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ANNUAL REPORT COVERING PERIOD
JULY 1954 THROUGH JUNE 1955

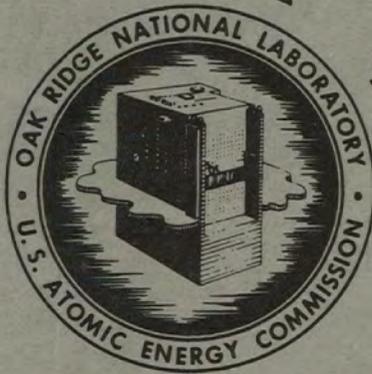
T. A. Lincoln, M.D.

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OAK RIDGE NATIONAL LABORATORY

OPERATED BY

UNION CARBIDE NUCLEAR COMPANY

A Division of Union Carbide and Carbon Corporation



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HEALTH DIVISION
ANNUAL REPORT COVERING PERIOD
JULY 1954 THROUGH JUNE 1955

Thomas A. Lincoln, M. D.

Date Issued

NOV 9 1955

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UNION CARBIDE NUCLEAR COMPANY
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- 31. R. J. Sexton, M. D., C&CCC, Institute, W. Va.
- 32. C. U. Dernehl, M. D., Union Carbide and Carbon Corp., New York City.
- 33. R. Joyner, M. D., C&CCC, Texas City, Texas.
- 34. John Neilson, Jr., M. D., Union Carbide and Carbon Corp., New York City.
- 35. Neal Ward, M. D., C&CCC, Paducah, Ky.
- 36. J. Lyon, M. D., C&CCC, K-25, Oak Ridge, Tenn.
- 37. C. R. Sullivan, Jr., M. D., C&CCC, Y-12, Oak Ridge, Tenn.

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HEALTH DIVISION ANNUAL REPORT

July 1, 1954 -- June 30, 1955

Thomas A. Lincoln, M. D., Medical Director

SCOPE OF PROGRAM

An active program in industrial health has been maintained at the Oak Ridge National Laboratory during the past year, with the objective of maintaining the best possible health status of the employed personnel. The specific component parts of this program are as follows: (Changes are indicated with an asterisk and are explained at the end of this section.)

I. INDUSTRIAL HEALTH PROGRAM AS IT RELATES TO THE INDIVIDUAL EMPLOYEE

The employee ordinarily is considered from three points of view: A. As a candidate for employment; B. As an employee requiring health maintenance, and C. As a sick or injured employee.

A. As A Candidate for Employment

1. Completion of Cornell Medical Index Health Questionnaire.
2. Completion of medical and employment history.
- 3.* Laboratory examinations.
 - a. Complete blood count (hemoglobin, white blood cell count-differential cell count, hematocrit and sedimentation rate).
 - b. Urinalysis
 - c. Chest film (14 by 17" at 6')
 - d. Serodiagnostic test for syphilis (VDRL)
4. Brief personality evaluation by clinical psychologist, routinely when possible, and mandatory when examining physician so indicates.
5. Complete physical examination by a staff physician.
6. Review of all laboratory and clinical findings by examining physician.
 - a.* Health classification determined and forwarded to the Employment Section of the Personnel and Service Department.
 - b. Reservations stated when indicated.
 - c. Special consultation with Employment Section and/or expected supervision on marginal cases.

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7. Additional examinations and procedures when employee reports for work.
 - a. Complete blood count, urinalysis, chest x-ray, if interval between preliminary examination and employment date exceeds three weeks.
 - b*. Determination of blood type and Rh factor.
 - c. Vision evaluation through use of Bausch and Lomb Ortho-Rater.
 - d. Hearing evaluation through use of Maico audiometer.
 - e. Brief interview with examining physician for interval history.
 - f*. Immunization.
 - 1). Smallpox
 - 2). Tetanus
 - 3). Typhoid fever.
 - g. Fitting and issuing of occupational eyewear, if indicated.

B. As An Employee Requiring Health Maintenance

1. Annual multiphasic screening on all employees each year.
 - a. Complete blood count, urinalysis and serodiagnostic test.
 - b. Ortho-Rater examination.
 - c. Audiogram.
 - d. Electrocardiogram, including weight determination and blood pressure recording, at age 35 and then once a year after age 40, or yearly when abnormal, or when so requested by examining physician.
 - e. Stimulating immunization injections as needed.
2. Complete periodic physical examination by physician
 - a. All employees 45 years of age and over.
 - b. Given every third year until age 45, with the exceptions listed below.
 - c. Yearly on all diabetics.
 - d. Yearly on all employees with restrictions
 - e. Yearly on certain key personnel.
 - f. Yearly when so requested by a physician.
- 3*. Review of classification and restrictions by examining physician
 - a. Notification to supervisor of any changes in restrictions.
- 4*. Notification of results of multiphasic screening examinations.
 - a. No significant abnormality.
 - b. Request for repeat examination.

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5. Special examinations, when indicated, because of special health hazards.
 - a. Metallurgy
 - 1). Vital capacity
 - 2). Blood and urine beryllium determination
 - b. Cafeteria employees
 - 1). Stool examination for ova and parasites.
 - c. Chemical Technology (mercury workers)
 - 1). Blood and urine mercury level determinations when employed, then every three months.
 - 2). Oral pharyngeal and neurological examination by a physician.
 - 3). Quarterly routine urinalysis and hemoglobin examination.
 - d. Lead Burners
 - 1). Blood and urine lead level determination when employed; then every three months for blood; and every month for urine.
 - e. Examinations for those in heavy jobs.
 - 1). X-ray film of lumbosacral spine.
 - f. Cyclotron and Pile Operators
 - 1). Slit lamp examination by consultant ophthalmologist semi-annually.
 - g. Other diagnostic procedures, as indicated.
 - h. Clinical photograph, in color and/or black and white, of unusual findings.
6. Health Education.
 - a. Creation (or procurement) and distribution of posters and pamphlets.
 - b. Procurement of waiting room issues of the American Medical Association health magazine, "Today's Health," for all dispensaries.
 - c. Preparation of a weekly news column for the Oak Ridge National Laboratory News.
 - d. Meeting with supervision or management to clarify job adjustment of the worker.
 - e. Health Division contribution to orientation for new employees and other groups.
 - f. Talks to employee groups relative to occupational and non-occupational health problems.
 - g. Health education seminars.
 - h* Nutrition counseling.
7. Industrial hygiene surveys for occupational hazards control in co-operation with the Safety Department.
8. Assistance in medical aspects of industrial hygiene engineering.

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C. As A Sick or Injured Employee

1. Medical and/or surgical care of occupational illness or injury, including over-exposure to radiation, under workmen's compensation laws.
2. Emergency care for non-occupational illness or injury including diagnosis, emergency therapy, and referral to family physician when indicated.
3. Assistance and direction in medical rehabilitation of the ill or injured employee.
4. Liaison between ill employee and private physician, hospital, Welfare Services Department, American Red Cross, Veterans' representative, Office of Vocational Rehabilitation, etc.
5. Counseling services for workers presenting job maladjustments involving emotional disturbances (mental hygiene procedures).
6. Conference with management or supervision in order to effect a better work adjustment for the emotionally disturbed employee.

II. CONSULTATION SERVICES PROCURED FROM OUTSIDE AGENCIES OR INDIVIDUALS.

- A. Consultant services in cardiology.
- B. Consultant services in radiology
- C. Consultant services in psychiatry and clinical psychology.
- D. Consultant services in nutrition.
- E. Consultant services in industrial hygiene.
- F. Others as selected.

III. MISCELLANEOUS

A. Termination Physical Examination for All Employees

1. The same as preliminary examination, exclusive of electrocardiogram, serology and psychological consultation.

B. Special Examination for Visitors

1. Visitors of three days or less. These individuals do not report to the Health Division.
2. Visitors of three weeks to three months. Complete blood count, urinalysis and chest x-ray.

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3. Visitors remaining over three months. The same procedures as for the preliminary physical examination without electrocardiogram unless over age 40.

C. Examinations for Individuals at the Laboratory under Contract or in Oak Ridge by Special Arrangement

The same procedures as for the preliminary physical examination without an electrocardiogram unless over age 40. Among these are:

1. Atomic Energy Commission.
2. Oak Ridge Institute of Nuclear Studies.
3. Army Air Force.
4. Catalytic Corporation
5. Pratt-Whitney Corporation.

COMMENTS

These will be confined to changes made in the examination program during the past fiscal year.

A. 3a.* The complete blood count was revised to include the items listed. This revision eliminates the red blood cell count.

A. 6a.* In June of 1955 the criteria for classification of employees was reviewed and revised. For many years employees had been classified rather loosely in four categories (H-1, Physically qualified for any position; H-2, Physically qualified for any position, but has minor defects; H-3, Physically qualified for special employment only, with following restrictions, and H-4, Physically unqualified for position applied for). Under this system any employee requiring a restriction on his work was automatically an H-3. Employees were being classed more on the requirements of their job than on their health status.

A list of physical criteria was prepared more clearly defining the limits of each classification. Restrictions, if indicated, can now be applied in the H-1 and H-2 classifications. The employee is classified entirely on the basis of his health. Restrictions are then applied when necessary to indicate significant physical limitations.

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A. 7b.* The revised wallet sized card, which is shown below, is currently being distributed to all employees, new and old. Information on penicillin sensitivity, diabetes or epilepsy is recorded by the nurse in the "Please Note" space at the time the wallet card is given to the employee.

Blood type O
 Rh Factor Rho + Rho' + Rho'' +
 Personal Physician: Name A. C. Smith, M.D.
 Address Medical Bldg - Knoxville

PLEASE NOTE:
DIABETIC taking 55 units NPH U80
insulin daily. If found ill, please
call my doctor.

MAY 21 1955
 Date

T. A. Lincoln, M.D.
 Medical Director

A. 7f.* The reverse of the wallet card carries information regarding immunizations, as shown below.

Oak Ridge National Laboratory
 Oak Ridge, Tennessee

Name of Employee: John Doe
 Home Address: 92 First St - Knoxville
 Nearest relative: Name Mrs John Doe
 Address same

Immunization Dates:

	Tetanus			Typhoid	Smallpox
<u>JUN 10 54</u>				<u>JUN 10 54</u>	<u>JUN 10 54</u>
<u>APR 22 55</u>				<u>SEP 20 55</u>	
<u>MAY 20 55</u>					

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B. 3.* A note giving the classification of the employee is sent to the supervisor. The examining physician reviews the laboratory data, the findings of the physical examination, and classifies the employee according to the same criteria as for employment. A copy of the notification form is seen below.

OAK RIDGE NATIONAL LABORATORY
Oak Ridge, Tennessee

To: *Roger L. Brown* Date: *19 September 54*

John Doe 1678 was given a complete periodic physical examination today.

① He (~~She~~) will be able to continue work without restriction.

2. The following restrictions are now necessary:

If there are any questions about these restrictions please call me at Extension 6681.

D. Lincoln M. D.

During the past year the forwarding of change in classification was abandoned. It was decided that the only information needed or rightfully belonging to the supervisor was information on restrictions.

B. 4a.* The following note is sent to all employees whose multiphasic screening examinations showed no significant abnormality.

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OAK RIDGE NATIONAL LABORATORY
Oak Ridge, Tennessee

Date *27 September 54*

To: *John Doe*

Your laboratory examinations, performed on *19 September 54*
(date)
as part of your annual physical examination, were satisfactory. If
there are any special problems you wish to discuss with a
physician, please feel free to call 6681 and make an appointment.

T. A. Lincoln MD
T. A. Lincoln, M. D.
Medical Director

B. 4b.* The following note is sent to all employees whose multiphasic screening examinations showed significant abnormalities.

OAK RIDGE NATIONAL LABORATORY
Oak Ridge, Tennessee

To: *John Doe* Date: *27 September 54*

Your *urinalysis* examination performed on
(name of examination)
19 Sept. 54, showed a minor abnormality which we should
(date)
like to check further. We should like to repeat this examination
within the next week if possible. You may report to the Health
Division any morning for this test.

If the findings of this repeat examination are significant, you
will be notified and invited to discuss them with one of the staff
physicians.

T. A. Lincoln MD
T. A. Lincoln, M. D.
Medical Director

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B. 6h.* See special section on health education, page 18.

PERSONNEL SERVED

During this period, the total number of employees at the Laboratory approximated 3500+ and in addition, the Health Division rendered services to personnel from the Catalytic Corporation, Oak Ridge Institute of Nuclear Studies, Army Air Force, Oak Ridge School of Reactor Technology and Pratt-Whitney Corporation. These services represented, in the main, pre-placement and termination physical examinations or dispensary visits.

PERSONNEL OF THE HEALTH DIVISION

The maximum staff of the Health Division during the past year is as follows: Medical Director, two staff physicians and eight nurses. There is one x-ray technician, three clinical laboratory technicians, an administrative clerk, one record clerk, two secretaries, one ophthalmic dispenser and two members rendering custodial services. A consultant clinical psychologist, at the present time, spends approximately three days weekly at the Health Division.

FACILITIES

A. Building 2013

1. Changes

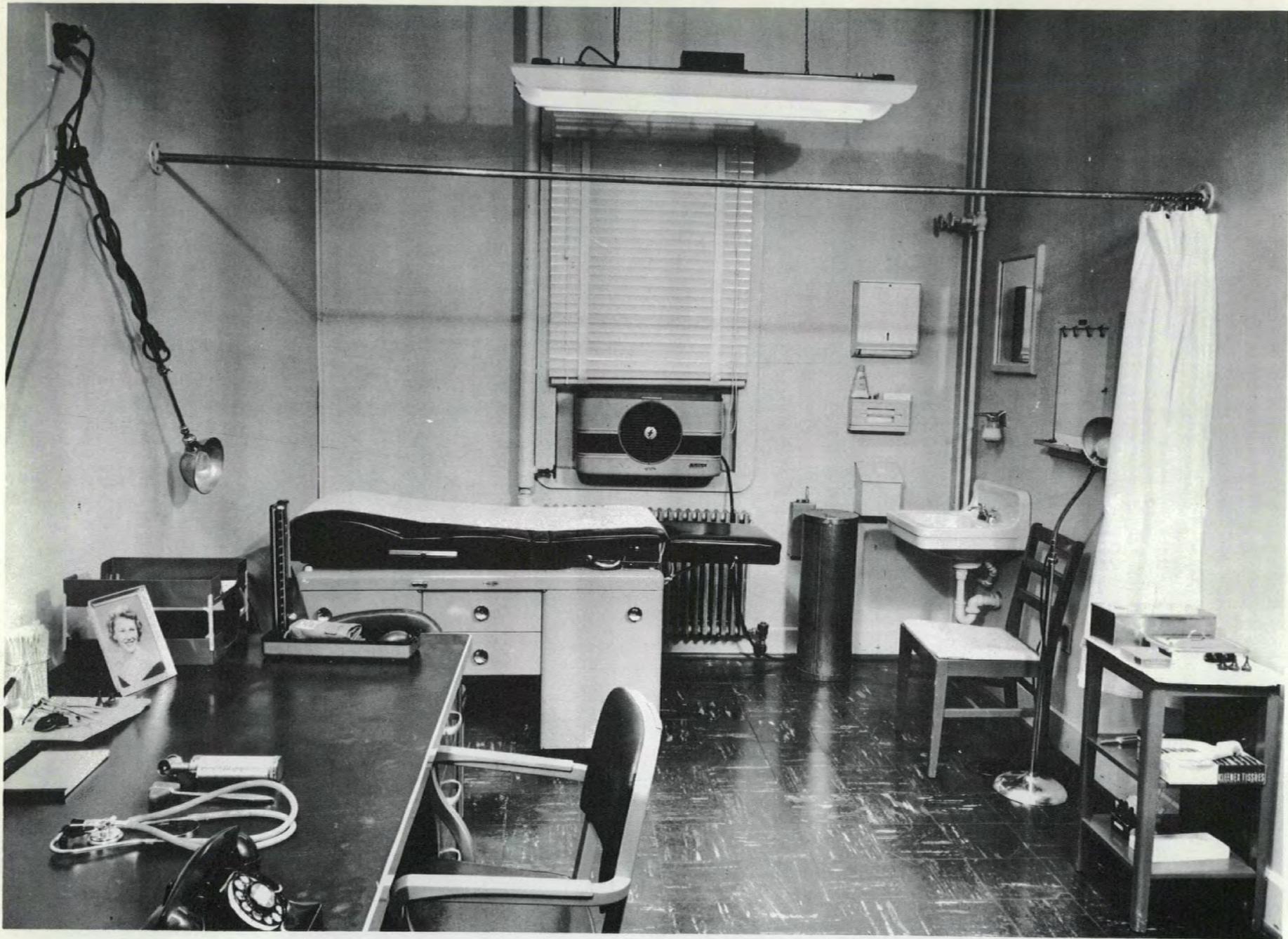
a. A revision of one of the doctor's examining rooms was accomplished during the last fiscal year, see Figure 1. The other office will be remodeled in a similar fashion as soon as office furniture is available. The built-in type equipment was replaced by standard medical office furniture in anticipation of an eventual move into the proposed East Research Building.

b. The painting program begun in May 1954 was completed in late August 1954.

B. Building 4500

1. During the past fiscal year an airline with pressure attachments was installed in the 4500 building dispensary. This is being used by the nurse in various nose and throat treatments.

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C. Building 7009

1. The 7009 building sub-dispensary was completed in August 1954. The treatment room has 190 square feet and the waiting room, 40 square feet floor space.

Figure No. 2 is an exterior view showing the entry to the dispensary. The dispensary occupies a portion of the front part of the storage building for the Carpenter Shop. This building is located at the southeast margin of the 7000 Area.

Figure No. 3 shows the interior looking from the entrance toward the back of the treatment room, showing a portion of the treatment area.

Figure No. 4 is another interior view, looking toward the entrance and shows the nurse's desk in the center. A portion of a very small waiting room can be seen through the front window.

GENERAL

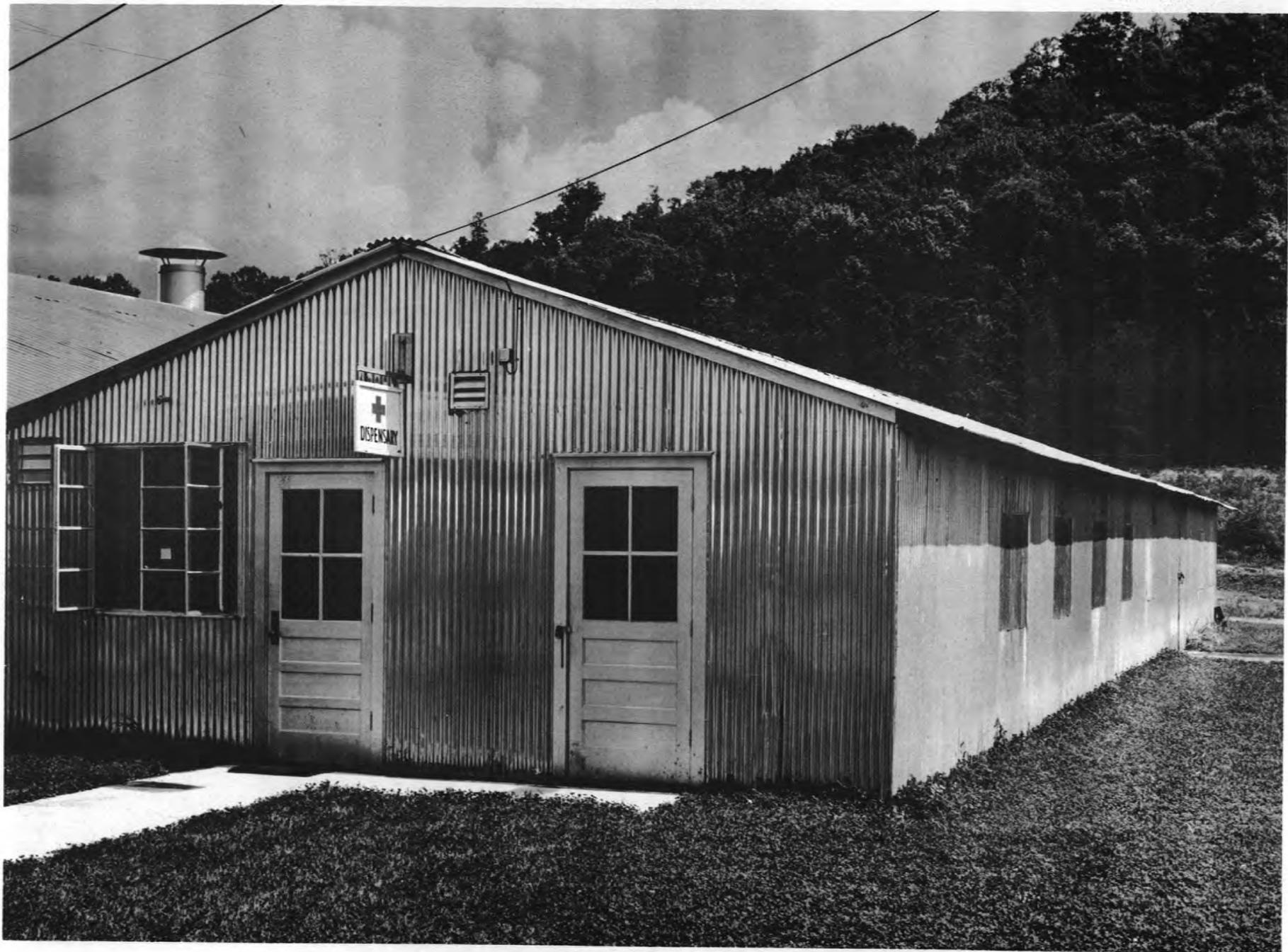
During the past fiscal year 1826 complete periodic physical examinations were performed by physicians of the Health Division staff. Of these 142 complete physical examinations were performed on AEC and visiting personnel and 1684 on Laboratory employees. Acceptance of the program continues to be very good.

In the age group 45 and over many employees have had their second annual examination in our current program. The number of new findings has not been large but a few very significant changes were found. Many surgically correctible defects have been repaired and a few obese individuals have made good progress in controlling their weight.

A new appointment schedule has reduced waiting time to a minimum. Periodic examinations are scheduled Wednesday, Thursday and Friday of each week with one physician doing nothing but examinations during the scheduled period.

A chest x-ray, complete blood count, urinalysis, vision and hearing tests and, in some cases, an electrocardiogram were offered to all Laboratory employees in the X-10 area regardless of age.

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During the past year all employees with restrictions were examined very carefully in an attempt to reduce the number of restricted employees to a safe minimum. At the end of fiscal year 1954-55, there were 202 employees with restrictions. At the end of fiscal year 1953-54, 211 employees had restrictions. Many restrictions were lifted but of course some new restrictions had to be applied when new conditions were found during the periodic physical examination. In all cases restrictions were applied realistically and in only a very few cases did new restrictions require drastic changes in job assignment. In many cases, however, the new restrictions did mean some loss of flexibility in job assignment. A breakdown of these restrictions follow:

<u>Employees</u>	<u>No. with Restrictions</u>	<u>(one individual may have more than one restriction)</u>
Hourly	70	
Weekly	54	
Monthly	79	

Prominent reasons for restrictions are:

<u>Restriction</u>	<u>Number</u>	<u>(one individual may have more than one restriction)</u>
Inguinal hernia	44	
Orthopedic defects [spine and extremities (amputation deformities)]	32	
Hearing loss	24	
Defective vision	22	
Hypertension	15	
Nervous disorder	15	
Organic heart disease	11	
Pulmonary disease	9	
Epilepsy	3	
Miscellaneous	39	

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Confidential reports on the general health of the Laboratory were made to the Laboratory Director at about four month intervals during the past year.

Dispensary Visit Study

Dr. Hurt and Dr. Lincoln secured and analyzed data on the incidence, distribution and trends of employee dispensary visits for three six month periods from January 1953 to July 1954. Summary type reports were obtained from the IBM Section based on information which we had submitted on mark sense cards on every visit made to the Dispensary.

A more complete report is being prepared but the following conclusions seem most significant.

1. Over 95% of the Laboratory employees visited one of the dispensaries at least once every six months. The average employee made about six visits each six month period. The hourly employee made an average of 7.88 visits each six month period, the weekly, 6.52, and the monthly employee, 4.82 visits each period.

2. These dispensary visits were better distributed among our employees than has been reported in the literature in other employee groups. Although there were a few employees who made a large number of visits and a few who made no voluntary visits, the distribution at the present time seems satisfactory.

3. A trend was observed confirming a slight, progressive decrease in the total number of visits during this 18 month period. This decrease was almost entirely in non-occupational dispensary visits.

4. There was no evidence that any one group of employees, either by sex, payroll or job classification, received a significantly disproportionate amount of Health Division services.

SECTION REPORTS

X-ray Section

During the year, 5,626 separate x-ray examinations were made.

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THE DEPARTMENT OF
PUBLIC WORKS AND
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NEW YORK STATE
OFFICE OF THE
COMMISSIONER OF
LABOR
100 NASSAU ST.
NEW YORK, N. Y.
PHONE 50

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A chest x-ray is being offered to all male employees 40 years of age or older at approximately the six month interval after their annual chest x-ray. There has been enthusiastic response to this program which is an attempt to detect early cancer of the lung. The American Cancer Society has recommended such a program for the past several years.

New viewing boxes were obtained and the old viewing boxes were moved to the office of the Medical Director.

All the x-ray file envelopes were replaced during the past year. This was necessary because of severe wear and tear on envelopes which had been in use, in some cases, for 10 years. The new envelopes have been stamped in the upper left hand corner with the name, badge number and department code of the employee. Large badge numbers were later lettered in by the x-ray technician to provide easier identification.

Screening interpretations of films were performed by Dr. Lockett during the first seven months of the fiscal year but due to the pressure of work and reduction in staff, this had to be temporarily discontinued.

Nursing Section

The nursing staff cooperated in the preparation of first aid kits which were issued to almost all participants in the Geneva "Atoms for Peace" Conference. The kit may be seen in Figure No. 5

The nurses have participated actively in the nutrition study which is now being conducted; see Health Education Section.

Clinical Laboratory

Routine blood counts were modified during the past year in the following manner: The red blood count was discontinued. A hematocrit and sedimentation rate were determined routinely on all blood specimens.

Occupational Vision and Clinical Photography Section

The program in the procurement and issue of occupational eyewear continues. Currently the following types of safety glasses are being issued:

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GENERAL INSTRUCTIONS

Good doctors and good pharmacies are available throughout Europe. These medicines are designed for the treatment of minor illnesses.

A.S.A.: Slightly more potent than plain aspirin. Good for simple headaches and muscular aches. Take 2 tablets every 4 hours as needed.

A.S.A. with 1/2 grain Codeine: For more severe pain. Take 1 capsule every 4 hours as needed.

Gantrisin: This is a soluble sulfa to be used for emergency treatment of simple infections such as a sore throat, sinusitis or urinary tract infection. Do not use if localizing abdominal pain is present. (Appendicitis?) Take 4 tablets with a glass of water initially, then 2 tablets every 4 hours for 4 doses each day. Continue the medicine for 3 days even though symptoms subside. Most susceptible infections should respond in 24 to 48 hours. Always drink liberal amounts of liquids while taking Gantrisin. Stop the medicine at once if it nauseates you or if you develop a rash.

Pyribenzamine: For allergies such as hay fever, hives or asthma. Some people find that pyribenzamine helps control the early sneezing and unpleasant symptoms of a beginning common cold. Take 1 tablet every 4 hours. Warning -- it may make you sleepy!

(over)



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1. Type of glasses
 - a. Spectacle and goggle type
 - b. Face and eye shields.
 - c. Respirators
 - d. Clip-ons
2. Types of frames
 - a. Plastic and metal
 - 1). With and without side shields
 - 2). With and without adjustable nose pads.
 - b. All plastic (including lenses)
 - 1). Opaque
 - 2). Clear goggle frames
 - c. Special frames inserted in filter masks, respirators and clip-ons.
3. Lenses - hardened
 - a. White
 - 1). Plano
 - 2). Prescription
 - b. Tinted, pink.
 - 1). Prescription only.
 - c. Green sun lens type.
 - d. Glass blowers
 - 1). Cobalt and didymium (Cobalt, plano only).
 - e. Welders, all shades.

During the year 37 trips were made into the field and a total number of 211 employees were informally contacted by Mr. Rule. Three visits to specific work areas were made at the direct request of supervisors who desired aid in securing maximum eye safety for the employees exposed to special hazards. These included visits to the Rolling Mill of the Metallurgy Division, to the construction area of the Homogenous Reactor Project, and to the Central Shops area of the Engineering and Mechanical Division. Specific recommendations were made in each case which resulted in satisfactory resolution of the problems presented.

These field trips enabled Mr. Rule to obtain a clearer understanding of the problems of eye safety through visits to the actual work area where and while the employees were performing their daily assignments.

It is believed that employee relations were strengthened by these visits since the worker realized that the Health Division's concern for eye

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safety extended beyond the office of our ophthalmic dispenser. Many of these men expressed their appreciation for the opportunity to present their queries and opinions in the field without the necessity of leaving their job assignments to do so.

During the year 1401 patients were seen by the ophthalmic dispenser.

Psychological Service

During the past fiscal year Dr. Hurt has continued as a consultant to the Health Division. The following is a brief description of some of the services he has performed.

1. An educational program in minor psychiatry for the medical staff using actual cases for teaching purposes.
2. An examination of prospective employees in an attempt to screen out some of those having incapacitating mental illnesses or marked emotional instabilities.
3. A psychological "first aid station" to help in the early detection, adequate diagnosis, and proper handling of cases involving mental illnesses.
4. Advisory services for employees having minor emotional problems for which treatment is not indicated.
5. Maintenance of a close liaison between the Health Division and the physicians, psychiatrists, psychologists, clinics and hospitals in this area whose facilities are used by Laboratory employees.
6. A research program presently consisting of several studies involving the ORSORT students, the craftsmen groups, and Health Division services in general.
7. Advisory services to supervisory personnel in connection with a variety of psychological problems.
8. Examination and follow-up of employees returning to work after hospitalization for mental illnesses and a reasonable supervision of

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mentally ill employees remaining at work.

9. A general educational program including reading material, informal talks and planned study primarily for supervisory employees.

Health Education

A health education seminar on dental health was conducted by Dr. John Sullivan, oral surgeon from Knoxville, on February 23, 1955. He discussed the anatomy and physiology of the mouth and teeth, causes of decay and gingival disease and ways to maintain dental health. He illustrated his talk with a number of excellent slides. Approximately 500 persons attended this seminar.

Mrs. Elizabeth Y. Thornburgh, nutritionist formerly of the University of Tennessee, was obtained as a consultant on June 1, 1955. It is hoped that during the next year Mrs. Thornburgh will be able to give sufficient orientation in general nutrition to the nursing staff so they will be able to participate more actively in the periodic physical examination program. Initially, 300 twenty-four hour diet histories will be obtained and analyzed. Particular problem areas uncovered by this survey will be attacked by a nutrition counselling program which, it is hoped, will become a small part of the periodic examination program.

Several safety talks were given to special safety meetings. One of these, a talk on inguinal hernia, was essentially an experimental talk given to a relatively small group of machinists. A brief review of the anatomy of the inguinal area, illustrated with colored slides, and a discussion of the causes and treatment of inguinal hernia followed. It is hoped that similar talks on such a common problem as back injury, for example, can be arranged some time during the next year.

Health articles for the Laboratory news continue to be written at almost weekly intervals.

During National Mental Health Week a special film was shown in the Y-12 Area, the auditorium of the 4500 building, the safety building, and to each shift. Dr. Hurt followed the film with a short discussion and a question and answer period.

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Dr. Hurt has given several talks to research groups on the subject of mental health.

Industrial Hygiene

Consultant services of Mr. Newton H. Ketcham of the South Charleston plant were obtained. His first visit to the Laboratory was on April 13, 1955. Through his efforts some modifications in the industrial hygiene program for the leadburners are being instituted. A better rapport with all interested groups, including Health Physics and Safety, is being accomplished. The first direct results of Mr. Ketcham's visit will be the institution of a program of obtaining air samples in certain areas around leadburning operations.

On March 14, 1955 a visit was made to the Copperhill plant of the Tennessee Copper Company to review their techniques in handling a large lead problem. Although this visit was pleasant, nothing new was learned.

Administrative Section

Dr. Lincoln presented a review type paper on radiation cataracts to a meeting of Carbide physicians in June of 1955.

Dr. M. E. Wegner joined the staff July 15, 1954. He terminated May 31, 1955 to enter private practice in Minnesota. Mrs. Doris S. Newman, staff nurse, terminated employment on June 30, 1955. Mrs. Charlene Reynolds joined the nursing staff on February 7, 1955.

Attendance at Professional Meetings

Attendance at professional meetings, in addition to AEC and Carbide and Carbon Chemicals Company conferences, was as follows:

Thomas A. Lincoln, M. D.

Meeting of President's Committee on Employment of the
Physically Handicapped, Washington, D. C., August 26, 1954.

Special one day meeting of Carbide and Carbon Chemicals Company
physicians, Pittsburgh, Pa., November 16, 1954.

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Postgraduate course, Early Detection and Prevention of Disease,
Philadelphia, Pa., March 1955.

Industrial Medical Conference, Buffalo, N. Y., April 1955.

Lynn F. Lockett, M. D.

AMA Clinical meeting, Miami, Florida, November 1954.

Marwood E. Wegner, M.D.

Postgraduate course, Interpretation of Electrocardiograms,
Mount Sinai Hospital, New York City, January 1955.

RECOMMENDATIONS

1. There is need for a better co-ordinated industrial hygiene program at the Laboratory.
2. There is need for a decontamination facility.

STATISTICS

Statistical Summary

Average monthly Severity Rate (days lost per illness-absence)	7.9
Average monthly Disability Rate (days lost per 1000 days scheduled)	11.3
Average monthly Frequency rate (absence per 1000 days scheduled)	1.4
Average number of visits per employee per year	11.4
Average number of ORNL employees on payroll per month	3380
Average number of patients visiting the Dispensary per month	1996
Average number of employee-patients per month	1872
Average percent of ORNL employees visiting the Dispensary/month	55.4
Average number of illness-absences per employee per year	.3
Total number of visits for fiscal year 1954-55	40,229
Total number of visits by ORNL employees	38,495
Total number of visits by AEC employees	153
Total visits by others	1,581
Total visits to X-10 Dispensary	26,838
Total visits to 4500 Dispensary	6,761
Total visits to 7009 Dispensary	1,663
Total visits to Y-12 Dispensary	4,967
Average number of preliminary examinations per month	38
Average monthly ratio of occupational to non-occupational services*	1:3.42
Total number of procedures accomplished for fiscal year 1954-1955	65,988
Non-occupational illness, first visit	12,745
Non-occupational illness, repeat visit	6,595
Non-occupational injury, first visit	1,429
Non-occupational injury, repeat visit	852
Occupational illness, not otherwise classified, first visit	60
Occupational illness, not otherwise classified, repeat visit	115

* This ratio was 1:1.3 last year. The difference is largely due to a change in coding which shifted periodic examinations, both partial and complete, from an occupational to a non-occupational classification.

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Occupational injury, not otherwise classified, alleged or questionable, first visit	24
Occupational injury, not otherwise classified, alleged or questionable, repeat visit	52
Occupational injury or exposure, chemical, first visit	116
Occupational injury or exposure, chemical, repeat visit	260
Occupational injury or exposure, chemical, alleged or questionable, first visit	3
Occupational injury or exposure, chemical, alleged or questionable, repeat visit	3
Occupational injury or exposure, not otherwise classified, first visit	1,804
Occupational injury or exposure, not otherwise classified, repeat visit	3,012
Occupational injury or exposure, radiation, first visit	15
Occupational injury or exposure, radiation, repeat visit	4

COMPLETE EXAMINATION

Absence due to non-occupational illness	10	
Absence due to non-occupational injury	1	
Absence due to occupational injury	1	
Industrial Hygiene examination	3	
Job transfer examination	13	
Periodic health examination, non-ORNL personnel	142	
Periodic health examination, ORNL personnel	1,684	
	1st Visit	Repeat Visit
Hourly employees	494	0
Weekly employees	382	9
Monthly employees	792	7
Non-occupational examination	88	
Preplacement examination	345	
Rehire examination	69	
Termination examination	408	
Preliminary examination	462	

PARTIAL EXAMINATIONS

Absence due to non-occupational illness	1,130
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Absence due to non-occupational injury			48
Absence due to occupational illness			6
Absence due to occupational injury			29
Industrial hygiene examination			86
Job transfer examination			8
Periodic health examination (ORNL employees only)			2,592
		1st Visit	Repeat Visit
Hourly employees	1070		4
Weekly employees	619		28
Monthly employees	850		21
Non-occupational examination			507
Preplacement examination			387
Rehire examination			122
Termination examination			270
Blood donor examination			39
Psychodiagnostic services			60
Psychologic consultation			243
Neuropsychiatric consultation			8
Vocational rehabilitation interview			1
Psychodiagnostic tests			72
Consultation, occupational condition			13
Consultation, non-occupational condition			746
Consultation, without patient, occupational			1,491
Consultation, without patient, non-occupational			2,656
Premarital serodiagnostic test			63
Medical termination examination			13
Procedure for outside physician			75
Emergency first aid for visitors			15
Auxiliary procedure:			
Audiogram			3,952
Electrocardiogram			1,608
Field clinical laboratory procedure			27
Clinical laboratory procedure*			5,975
Bacterial culture		20	
Bacterial smear		57	
Basal metabolic rate		16	
Blood glucose		75	

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Blood pressure	2,768
Blood typing	746
Blood NPN	9
Blood uric acid	7
BSP	2
Complete blood count	799
Feces, complete	2
Feces, ova and parasite	10
Differential count	2
Hematocrit	3,919
Hemoglobin	3,987
Heterophile antibody titre	5
PSP	4
Red blood count and hemoglobin	21
Rh factor	735
Red blood count	7
Reticulocyte count	1
Serum bilirubin	3
Sedimentation rate	3,945
Sperm count	14
Thymol turbidity	4
Urinalysis	5,088
Urinalysis, quantitative	7
Urinalysis, 24 hour specimen	4
Urinalysis, mercury	15
Stipple cell count	2
VDRL	3,728
White blood count	1
White blood count and differential	4,031
Total	30,048*

Occupational Vision Section Procedures

Spectacles issued, plano	240
Spectacles issued, prescription	351

* The figure on the previous page represents the number of clinical laboratory visits. More than one laboratory procedure may be performed in one visit, hence the total as above for the breakdown of procedures.

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Emergency service for non-occupational eyewear	22
Partial replacement	225
Adjustment and repair	40
Advisory service regarding vision	99
Special ophthalmological examination procedure	92
Auxiliary procedures	
Ortho-Rater examination	4,031
Clinical photograph, occupational	2
Clinical photograph, non-occupational	2
X-ray, occupational, auxiliary service	3,253
X-ray, non-occupational, auxiliary service	2,373
Psychologic testing, preplacement	389
Immunization:	
First immunization	295
Second immunization	264
Third immunization	245
Booster and smallpox	824
Other immunization	356

DISPOSITION

Return to regular work	36,035
Return to modified or part-time work	1,708
Sent home	238
Remain off work	905
Deferred	1
Rejected	5
Accepted as H3	36
Accepted as H1 and H2	1,212
Sent to hospital or physician's office	89

ATTENDANT

Doctor	10,261
Doctor and nurse	4,866
Doctor, nurse and technician	49
Neuro-psychiatrist	10
Nurse	23,190

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Nurse referral	366
Psychologist	1,055
Technician	22,417
No attendant*	3,774

* This code is necessary to avoid a false duplication of items in the Attendant code.

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