

a salubrious effect in that we now keep an accurate record of deaths. When either an active employee or an annuitant dies, we immediately determine the cause of death while all information is fresh and still available, which is best done by communicating with the personal physician or the hospital. With this meticulous procedure, our records should reflect the true cause of death more accurately than many of those presented by departments of health of various branches of the government or by insurance companies. To cite a case in point: Last year one of our employees returned from a long illness which his physician reported as caused by a lung disease. This was confirmed by our own roentgenograms. A few months later this man died quite suddenly while at the wheel of his car. The county medical examiner listed the cause of death as coronary thrombosis. No autopsy was performed. A witness at the scene reported that there had been an oral hemorrhage. From this and the patient's history in our medical files it is obvious that this death should have been listed as due to pulmonary hemorrhage secondary to disease of the lung. Our records so list it. We fear that all too often the diagnosis of coronary thrombosis is a convenient one by which to close a case. We hope, through our studies of the causes of death among our employees, to collect accurate mortality statistics over a period of years. Our records will list not only the age at death and the cause but

TABLE 5.—*Mortality 1946-1949*

Total no.: 68	Average age: 56.4 (26-85)	Length of service: 27.4 (1-45)
Causes:		
Cardiac.....	21 (54.2%)	Cerebral hemorrhage..... 4 (56.8%)
Cancer.....	10 (56.7%)	Pulmonary tuberculosis..... 3 (45.7%)
Gastrointestinal tract...	5	Cirrhosis of liver..... 3 (64%)
Brain.....	2	Suicide..... 2 (40%)
Breast.....	2	Accidental..... 1 (54%)
Testicle.....	1	Polio bulbar..... 1 (30%)
Unknown.....	1	Unknown..... 24 (69%)

also the length of service and will contain an abstract of pertinent details from the medical file. As our figures accumulate over the years, we shall have a means of determining whether or not the workers in the oil industry live as long as other citizens or have a greater incidence of cancer or other ailments, and be able to answer many other related questions. Certainly at present there is nothing to indicate that our men are not as healthy or as long-lived as any other group.

A troublesome problem is the distrust of a medical department, engendered by the employee's fear that each time he pays us a visit it goes on his record. True enough, every visit to our department is noted, but only on the medical record, a record which is as confidential as any in his own physician's office. No medical information is ever revealed to anyone without the patient's direct consent, and this lock and key handling of the medical history is constantly stressed. We can point with pride to the claim that no man ever lost his job because of a condition discovered by us on a periodic or any other physical examination. Disabilities may be detected that will necessitate reassigning a man to protect him or others, as in the instance of an epileptic running a fork truck, but they are so few and so obvious that we have yet to encounter any resistance or resentment on the part of the individual or his family physician at the suggestion of a change of job. The medical department must not be used by management to divest itself of an employee whose