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Dr. Robert A. Kehoe, Director
Kettering Laboratory
Eden and Bethesda Avenues
Cincinnati, 19, Ohio

Dear Bob:

Enclosed please find an article which was sent to me by Mr. Greiser. He is the president of Carthage Mills, one of the companies for which I do periodic physical examinations on the executives. I think the article is of interest in reference to our correspondence of two years ago, for it indicates that Selby feels the same way I do about having these examinations performed by an outside organization. I also feel that I can do a better job than any clinic because of my background and personal interest.

If you have changed your mind about the worth of these studies and if any opportunity comes along in which you think I might be of service, I would appreciate your letting me know about it.

I have the observations on the urine leads on my desk. I have just about finished the calculations on the plasma lead and had intended to do the erythrocyte lead next. A good ten days will elapse before I can tackle our urinary lead data, and I'd want to do that before studying this British material. If you think that will make an undue delay I'll return the material to you now. I would prefer to keep it because I think the data illustrates several important points.

Sincerely yours,

Henry W. Ryder, M.D.

HR/sl

Enc:

How GM Guards Health Of Its Executives

Voluntary physical checkups for executives of General Motors Corporation were started "to catch it before it happens," and the examinations reveal many ailments that can be eliminated with precautionary measures

By Dwight G. Baird

RECOGNIZING the importance of keeping members of its management group in what might be termed good working condition, General Motors Corporation has made available periodic physical examinations for some 3,000 of its executives.

Every factory of any consequence has a maintenance department. And every maintenance department of any consequence has a preventive maintenance schedule or program. "We catch it before it happens" is a common boast among them, meaning that they anticipate and prevent breakdowns and work stoppages. Machines are valuable. Work stoppages are costly. So the company invests in preventive maintenance.

But the human machine is also subject to deterioration, to breakdowns, to work stoppages, and some of the latter are permanent. So prevalent is this that management has long made provision for physical examinations of hourly workers. Many employers provide preplacement examinations and many of the more progressive ones also undertake to make periodic examinations available to employees. But few have done anything at all to conserve the health of members of their management group.

This fact was brought to the attention of GM top management early in 1944, when its personnel section released figures showing that 189 members of its management group had died in the preceding 5 years.

As a result of this report, the medical department made a study which revealed some important facts concerning the condition. It found that the health maintenance program for the supervisory group was inadequate at a time when it was most needed. Because of the increase of responsibilities entailed by war work, executives were being subjected to extended hours of work, excessive travel, and unusual mental strains. Death from cardiovascular disease was taking a heavy toll among them. During the preceding few years, deaths from angina pectoris, coronary thrombosis, and cerebral hemorrhage had been prevalent. The management group was, and is, carrying heavy responsibilities, and the corporation has considerable interest in their capabilities. It seemed desirable, therefore, to consider means for the protection of their health which would be suitable, effective, and acceptable to them.

The medical profession has long maintained that annual diagnostic examinations present one of the chief hopes for prolonging lives. If a person will conscientiously take such an examination and then will follow the recommendations made, many ailments will be discovered in their incipiency and preventive measures can be undertaken at a time when they are likely to be most effective.

A schedule of preventive health maintenance for members of management was clearly indicated. But right here the medical department recognized a delicate situation. Medical reports are confidential. People may object to having others know what ails them. Not only so, but no one felt like ordering major executives to betake themselves to a physician or clinic of recognized standing to have their physical mechanism checked over at regular intervals. The medical department, therefore, reached certain conclusions, chief of which were:

1. The plan should be on a voluntary basis.

2. Reports should be confidential and should be made only to the person examined or to a physician designated by him.

3. The examining clinic should have a terminal interview with the person examined, during which the physician would inform him, in layman's terms, of any impairments which he had discovered.

4. A short written report in layman's language, as well as a more technical report for study by a physician, is important.

5. There should be some method of notifying the executive when the time arrives for his repeat examination.

6. Examinations given should be thorough and without too much delay.

operations. In a large mid-south city we asked the sales manager of a well-known wholesale house to name three or four unusually good retail stores which we could visit and study. He could not name one. He checked with other members of the headquarters staff and finally came up with the names of three of the company's customers who had good stores. But he knew nothing about them. In another city we told a wholesaler of a beautiful store, three times as large as customary, better stocked, better lighted, and better managed than usual. The owner of this wholesale house had to consult a record to determine whether the store was a customer or not. He had never heard of the store, although it did develop that the owner of this remarkable store was a customer and frequent visitor. In all respect to the job they are doing we suggest that wholesalers put some of their top management on the road to pick up some modern ideas.

Glenn McCarthy, a young Houston oil millionaire, is building a whopping big hotel and shopping center on South Main Street at the edge of the city. Called The Shamrock, the hotel will open, it is expected, on March 17, which is St. Patrick's Day, as you know. A bank, post office, garage, department store, and other facilities will be included in the McCarthy Center development which surrounds the hotel. Right now, with the hotel under roof and nearing completion, people are predicting failure; they say that such a big hotel so far from the shopping center of Houston proper cannot succeed. We were in Houston when the Rice Hotel was opened, more than 30 years ago. They said the same things about the Rice, which was one of the first of the big financial adventures of Jesse Jones. There are always croakers who never risk anything on their own, and who seem to enjoy predicting failure for all who risk anything. More power to Mr. McCarthy. Every city could use men like him.

Labor Statesmanship of the highest order is needed by labor leaders today. Their problem is to determine when labor will price itself out of its market. Wallpaper sales fell off in 1948 because of the high cost of labor to hang wallpaper. There was a boom in home hair-cutting devices when Chicago barbers upped prices as a result of another boost to union barbers. Paperhangers are still busy because of the building boom, but the fact remains that millions of property owners are postponing decorating projects because of labor costs. These union men may be the first to suffer when a lull comes. It would be better to spread the butter a little thinner now, rather than have no bread to butter later. Service industries are complaining that labor rates and low productivity prevent profits today. Here again labor is dangerously near pricing itself out of the market.

Jack I. Straus, president, R. H. Macy and Company, told his stockholders recently that "certain lines of merchandise that were overpriced last spring have been adjusted with a satisfactory increase in unit sales and dollar volume." But he added that other lines, notably some luxury products, are still priced beyond the capacity or willingness of the customer to buy. This proves again what we said in a previous paragraph about knowing customers, and understanding what customers are thinking. Some of the first manufacturers to be hit by the public's refusal to pay fantastic prices were shocked and painfully hurt when the public started backing away from their high-priced merchandise. Smartest thing anybody with anything to sell can do these days is to maintain a continuing study of customers and their reactions.

Simplification of lines is one way to cut costs and bring down prices. Many producers have so many lines that the difference between one price range and another is so little that consumers are confused. Long lines were often created in the past because nobody knew, or took the trouble to learn, just what consumers wanted. The result was long lines, hoping to catch all the business. Smart manufacturers today are checking consumer preferences so carefully that many lines and many items can be eliminated. Just because an item has sold in the past is no proof that consumers really demanded it.

Alan H. Temple, vice president, National City Bank of New York, told the controllers in New York early in October that many exaggerate the "froth" in the present business picture and fail to give weight to the immensely greater financial strength of the country, absence of any real monetary strain, and the standing of Government commitments in the European recovery and defense programs. Liquid assets of all business and people have increased almost three and one-half times since 1939. Total private debt has increased only about one-third, he reminded the controllers. "The kind of financial strain which was present in 1920 and in 1929, which heralds a bust or a severe liquidating depression, does not exist."

Truman's Election was partially due to the fact that Mr. Dewey seems cold and machine-like to the majority of the voters. Truman's worst blunders, his evident befuddlement, served to win him sympathy because we all like to feel that our leaders are human. Another reason for his election is that it is almost impossible to get people excited about a change when so many of us are prosperous. Even high prices can't make us dissatisfied when we are all working at higher than ever wages. We hope that his success will not cause him to think that he can continue to persecute business as he has attempted to do in the past.

7. Approval of all charges and diagnostic procedures is necessary, but charges for restorative or curative treatment should not be approved.

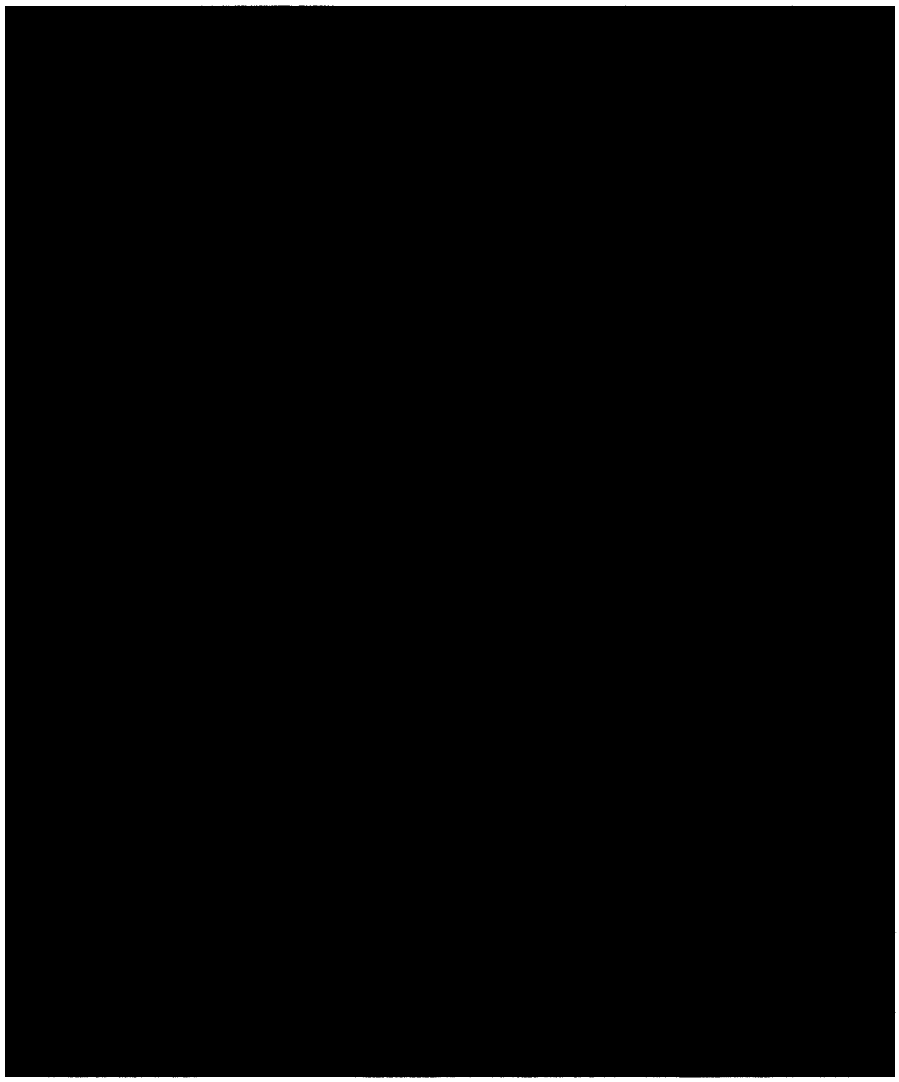
In August 1944, the policy committee of General Motors approved an annual diagnostic health examination for all employees in the top-management group. An approved list of physicians and clinics was furnished the divisions and group executives by the medical consultant.

However, if any executive preferred a physician or clinic not on the list, he could be examined by a physician or clinic of his own choice with the approval of the medical consultant of the corporation. The cost of the examination (including transportation to and from the clinic), subject to approval of the medical consultant as to the reasonableness of the charge, is borne by the corporation or the individual divisions. The cost of treatment, if any, is borne by the individual.

The type of examination adopted is intended to assist executives in the maintenance of their health, and approval of the examiner is required in order that they may be given reasonable assurance that they will receive this type of examination. Such an examination is much more complete than one made for the diagnosis of a disease or for the recognition or treatment of illness.

"When the plan was first adopted, we anticipated that probably about 500 persons would be examined in the first year," Dr. Clarence D. Selby, GM medical consultant, said: "My colleagues and I were pleasantly surprised, therefore, when 933 of them availed themselves of the opportunity during the first year. There has since been a gradual increase in the number who have done so, and those who have had an initial examination have been quite faithful in returning for subsequent ones.

"While we do not know, nor



(Kaufmann & Fabry)

GM executives receive periodic checkups on their own volition, by a doctor of their own choosing, and the resulting reports are made in strictest confidence

diagnoses reveal, we do keep a record of all such health examinations. We have a card for every eligible executive. This card provides spaces for entering a record of ten health examinations, names of examining physicians and clinics, and costs charged to the employer. The medical department of each division is responsible for maintaining its own records and for notifying its executives when they are due for re-examinations.

"Most of the examinations made during the first year were obtained through the services of twelve clinics and the tendency since then has been to narrow the list, rather than expand it. In view of the professional standing of

in making the special type of examinations required by General Motors Corporation, they naturally are to be preferred.

"Since the plan was adopted (August 1944), 3,429 initial examinations and 2,253 re-examinations have been made. The total so far for this year is 1,336.

"While, as I have said, we do not attempt to learn the results of health examinations of individual executives, it is desirable to learn something of the general health of the group, as well as principal ailments which afflict them. To this end, representatives of eight clinics which have made most of the examinations were brought together in a panel last November to

(Continued on page 73)

How GM Guards Health of Its Executives

(Continued from page 9)

discuss findings. This in no way violated the confidential nature of individual reports, because executives and findings could not be related."

The reports listed the number of employees examined and the different diagnoses made. No two clinics reported their findings in like manner, and in comparing results, not all of the information could be correlated.

The panel was composed of Dr. Howard Hartman of the Mayo Clinic; Dr. Ross McLean of Johns Hopkins Hospital; Dr. D. W. Atchley of Presbyterian Hospital, New York; Dr. H. G. Beck of the Diagnostic Clinic, Baltimore; Dr. W. J. Kerr of University of California; Dr. R. C. Moehlig of Harper Hospital, Detroit; Dr. F. J. Gregg of the Pittsburgh Clinic; and Dr. R. L. Haden of the Cleveland Clinic. Dr. Selby was moderator and Dr. Earl F. Lutz, GM associate medical consultant, reported a statistical analysis which furnished a basis for the discussion.

The statistics compiled covered 718 GM executives. Of these, 590 showed pathology of one kind or another but mostly minor.

The diagnoses reported were classified under nine different systems:

The blood and circulatory system accounted for 23.88 per cent of the total pathology reported. The most commonly reported diseases in this category were hypertension, 60 cases; hemorrhoids, 50; arteriosclerosis, 24; electrocardiographic changes, 21; myocardial damage, 20; and high blood pressure, 18. These six diagnoses accounted for 65 per cent of the cases reported under this category, while ten other classifications accounted for the other 35 per cent.

The endocrine system accounted for 17.87 per cent of the total diseases reported. The most commonly reported ailments in this category were obesity and hypothyroidism. These two items accounted for 75 per cent of the cases of this kind reported, while the other 25 per cent included six other diagnoses.

The gastrointestinal system accounted for 17.06 per cent of the total pathology. Most commonly reported diseases were pyorrhea, 55 cases; hernia, 37; duodenal ulcer, 25; and gallbladder disease, 11. These four totaled 128 cases, or 61 per cent, while 24 other diagnoses accounted for the remaining 82 cases.

The respiratory system was represented by 9.83 of total pathology reported. Most commonly reported diseases were sinusitis, 34 cases; septic tonsils, 19; deviated septa, 15; tuberculosis, 13; and emphysema (rupture of air cells of the lungs), 11. These five diseases represented 76 per cent of total cases reported, while 11 others accounted for the other 24 per cent.

The nervous system, including eye and ear senses, accounted for 8.53 per cent of the total diseases reported. Most commonly reported diseases were psychoneurosis, 33 cases; ocular pathology, 19; impaired hearing, 15; and migraine, 13. These accounted for 76 per cent of ailments in this classification, while ten other diseases accounted for the other 24 per cent.

The skeletal and muscular system accounted for 7.47 per cent of the total pathology reported. Most commonly reported diseases were arthritis, 33 cases, and flat feet or foot strain, 19 cases. Thirteen other classifications accounted for 40 cases.

The genito-urinary system was represented by 81 cases, or 6.58 per cent of total pathology reported. Most commonly reported diseases were prostatic hypertrophy, 10 cases; prostatitis, 12; hydrocele, 6. The other 67 per cent of cases included 15 other ailments.

There were 24 different classifications of cases reported under dermatology, totaling 5.04 per cent of all pathology.

Allergies reported included 5 cases of hay fever, 5 of allergic rhinitis, 3 of allergic asthma, and 1 of food allergy.

No analysis of mortality records has been made since the plan was inaugurated, but statistics on this and many other phases of the subject are being accumulated. Dr. Selby expressed the opinion that the program is working satisfactorily and that it has been well justified thus far, but he insists that it will take 10 years to accumulate and analyze all of the pertinent statistics on the subject. He does not think that industrial executives, as a class, die exceptionally young, nor does he agree that diseases of the heart and apoplexy are more prevalent among them than they are among other classes of people. There has been a notable increase in the percentage of deaths from such causes, he says, but this is true of the population generally, and is attributable largely to the fact that people are living longer than formerly.

The trend of executive examinations, he said, is toward appraising the functional capacity of the organs, rather than toward appraising the pathology only. In other words, medical men are not so much concerned with what damage has already been done as they are with what's left of the damaged organs and how those examined can adapt themselves to make the best possible use of it to avoid expensive breakdowns and prolong body functioning.