employer-employee relationships and the lessened absenteeism, all of which accompany a medical program, are intangibles difficult to evaluate in numerical terms. However, some factual means of estimating the results of our efforts are available, as represented in chart 6. The demonstrated decrease in working days lost and in the amount paid out in sickness benefits is striking. The savings are all the more impressive if we consider that wages, and therefore sick payments, increased 50 per cent during the period 1945-1949. However, the number of working days lost because of illness is a far more accurate measure of severity and control of sickness since the many variables of the payroll are excluded. A corresponding decrease of compensation costs from $8,099 in 1946 to $2,228 in 1949 was also noted.

The medical department at the East River plant was started in March 1946 and unquestionably a great deal of the savings shown in chart 6 can be attributed

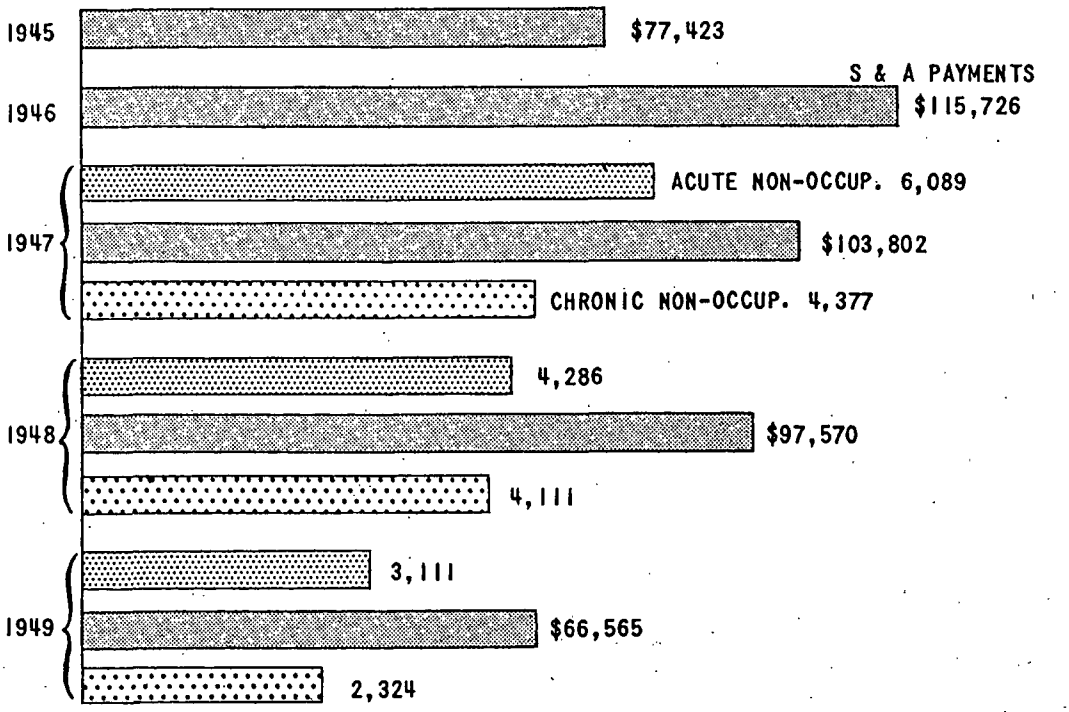

Fig. 6.—Comparison of man-work days lost in nonoccupational illness and of sickness payments. Densely stippled sections represent sickness payments in dollars; moderately stippled sections, man-work days lost because of acute nonoccupational illness; lightly stippled sections, man-work days lost because of chronic nonoccupational illness.

to its operation. However, it cannot be too strongly emphasized that the effectiveness of the medical department is dependent on the cooperation it receives from management and the industrial relations department. The effects of these three units should not be separated, since the medical department can accomplish its mission only in concert with the other two branches. Working together, we offer a program of constructive medicine from which all derive benefit, with individual employees attaining improved health, greater happiness and longer usefulness, so that they will continue to contribute to, rather than to drain from, the resources of our country.