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

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

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

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

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

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

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