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REPOSITORY BNL  
COLLECTION Human Subjects  
Research Policies  
BOX No. 1  
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Semi-Annual Report of Activities of the Clinic

June 1, 1949 ----- November 30, 1949

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## INTRODUCTION

This report indicates in a general way the activities of the Medical Practice group for the period, June 1, 1949 to November 30, 1949. It has been divided into main headings for clarity in discussion with an aim toward showing the functions as well as the progress and accomplishments of the different divisions of this group.

The personnel organization has not been included because of its availability from other sources. The progress and statistics of the clinical laboratory also are not included since it was under the supervision of the Department of Pathology which will probably wish to include its activities and statistics in its report.

## CLINIC

There were 3420 clinical visits, 553 of which were occupational and 2867 of which were non-occupational. There were 71 visits on holidays and weekends. 469 of the non-occupational visits were on dependents. Contractors and subcontractors accounted for 154 of the occupational visits. 76 occupational injuries were referred to outside physicians and 106 non-occupational illnesses were referred out.

Full-time coverage of a junior physician being on the site during non-working hours, nights, weekends and holidays, was started. The junior physician is backed up by a senior physician who is on telephone call with him. Malpractice insurance was

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taken out by the Laboratory to cover the physicians where previously this was the responsibility of the individual doctor.

The driving and care of the ambulance was transferred from the Fire Department to the Police Department and instructions in First Aid and use of the equipment were given in the form of lectures and demonstrations to the policemen. The ambulance was used 9 times for research patients and 21 times by non-research cases. It was inspected once a week to check the equipment and supplies.

Diagnostic and laboratory work in the form of x-rays, E.K.G.'s, B.M.R.'s, C.B.C.'s, urinalyses, blood chemistries, etc. were done on laboratory personnel for private physicians when facilities were available.

#### INDUSTRIAL MEDICINE

A Workmen's Compensation Medical Bureau License was issued June 18, 1949, authorizing the Laboratory to operate an employer's Workmen's Compensation Bureau to render medical care to injured employees under the provisions of Section 13-c of the Workmen's Compensation Law.

The use of Workmen's Compensation Board Form C 2.1 (5-48), "Notice That Employee Declines Right to Choose Own Physician" was started. The patient must fill out one of these forms if he requires more than two visits to the Clinic.

In the past six months we treated 227 non-disabling injuries and 3 disabling ones, giving a total of 230 B.N.L. injuries treated under compensation. These cases required 553 visits for treatment. In addition, compensation work and general industrial medicine was

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handled for H. K. Ferguson and their subcontractors at their dispensary until the load diminished to a point where it was no longer necessary to have a physician cover their dispensary. Their cases were then sent to the B.N.L. dispensary where the H. K. Ferguson and L. K. Comstock Co., Inc. cases are treated on the same basis as B.N.L. and A.U.I. patients.

An occupational injury is considered a compensation case when a B.N.L. or A.U.I. employee is involved only if: 1. X-rays are taken; 2. The employee is referred to a specialist; 3. The patient goes to his own physician; 4. There is a possibility of disability or disfigurement; 5. Or when lost time is involved.

All occupational injuries sustained by employees of contractors or subcontractors other than H. K. Ferguson and L.K. Comstock Co., Inc. were rendered first aid and referred to their own physicians for treatment. A New York State Workmen's Compensation form, Final C-4, was made out on these cases and a charge was made in accordance with Workmen's Compensation Fee schedule.

There were 76 referrals from the Clinic to outside physicians for occupational reasons.

#### PHYSICAL EXAMINATIONS

Routine physical examinations were done on 707 patients. 232 were initial examinations, 442 were rechecks, and 33 were special examinations.

Pre-employment examinations were done on all non-scientific personnel, and initial examinations have been done on most of the scientific personnel employed during this period. (In most cases,

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these initial examinations are done within 2 weeks after employment.) It would be easier for the Medical Department if a routine system could be arranged to have these examinations done the day the employee starts work. The special examinations were on personnel using the meteorologic tower, lead workers, mercury workers, etc.

At the request of the A.E.C., eight termination physical examinations were done on a group of Health Physicists in training at B.N.L. for a period of 2 months.

The physical examination consists of the following: history, physical examination, A-O Eye Screener test, audiogram on those with gross hearing disturbance, chest x-ray, E.K.G. on those over 40, and on those under 40 when indicated for diagnostic reasons. Other special examinations such as investigation of radiation cataract in those individuals exposed to neutrons have been arranged for.

Following each physical examination a limitation form is sent to the Safety Department indicating any limitation necessary and also a form stating whether or not eye refraction may be necessary for safety glasses.

A new direct recording E.K.G. machine was purchased which has shortened the time required for this procedure and is much more practical for our purpose than the previous machine used.

There were four full-time physicians at the beginning of the period in this division. One transferred to the Bacteriology division the first week in September and another left in the middle of October to continue training at another institution.

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The loss of their services combined with 62 physician vacation days during this period caused a drop in the number of physical examinations done. Some of this loss was compensated for by having two part-time physicians from the local communities come in to help with physical examinations. The first one started in the middle of October, coming in for 2 half days a week, and the second one started the second week in November, coming in for 1 half day a week. At present we are about six weeks behind schedule in our physical examinations as compared with last year, but part of this is due to the fact that this year initial physical examinations were done on summer visitors which added an extra load over the previous year when examinations on these people were not done.

Our initial examination takes over twice as long as a recheck examination since in the latter the history is limited to an interval history. This means that at least 150 more recheck examinations would have been done had this extra load not been added.

#### PUBLIC HEALTH

The general health of Laboratory employees has been good and efforts to detect early infectious diseases and to keep people with communicable diseases from infecting others may have helped to some extent. We have enjoyed an excellent relationship with the New York State Department of Health, which has cooperated by doing for us water examinations, blood serologic examinations, and blood agglutination series.

Routine chest x-rays uncovered no active pulmonary tuberculosis. (Patients with old inactive tuberculosis are followed with tuberculin tests, sedimentation rates and special x-rays when indicated.)

One case of infectious syphilis was discovered living in one of the dormitories and put under treatment. Two other cases were investigated for gonorrhoea.

During the poliomyelitis epidemic the department aided in the preparation of an article on polio for distribution to all personnel and rendered advice to the personnel division on the control of the Laboratory swimming pool.

Cafeteria inspection and advice on sanitary conditions, garbage disposal, and fly control were carried out.

Vaccinations and inoculations were given to those employees leaving the country on Laboratory business. Rocky mountain spotted fever inoculations were given to those people requesting it, whose employment subjected them to the risk of tick bites. Tetanus antitoxin and toxoid boosters were given when indicated and in other cases boosters were given to certain personnel in whom it was thought advisable to keep up their titers because of the nature of their jobs.

#### X-RAY

There were 976 x-ray examinations during this period. 108 of these were on employee out patients, 41 on dependents, and 69 compensation x-ray examinations on subcontractors. There were 12 on non-research Hospital patients and 80 examinations on research cases. Routine physical examinations accounted for 666

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chest x-rays. 343 of these were 14 x 17 plates and 323 were photofluoroscopic. The P.F.X. machine was not functioning for a total period of about 2 months due to mechanical difficulties and inability to obtain film. During this period 176 routine chest examinations were done on the large machine. This includes those which would have been done on the P.F.X. if it were working.

Scientific personnel or those liable to exposure to radiation hazards were x-rayed on the large machine, which delivers less than a daily allowable dose, while clerical workers and those not liable to over-exposure were done by the photofluoroscopic method. The amount of exposure in each case as calculated from a previous calibration of the machines was sent to Health Physics for inclusion in their radiation exposure record. A history of previous x-rays and other exposures to radiation hazards were gone into in the pre-employment and initial examinations.

Inquiry was made on the recheck physical examinations as to dental or other x-rays received other than at B.N.L. since their previous examination. Any significant amounts were reported in writing to Health Physics.

#### RADIATION

Indoctrination in Health Physics procedures and radiation practices were started. A personnel monitoring board was installed for ionization chambers and pocket badges and instruction in their use given to the nurses and other staff members. Instructions were also given in the use of survey equipment. Radioactive waste containers for both dry and liquid waste materials were set up in the Hospital.

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Arrangements were made with Oak Ridge National Laboratory for the examination of a limited number (3 a week) of urine examinations for fission products, on employees working with these materials. Several of these examinations were done at that Laboratory.

There were no known cases of over-exposure to ionizing radiation or injuries associated with radiation hazard that required any more than first aid treatment. No abnormal blood counts suggestive of radiation damage were discovered and no cataract formations from neutron exposure were found.

#### HOSPITAL

There were 18 patients admitted to the Hospital through the clinic during the past 6 months, the total hospital days for these cases being 126. One case of pulmonary tuberculosis was followed during this period which consisted of 183 hospital days.

The research cases which had been temporarily cared for by this group were shifted over to the research staff when that became established.

#### MISCELLANEOUS ACTIVITIES

There were other miscellaneous activities of this group, some of which follow:

A series of lectures on various medical topics were given to the nurses.

One physician represented the Medical Department on the Library Committee and another member was on the Radiation Safety Committee.

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Regular ward rounds have been attended as well as the weekly medical conferences which are now under way. One of the physicians spends a day a week at Memorial Hospital. Scientific meetings at the Laboratory have been attended but no trips for scientific meetings were made during the past 6 months, except for a 10-day course in Medical Aspects of Special Weapons and Radioactive Isotopes given by the Navy at the Naval Medical Center, Bethesda, Md. which was attended by one of the physicians.

At least one member and usually more have attended the Suffolk County Medical Society scientific, business, and special meetings. One physician is on the editorial board of the Suffolk County Medical Society Bulletin. A paper on work done by one of the physicians at another institution, published earlier in the year in the Annals of Allergy, was reviewed in September in the J.A.M.A.

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R. A. Love, M. D.

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