

Originally it was decided to have only three population groups, including a so-called small sized plant group, under 1,000 employees; medium sized plants up to 5,000 employees, and large sized plants including 5,000 employees and over. It was decided eventually, however, to use substantially the same classifications as had been previously used in Dr. C. D. Selby's report on "The Medical and Surgical Care of Industrial Workers," published as Public Health Bulletin No. 99, by the U. S. Public Health Service in 1919. It was found in going over the data in this last-mentioned report that it was possible to make some comparison between the data therein published and the figures in the present study, showing substantial progress with respect to certain types of administrative practices.

It will be observed that the number of groups and the percentages are fairly evenly divided, with the exception of the group 1,500 to 1,999 employees, which is smaller than the others—this apparently was a matter of chance; this is the way it occurred and evidently there is no other explanation for it.

Examinations and Dispensary Service.

The provisions for various types of examinations and a dispensary service form a rather important part of industrial health administrative practice and, therefore, data are offered on this subject in the following table:

No. Groups	Size	% Prepl	% Periodic	Ret to Wk	% Exit	% Disp
43	Under 500	83.7	53.2	65	11.6	40.5
49	500 - 999	53	36.7	49	6.1	47
50	1000 - 1499	62.8	60	64	14	60
17	1500 - 1999	82.3	64.7	70.0	17.7	53
42	2000 - 3999	71.5	59.5	61.8	9.5	59.5
43	4000 - 9999	72.2	67.5	67.5	11.6	74.4
34	10000 & over	91.1	91.1	94.1	52.8	94.1
278	(Average)	72.7	60.7	65.8	10.2	61.8

This table provides data (divided into the various groupings) with reference to the percentage frequency of preplacement, periodic, return to work after illness and injury, and exit examinations and also shows the percentage occurrence of the use of dispensaries.

It will be noted that with some exceptions there was a gradual rise in the percentage of dispensaries used as the population groups increased in size and, as might be expected, the smallest percentage of dispensaries was found in the "under 500" group and the largest in the "10,000 and over" group. It is also seen that the percentage of different types of examinations showed considerable variation in the different sized groups and, as might be expected, averaged lowest in the exit examinations but were fairly close together in the preplacement, periodic and return to work examinations. It should be stated that there are certain organizations in which pre-employment examinations are not done routinely, even among some of the larger ones, which would include the shipyards on the Pacific Coast, many public utilities, and certain types of service organizations.

Other Functions

The percentage of organizations providing dental, industrial hygiene, safety and sanitation services, and giving instruction in health and safety, is shown in the following table:

No. Groups	Size	% Dental	Ind. Hyg.	Safety & San.	Instr.
43	Under 500	7	51.2	69.8	41.8
49	500 - 999	4.1	36.7	49	34.7
50	1000 - 1499	12	50	57.8	34
17	1500 - 1999	11	24.3	64.7	64.7
42	2000 - 3999	9.5	47.7	61.8	40
43	4000 - 9999	18.6	65	65	53.5
34	10000 & over	53	88.2	91.2	53
278	(Average)	10.9	54	64.4	43.5

It will be seen that provision for dental services showed the lowest percentage in this table; in the smaller groups the service was emergency care and prophylaxis by outside dentists on reference and there were no inplant dental services. Beginning with the 1,500-1,999 group, there were a few examples of full-time and part-time dentists rendering inplant services.

Industrial hygiene services of some type were rendered on the average in 54% of the entire group of plants, the variations in the different sized groups being shown in the table. This ranged from inspections by safety engineers, nurses, physicians, and others, to technical studies and follow-up work. Technical studies were made in all groups by state departments of health, insurance companies, and parent-company laboratories, with the occasional use of private agencies and consultants. There were a few examples of inplant services by a laboratory owned and maintained by the organization.

Safety and sanitation activities showed inspections in the smaller groups mainly by state representatives, committees, commercial supply companies, nurses, foremen, physicians, and beginning with the 1,500-1,999 group there were organized programs of safety supervision with apparently good coordination between the safety and medical departments. It is noteworthy that among all groups there were frequent examples of the use of physicians and nurses in sanitation inspections.

An average of 43% of all establishments gave some type of instruction in health and safety; this seems somewhat low and perhaps was very definitely affected by the activities of the war and reconversion periods. It is also seen that in the two highest groups only 53% provided some form of health and safety instructions.

Intramural Relationships

This subject was discussed in the preliminary report one year ago and will again be limited to a brief consideration of the relationship of the industrial health department to other departments within the same organization or plant. At the time of the previous report, there was some discussion concerning the varying differences of opinion as to the results occurring when the chief physician or medical director reports to the industrial relations division or officer, as compared with the results when the same medical