

A further word about those in subgroup 1 who knew about their diseases but of whose illness we had no information. Even though such an employee may be under proper medical care, it is essential for the medical department to know of his disease and to see that he remains under the indicated surveillance. For example, there was the employee who had been told many years previously that he had diabetes mellitus and who had received treatment for it but, after several years of well-being, had complacently discontinued his medical supervision along with his dietary and insulin therapy. Our examination revealed considerable sugar both in his blood and in his urine. It is obvious that the possibility of sudden coma in such an employee was most hazardous to himself and to his neighbors on the job in that he might lose his senses while performing a potentially dangerous task.

Study of chest roentgenograms is a regular feature of our periodic health examination, with positive findings in 2 per cent of our personnel (table 2). Among the latter were two persons with open, active pulmonary tuberculosis, unknowingly spraying those in their vicinity, at home, in transit and at work, with virulent bacilli. Also discovered were many persons with arrested tuberculosis, and in cooperation with their private physicians or with the departments of health, it has been seen to that they have had frequent follow-up roentgenograms to be certain

TABLE 2.—*Results of Chest X-Ray Survey (East River Plant) 1948*

Total no. employees.....	1,531	
Total x-rayed	1,296 (85%)	(Corrected 90%)
Positive findings	33 (2%)	
		Number
Pulmonary tuberculosis, activity undetermined.....		3
Pulmonary tuberculosis, arrested.....		17
Nontuberculous disease of lungs.....		7
Eventration of diaphragm.....		3
Miscellaneous conditions		3

the disease did not again become active. One symptomless primary thymic carcinoma was found and the man referred for prompt surgical treatment, with no evidence of recurrence $3\frac{1}{2}$ years after the operation. This particular case deserves further elaboration since it points up so many important factors bearing on the operation of an industrial medical department. The employee, a hearty individual who considered himself in the best of health, had a roentgenogram of his lungs taken only because the apparatus was underfoot and it was on the company's time. It required a combination of tact and pressure to convince him of the necessity for further studies and subsequently a serious operation in spite of his apparent state of good health. It cost the company three months of sick leave at full pay, but the gains far outweighed this cost. For it is reasonably certain that had this tumor remained undiscovered, he would have become ill in due time; the surgical chances for a successful outcome would then be dubious, the sick leave required considerably longer than the original three months, and the cost of medical care, whether to him directly or eventually to society because of his having become a "charity case," enormously magnified. Instead of that dismal picture, not only have we saved him and his family much suffering, possibly even his life, but the company has retained the productivity of one of its best trained and most efficient employees. A union delegate, he has been able to continue serving his fellow workers as one they trusted to represent them. Yes, three months' sick leave was a small price indeed for such a return, and it all started with a periodic health examination.