

not only in the injury and our treatment of it, we also want to know how it happened and why it happened. Pertinent information we pass on to the safety director or foreman for further investigation. We chat with the employee about his wife or new baby or his last fishing trip. We are not just robots sticking on a bandaid here or there. We are nurses interested in the general welfare of the people with whom we work.

When physical examinations on employees were first started there were many who refused to be examined. They were sure we were just looking for an excuse to fire them. There are not many today who refuse. Much of the credit for the change in attitude belongs to the nurses and their patient persuasiveness. For instance, in one of our plants, there was considerable opposition to our physical examination and x-ray programs from the union as well as individuals. Through the persuasive efforts of the nurse and with the staunch support of the plant superintendent, 60% of the employees consented to x-rays when the bus arrived. We were pleasantly surprised. The nurse told me one day that she supposed she would never get them all no matter how long she or they worked for us yet each year she tries again and each year she gets a few more to have physical and/or x-rays.

Our physical examination program does not end when the examination is completed. In many instances, it has just started. Now we go to work persuading the employee to have defects corrected, helping him arrange for such corrections, encouraging him to reduce weight or keep his blood pressure down or take care of that heart. I could cite innumerable instances where our nurses have done outstanding jobs in follow-up work on defects but I just would not know where to stop.

We have built a sound structure around our home visiting program, too. It would be much easier just to make a visit to an employee who is off work, ask him why he is off and report back to his foreman. But that is too much like police work and it is not the reason for our home visits. We are interested in why he is off, of course, but we are more interested in seeing if there is anything we can do to help him so that he can get back to work.

Again, when our home visiting program was first started it was viewed with suspicion by the employees. We were accused of spying for the company. Now the more common reaction is, "Why didn't you visit me when I was sick last week?"

All nurses do not have the ability or training to build such a program as ours. We pick our nurses as carefully as we can according to their ability and personality. Unfortunately, we have made errors in judgement which caused weak spots in our structure. But, fortunately, we have been able to correct such errors and rebuild with even greater strength. Sometimes it has been a matter of explaining to plant management what the Medical Department is trying to do. Sometimes it has been a matter of educating the nurse in Brake Shoe policy.

Our plants are widely scattered thus making in-plant training virtually impossible. We needed some method besides bulletins to keep us in touch with and to help us educate our nurses in our way of thinking. Shortly after my appointment as superintendent of nurses in 1949,