

medicine, or at any rate the medical facilities of the plant which are not required by law, are part of that series of welfare measures which have on the whole failed to elicit an appreciative response from the worker. Many managers are acutely irritated by the fact that their many efforts in this respect seem to be of no avail. They come to regard the worker as unresponsive and ungrateful.

From the worker's standpoint the matter looks different. Some of these welfare measures he may not want at all; others he desires greatly. And those he desires he may nevertheless fail to appreciate when they are provided by the firm. It is hard for him to take gifts, especially since they are gifts from the economically strong to the economically weak. This is in part a legacy of the industrial relations of the past, when every act of those in positions of economic power aroused suspicions in their employees. Of course, workers are likely to appreciate the medical facilities of the plant, regardless of their attitude toward other welfare measures. They know that these facilities are available to them when the need arises. But the workers are nevertheless likely to look at the plant physician as a member of the supervisory hierarchy. And their distrustful attitude toward their supervisors sometimes carries over into their attitude toward industrial medicine. The reasons for this carry-over lie partly in the relation between the plant physician and the supervisors of the plant. When the worker is hired, for example, he is given a medical examination, in which his work capacity is assessed; his job-placement and later reassignments depend on this or subsequent examinations. To the worker it is apparent that the plant physician is in fact a member of the supervisory hierarchy. After all, his medical findings are used by management for the purposes of management. The health of the individual worker becomes a subsidiary consideration, a means to a managerial end. And the worker inevitably senses, though he may not verbalize it, that the doctor functions in a supervisory as well as in a medical capacity.

A second difficulty is readily apparent. As physicians you deal with the individual patient and his physical ills. But as plant physicians you are employed to deal with the patient as a member of the work force rather than as an individual. It is impossible to ignore the fact that illness affects both the health and the employment status of the patient. Leggo³ has called attention to the fact that some employees utilize the "advantage of illness" for the sake of modifying their employment status, at least temporarily. Private patients also take such advantages of their illness, but in private practice this tends to be a peripheral, psychological problem. To the industrial physician it may present a real problem. His statement that the patient is well has important consequences for supervisory practice. This fact is likely to have some adverse effects on the worker's attitude toward industrial medicine, whatever the merits of the case may be. In judging the degree of convalescence the physician judges the employability of the worker; and it is well known that physical convalescence and the patient's recognition that he is well do not always coincide.

The sociologic problem of industrial medicine is that the illness of the worker occurs in a setting in which the various participants assess the fact of illness in different, and sometimes conflicting, ways. To the supervisor illness is an unfore-

3. Leggo, C.: The Prescription of Light Work for the Partially Disabled Employee, *California Med.* 70:294 (April) 1949.