, 1958. Those taking part were a chest specialist, a paediatrician, a psychologist and the author as a general practitioner.