Many of us engaged in industry are conscious of the various problems which arise in the course of one's work which are related to home conditions or are concerned with human relationships. Whatever may be the overall merits or demerits of the appointment of part-time or full-time doctors in industry, a service such as this, which I understand is staffed by part-time general practitioners, appears to offer an excellent opportunity to ascertain whether or not Dr. Stephen Taylor's concept of the Suburban Neurosis holds good for the New Towns. While the latter doubtless suffer the problems and ills common to all mankind, I understand that there is a rather different set-up and spirit which may alter the situation and response to untoward conditions. I should like to know if studies in psycho-somatic medicine are being undertaken, and whether or not there is a New Town Neurosis comparable with the Suburban Neurosis which has been described by Dr. Stephen Taylor.

DR. SCHILLING: I can't answer this, but it might be answered, perhaps, by one of the several general practitioners from the new town of Harlow with us this afternoon.

DR. BOOTH: We have all got our own neurosis at the moment as we are all new boys.

DR. H. E. BACH (Harlow Industrial Health Service): I think we shall probably develop a neurosis particular to New Towns because these unlike suburbia are places where we live as well as work; I am sure that one of us will feel the urge to go into that problem sometime or other. If I may answer the question of our friend over there, the part-time Industrial Medical Officers in Harlow do not get paid for a whole morning's or afternoon's work. In order to give the service a start they have accepted the following mode of payment: they get paid for a two hours session according to B.M.A. scale; this allows for attendance at the Industrial Health Centre, emergency visits to factories and attendances at factories to which we are "medical uncles", if I can put it that way. Otherwise we are on call for the rest of the morning or afternoon. As the service develops we hope to get paid for a longer session; this will be a gradual process. Some of us are on call during the night, some do week-end duties; they again get paid according to B.M.A. rates.

DR. HERFORD: That is exactly my point, that the shorter the time given by an individual the higher the rate of pay on the B.M.A. scale.

The Work of a General Practitioner as a Visiting Medical Officer of the Harlow Industrial Health Service

By

W. N. BOOTH
FROM THE HARLOW INDUSTRIAL HEALTH SERVICE

I HAVE BEEN ASKED to speak on "The Work of a General Practitioner as a Visiting Medical Officer of the Harlow Industrial Health Service"; and I have also incorporated a few remarks on the place of the general practitioner in industrial medicine as a whole. I am not unfamiliar with factory work as I have been an Appointed Factory Doctor (or whatever the job used to be called) for approximately 30 years. The Harlow Industrial Health Service has been in the nature of an experiment. It has now become a highly successful and well organised institution, and I am convinced of the real need for such a service and of the necessity for general practitioners taking part in industrial medicine. But let me say at the outset that we in Harlow have been especially fortunate in having a Medical Director of the vision, calibre and experience of Dr. Stephen Taylor to lay the foundation and round off the corners of our Industrial Health Service. He has led us all the way and together we have thrashed out rules and regulations, steered clear of pitfalls and produced a smooth-running concern.

In various ways GPs have always been concerned with industry. It is only of late years that the industrial medical officer has been employed full-time in large factories. Questions have been asked about the capabilities of the GP to deal with emergencies in industry, because of either the gregarious nature of his work, his limited time or his ability to cope with any large-scale factory accident. But how real are the difficulties? With a competent nursing staff and a good first-aid room, well-equipped, there are few emergencies in my experience which call for the immediate attention of the doctor. The one or two grave incidents which have arisen have been recognised by the staff on duty and arrangements made for removal of patients to hospital, even though the doctor on duty or his deputy did arrive in reasonable time.

But, as arrangements are at Harlow, it is essential to recognise that we are dealing with one
another's patients. For instance, ten G.P.s attend the Health Centre on a part-time basis and deal with any emergencies which may arise. We adopted a scheme at the outset which removed any possibility of dispute or friction, and Dr. Stephen Taylor was particularly helpful in acting as chairman of our meetings called to iron out the scheme in its infancy and to discuss controversial topics arising during the course of our work.

The advice which I am careful to give and follow to the best of my ability is never to treat an illness after the initial attendance unless it has its cause and effect in the factory (e.g. the common cold is not a factory disease). And I recommend sending the patient to his own doctor with a note of one's opinion and a description of the treatment given on the spot. One should be aware of the patient who comes in the hope of gaining a second opinion on some condition because he is dissatisfied with his own doctor's opinion, and who does not disclose the fact that he has already consulted him. It only needs a tactful explanation to put him on the right road. In all cases, the necessary information should be given to the patient's own doctor so that future treatment and certification may be in his hands. If he (the patient's doctor) visits, then arrangements can then be made with the staff of the Industrial Health Centre or at the patient's own factory, where adequate arrangements have been made, to carry out any supplementary treatment such as injections of penicillin, re-dressing of wounds, etc., without the worker losing time. The patient's own doctor must not be ignored. The full-time Medical Officer sometimes does this. After all, the G.P. has to sign the patient's health certificate, and maybe his death certificate.

The ability of the general practitioner to do the job of industrial medical officer, part-time, in all its phases is not to be questioned. He is continuously observing the worker in his life at home; he will be able to follow him quite as efficiently through its phases as possible with our own work, the work of the nurses on their daily rounds and the employment of the factory worker himself. It is useful, as we have found, to make the fixed time of our arrival say, 10.30 for the morning session and 2.30 for the afternoon session, so that the nurses may call to the Centre the workers whom they wish us to see, without they leaving the factory out of gear for any length of time. Thus any suturing or special examination can be done with the minimum amount of time lost to worker and factory (as compared with a visit to hospital or finding the patient's own doctor) and under ideal conditions. This done, we then have made arrangements to visit various factories to which we have been specifically appointed in order to study any special problems with the management, and in the case of the factory with its own staff nurse, to see further cases. In a number of factories special examinations are made in order that the personnel may be passed fit for the jobs they do or for special superannuation arrangements.

It is interesting to note how both management and worker take advantage of the doctor's visit, both to seek advice on their own health and problems of work, and also so that we may advise the
doctor of special examinations which have not been done but may be needed (re blood tests in various X-ray risks, etc.).

The field of the G.P. in industrial medicine is, in my opinion, limited to the industries employing small numbers—say 1,500 to 10—which can be incorporated into such a scheme as the Harlow Industrial Health Service. The more gigantic institutions such as Cadburys, Rowntrees, Unilever etc. lend themselves to the full-time appointment. Here, however, one feels that the family life of the worker is incorporated in that of the factory; the village or township is part of the factory and vice versa. Where there are a number of small factories within a few miles from the factory, the short visit of the general practitioner in his part-time capacity, with the trained nurse in that is an excellent arrangement. The factory depends wholly on the G.P.s in the district to help with the welfare of its workers by tactful question and answer.

Just for a moment I would like to touch on the financial aspect. Where G.P.s work in harmony, as we do in Harlow, representing each other at the various sessions, it is legitimate to order various medicaments, dressings, etc., on forms E.C.10 so that treatment can be instituted immediately and carried out at the Centre while the worker is still on duty. Minor injuries and ailments can be watched with the minimum of irritating expense and loss of time to the factory.

I feel, therefore, that—large communal factories and villages excepted—industry is best served by a G.P. service, working in rota and kept in harmony by observing the ethics of our profession, such as we have had described to us in Harlow.

So much is being done to divorce the "treatment of the patient" from the general practitioner that it behoves us to help ourselves in this matter.

DISCUSSION

DR. K. P. DUNCAN (South Western Gas Board): It is true that a whole-time industrial medical officer occasionally falls out with the general practitioner; G.P.s occasionally fall out with G.P.s too. The question that arises here is a normal question of courtesy. Now in a set up such as this you are going to have G.P.s seeing other G.P.s' patients. It can be done perfectly simply and G.P.s have obviously a large part to play in industrial medicine, but I think one of the biggest misunderstandings to get out of the way is that there is any difference in this question of contacts with doctors outside industry between a part-time and a whole-time service.

The second point is this, there is no difficulty in running by any system a treatment service for a group of factories. What concerns me most is this basic question of occupational health. It may be unfair to take up something Dr. Booth said, but the first part of a doctor’s job is not the treatment of cuts and bruises; the first part is the identification of these matters, toxicological or sociological, which may cause trouble, preferably before they are suspected by anyone else. The second part is the replacement and placement of people in appropriate jobs and I fail to see how that can be done without prolonged and careful study in the work itself. I doubt if you get nearer the accomplishment of these tasks by the replacement of a whole-time doctor by a more expensive multiplicity of G.P.s. Both systems are necessary. It is said to me to listen to what would appear to be a schism on the point.

DR. BOOTH: I thought it would come to this. We do go into the factory—we are not only there for cuts and abrasions—and study just what you want us to do—what you do—and we are not far behind in our study of the hazards and what-not in the various factories. After all, as I said, in the bigger factories where they employ an enormous number of men, you can employ one alone and he needs to be capable alone, we are not squabbling with that. It is in the smaller factories where we can help and we can study their problems. The problems are in the factories and the problems are at home, and I maintain that in these little factories like you have in Harlow the two are interchangeable and we can study them just as well. I have a feeling, you know, that on some future occasions the factory doctor will do G.P. work as well.

DR. S. F. M. CRESSALL (Briggs Motor Bodies Ltd.): May I add a comment to the previous speaker—that in our service we have both full-time medical officers and part-time G.P.s working and we find that the two are complimentary. The contact with the community, which the part-time G.P. makes, is a valuable contribution and at the same time on the more purely industrial and administrative side the man working full-time at the job has the advantage.

DR. F. H. TYER (West Midland Gas Board): I have quite extensive experience in my own service of the use of part-time doctors. A good man can be good whatever the conditions of his work and of course they vary. There are part-timers doing excellent
work in industry and some not making any contribution at all. But there are two handicaps under which the part-time person labours. The first is lack of time, which makes it difficult for him to acquaint himself sufficiently with the administrative side of the works, integrating his work with factory committees and various levels of management; the other is that his acceptance by management and workers as part of the factory team is more difficult. It is so very much easier for a full-timer to find ready acceptance as "our doctor" than it is for a part timer who, because of the short time he spends at the works, tends to be looked upon as an outsider who "doesn't understand." Now these handicaps, I am quite sure, can be overcome—they will have to be overcome because the part-timer is going to play an increasingly important part in an industrial health service, but I think one must frankly admit that they exist.

DR. BOOTH: I think you are not conceiving our industrial health service as it is. I don't want to squabble with the whole time worker. Like yourself in a big factory, we are au fait with our various factory managements, we are ready to have an open discussion with them on our problems, and we are not getting away from the full time man. The full time man has his place, but so have we.

DR. B. STANLEY (Allen and Hanbury Ltd.): I wonder whether Dr. Booth could tell me the relationship of the G.P. to the Accident Prevention Committee? You said that each of you was associated with a definite series of factories. Is there an accident prevention committee associated with the factory or are there no such arrangements?

DR. BOOTH: Well, at the moment we have not got any special committees. We go and we are introduced to the manager and the various foremen and we discuss the problems as we go round the factory. We have a lot of small factories—there is no need for a committee—these things are mentioned at the discussion at our monthly meeting.

DR. G. B. SCHOHELD (East Midlands Gas Board): I did notice one advantage that Dr. Booth seemed to have over the full-time industrial medical officer: he was able to get all his drugs on the E.C. 10.

DR. BOOTH: We do not replenish the factory bags with these drugs.

A MEMBER: We hope to copy the Harlow pattern on Tyneside by using general practitioners for the industrial Health Service. Only a very small fraction of them can be employed in this way and this makes for friction, and they can't use the E.C. 10.

DR. BOOTH: I am "elder" in the practice, and I get on with our young practitioners quite well. I am so happy to meet all my colleagues. This question of patients being pinched and so on—we don't do that, I mean it is not in the ethics of the profession to do it when you are working in a scheme like this. In connection with the E.C. 10., I think you will probably get the sanction of your executive council to allow the man on duty to refer the case and say what he has done and ask for the necessary medicine to be prescribed etc. The great thing is not to forget the man who is the patient's doctor. If I see a patient of Bach's, say, at the centre, I write out a little chit saying I have seen John Smith, he is coming down to your surgery and I have done so and so. He can't grumble at that.