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before. Eventually, linkage of a company CCTV network with external locations such as hosp clinics, universities, and even other industrial medical departments will add still further to i usefulness. The first industrial medical conference on CCTV in the New York Telephone Com is described. A total of 25 company physicians at the four locations or from nearby points participated in the first CCTV seminar. The presentation, plus the discussion among the par pants which followed lasted approximately 1-1/2 hours. Future seminars and conferences will explore some of the many other obvious uses for this new communication medium. For exam the stimulation of visiting authorities who may be present at the company medical headquarter be shared with branch offices of the medical department; special cases which are brought to th attention of the medical director may be discussed with the entire staff; new procedures or tec niques may be introduced and explained; and a demonstration of new equipment may be made o yet be seen by all.

120 Periodic Health Evaluation: Some Developments and Practices. N.J. Roberts. J. Occ. Med. 8, 581-588 (Nov. 1966).

Arrangements can be made to examine any population in depth and detail, if the needed funds, personnel, and facilities are available. However, the best periodic health examination is not necessarily the one that costs the most money, consumes the most time, or includes the most study and testing. The law of diminishing returns is as applicable to periodic examinations as it is to cameras, coats, and cars. To gain the greatest amount for a cost (in terms of money, time, people, and facilities) that can be widely afforded, the most promising routes would seem to be through more efficient and less extensive use of physicians; greater use of nurses, technicians, and especially automation; and development of better examination techniques. In doing periodic health examinations, physicians should be willing to face the somewhat unpalatable proposal that some historical information is better and more economically elicited by a questio naire completed by the literate patient. A questionnaire* several pages long, with ample wordin and spaciousness, can be completed in only 20-30 minutes of the patient's time at home. In add to helping assure thoroughness, a properly designed questionnaire completed at home with the h of the patient's spouse often gives more information and more accurate information, at least wi reference to certain subjects, than we customarily elicit in interviews. For example, most wi remember family and personal histories better than their husbands do and they can often stimul the admission of a wheeze or of an appreciably more exact estimate of tobacco or alcohol use. E the best questionnaire has deficiencies, most notably the impossibility of seeing or feeling the patient's reaction to questions which he may not understand or which may be emotionally charge for him. But the effectiveness and depth of an interview can be appreciably increased by structuring it with the help of a questionnaire. As automation techniques become more widely and practically available, valuable information concerning the probability that an individual has certain diseases will be obtainable promptly from his responses to a questionnaire. Such data would help shape the patient's subsequent interview, his physical examination, and the X-ray, laboratory, and other studies performed. Some periodic health examination programs have already moved in this direction. Patients sort into "Yes" and "No" boxes data-processing cards on which individual questions are printed, allowing prompt electronic handling of their response (*Samples of such questionnaires are available from the author on request: Dr. Norbert J. Robe Associate Medical Director, Standard Oil Co. (N.J.), 30 Rockefeller Plaza, New York, N.Y. 10

121 Some Economic Estimates of Job Disruption—From an Industrial Mental Health Project. W.W. Winslow, et al. Arch. Environmental Health 13, 213-219 (Aug. 1966).

A method of calculating specific costs to industry stemming from job-disruptive behavior is presented. Costs to the company, the employee, and the insurance carriers were calculated based on the following indices: (1) cost of impaired productivity; (2) cost of interpersonal frictio as manifested in grievance, disciplinary, and garnishment procedures; (3) cost of absenteeism; and (4) cost of health and accident problems as manifested in compensation and hospital-medical-surgical claims, and medical-surgical and weekly sick benefit payments. Costs were calculated for suspected problem drinking, miscellaneous problem, and problem-free samples, and cost changes over time were examined for three employee samples based on whether remedial interve tion was recommended, followed through, or not followed through. Evidence is presented which demonstrates the significantly higher costs to industry accrued by problem-drinking and other-problem employees. However, this study did not demonstrate the economic value of secondary prevention or early remedial intervention within the relatively short span of follow-up which was possible in this project. There are 22 references. -- Authors' summary

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