



Harriet Louise Hardy



Harriet L. Hardy, Clinical Professor of Preventive Medicine Emerita, the second female physician appointed as full professor at Harvard Medical School (1971), died in her 88th year on October 13, 1993.

Inside the academic medical center, Dr. Hardy was a wise expert on worker's health; outside, she was a forceful advocate for it as she pursued the hazards of the workplace by clinical study of disabled and exposed workers at their jobs and in the clinic. Her life and career at these academic-public margins is of interest for her contributions to the field and also for the development of that career (and that field) at a time when medicine was largely focused on the hospitalized sick and when women-in-medicine were, unlike today, but a token

minority.

Both Dr. Hardy and her field, occupational medicine, have their past histories in common for both began in the Progressive Era, the 1900s-20s. The era's expansive industrialization was accompanied by more impaired and sick workers but also by a reform spirit (the improvement of workers' health), by money (out of the capital earned with the expansion) and by a social conviction that scientific investigations (which money could support) would solve workplace hazards. Reform, money and research converged to make occupational medicine a "specialization" and an "academic discipline". Its specialization was acknowledged when David Edsall, Chief of Medicine, MGH, organized the first occupational medicine clinic (1916), a specialization developing in an outpatient department! Its academic discipline recognition came when Edsall, then Dean of Harvard Medical School (1918) established a Department of Industrial Hygiene to train researchers, industrial medical officers, and plant inspectors – an academic department that soon was incorporated into the newly established Harvard School of Public Health (1921).

*In tribute to their dedicated efforts to science and medicine, deceased members of the Harvard Faculty of Medicine (those at the rank of full or emeritus professor) receive a review of their life and contributions with a complete reflection, a **Memorial Minute**.*

In 1906, Dr. Hardy's own history began with her birth in that same era. Out of those two decades she absorbed the spirit of social reform that was to characterize her career – a search not only to understand conditions but to improve them, to join her learning with action. Some particulars of her background are notable. Born in Arlington, Massachusetts, she, however, grew up in New Jersey where her mother moved the family, a brother and a sister, following the death of her father from pneumonia when she was four. Finishing at a women's prep school, Kent Place, in Summit, she came back to Massachusetts to Wellesley College where she was elected president of her graduating class (1928) and voted one of the most popular students.

Becoming a doctor was on her mind long before college, and an early decision in college that she attributed to the experience of illness in her family. Upon graduation, she was admitted to Cornell Medical School where she was one of six women in her Class of 1932. At that time in-hospital training for women was almost impossible, since few hospitals would allow women to serve as interns or residents. Philadelphia General Hospital was an exception, where Dr. Hardy took her hospital training, a two-year rotating medical residency. Of this “36 hours on - 12 hours off” experience, she wrote: “Insight into human behavior of the sick, dying, and troubled and underprivileged, gained by one coming from a comfortable privileged home as I did, was almost overwhelming.” Like physician writers from Somerset Maugham and William Carlos Williams to today's authors of “Doctors Stories”, her learning about the human side of medicine was as important to her as the scientific-technical. Training was a service.

Her residency training was followed by practice as she had to support herself and help her family who had financial reversals in the depression. She took a school physician job at Northfield Academy “for girls” because it promised steady work unlike the uncertainties of private practice. At Northfield she invented her job and learned it, coping with crises of student accidents, drownings, rape, pregnancies and the hurricane injuries of 1938. She also offered preventive health education in anatomy, physiology and venereal disease, and undertook a part-time local general practice. After five years at Northfield she had “the first rumbling of depression”, a response that was to return over the years.

In 1939 she moved to Radcliffe as college physician and also obtained an appointment at the Massachusetts General Hospital to work part-time in its out-patient medical clinics, where occupational diseases were a long-time interest of the staff, beginning with Harry Linenthal, David Edsall and Joseph Aub. At MGH, Aub encouraged her in the study of occupational disease; at Radcliffe, Arlie Bock facilitated her studies of women's health (body build, physical fitness, and laboratory measurements). When a 1945 job with the Massachusetts Division of Occupational Hygiene opened to examine a new lung disorder that seemed to appear in fluorescent lamp workers in Salem and Ipswich, she took it. The disease that she found and wrote about was a diffuse granulomatous process of unknown etiology which primarily affected the lungs. It was then called “Salem Sarcoid”. Investigating this “epidemic” at age 40 redirected her career from students to workers' health.

Her signal contribution with Irving R. Tabershaw, *Delayed Chemical Pneumonitis Occurring in*

Workers Exposed to Beryllium Compounds, appeared in 1946. The natural history of this newly described disorder whether in fluorescent lamp workers or others remained a lifelong interest, especially its chronic form and its occasional development from neighborhood and household exposures. Its recognition and quick prevention is a remarkable story when substitutes for beryllium were found in 1949 and the disease soon controlled. As part of her on-going investigation into the pathogenesis and long-term effects of beryllium, she established the U.S. Beryllium Case Registry in 1952 which has continued to the present and was one of the first registries to collect long-term data on a chronic disorder other than cancer.

In addition to this early, continuing focus on beryllium disease, she went on to clinically study and report other occupational hazards and disorders—asbestosis, mesothelioma, coal-workers’ lung disease, mercury poisoning, radiation injury, lead, farmer’s lung, carbon tetrachloride, cyanide—to mention the many she described in succeeding papers and in the three editions she authored of Alice Hamilton’s widely used general text, *Industrial Toxicology*. Besides this instructional reference, she lectured often and widely, not only to those in her own specialty, but to medical students, residents, and practitioners (at post-graduate courses) as well as to general audiences, determined to inform others on her favorite theme of “man-made diseases”.

While working for the Commonwealth of Massachusetts, Dr. Hardy retained her appointment at MGH, returning in 1949 to reopen a weekly occupational medicine clinic (1949-61) while also taking a fulltime post as Head of the Occupational Medical Service at Massachusetts Institute of Technology (1949-70). Here she organized a model service-research group of industrial toxicologists and hygienists to monitor the many potentially hazardous projects on the campus. As noted in a history of that department: “Dr. Hardy was not one who waited for problems to be brought to her. On the contrary, she was continually dropping in on various laboratories where hazardous proceedings might be going on and, if she found something that demanded attention, she would send a report to the investigator, or, if need be, to the department head. What is more, she did not let the matter end with a simple report; she would follow up on the report until the condition was rectified.” She continued her association with the Department of Medicine at MGH as a member of the Pulmonary Unit, where she had an enormous impact on the training and career developments of many young physicians and medical students.

Now established with her own service, she was often called outside to serve on numerous state, national and international committees, those of the Atomic Energy Commission, the United Mine Workers, National Institute of Occupational Safety and Health, the Coal Workers’ Safety Board, and the International Labor Organization – settings where she was always a vigorous, articulate advocate for the control of industrial hazards.

As she often admitted, her professional life was not a planned academic or specialty career but an accidental product of several influences – her interest in clinical medicine, her school and college health jobs of working with the young and healthy, her identification with and study of the industrial

disablements of blue-collar workers, and the support of senior colleagues who encouraged her interests in the illnesses of the workplace, in what she called “clinical preventive medicine”. In such work, unlike the “company doc”, whose attachments were to the corporation, hers were to the worker, for whom she advocated in her writings, clinical care, and testimonies before the Workmens’ Compensation Board.

Dr. Hardy received many honors and awards, including Medical Woman of the Year of the American Medical Women’s Association, the Award of Merit of the American Academy of Occupational Medicine, the Alice Hamilton Award of the New York Academy of Science and the Chadwick Medal of the Massachusetts Thoracic Society. She pursued her many projects with vigor and outspoken assertiveness, as her colleagues and associates quickly learned. Moreover, as she reported in her autobiography, *Challenging Man-Made Diseases*, she never felt handicapped by being a woman in the profession, the hospital, the medical school, the factory, or in doing the “shoe leather” epidemiology of tracking down the injured or exposed in their workplace or neighborhood.

Her career at MGH and MIT was an inspiration for many others to enter the field, as the field expanded from industrial, then occupational to environmental medicine with the profession and public becoming aware of the community hazards of radiation, insecticides and industrial pollution and now to global environmental hazards.

Her work was occasionally disrupted by periods of depression and by a meningioma that required excision (1972) and anticonvulsant therapy. Despite these disablements, she was determined to keep active and she did, moving in 1985 with her sister to a residential community in western Massachusetts. She developed a lymphoma during the last years of her life but determined she would not take treatment, surviving some four years. Her weeks before her final departure from this life, October 13, 1993, were her usual “take charge” of herself, that she “only wanted to be cared for and pain controlled.”

Looking back, she gave occupational medicine distinctive clinical and public importance, demonstrating with her studies, teaching and advocacy, that control of workplace and environmental hazards does improve the health of workers, the community, and today, our globe.

Respectfully submitted,

John D. Stoeckle, *chairperson*

Homayoun Kazemi

Rose Goldman

Chris Oliver