officer reports to top management. Reference is made to that discussion and also will be carried more into detail in the final report.

The following table shows the complete data with reference to intramural relationships:

No. Groups	Size	% Direct to Top. Mgt.	% 3 Divs. On a Par	% Health Dept. Final Word
43	Under 500	48.8	30.2	30.2
49	500 - 999	22.4	36.8	30.8
50	1000 - 1499	40	48	54
17	1500 - 1999	23.5	41.2	47.8
42	2000 - 3999	42.8	42.8	50
43	4000 - 9999	38.5	46.5	51.2
34	10000 & over	32.4	35.3	53
278	(Average)	36	39.2	43.2

These figures differ considerably from those given on the incomplete data one year ago, in that the majority of the establishments included at that time reported to top management, had the three divisions of health, safety and industrial relations on an administrative par, and the health department had the final word on health problems. It will be observed here that these relationships are carried out in approximately only 40% of the total number of groups included in this study. It will also be observed that in the percentage reporting to top management, the highest percentage occurred in the groups under 500 employees, and one of the lowest in groups of 10,000 employees and over—this is easily explained on the basis that in the smallest plants top management is very close to all activities and that in the complex administrative arrangements as seen in the largest plants, it appears much easier to delegate supervision to others than top management.

Records and Reports

It is of interest to know what is going on with respect to the health records of employees and allied activities. The following table shows figures with respect to the individual records of employees being under medical control and available to medical staff only; with respect to information being given to individual employees regarding examination findings; the giving of industrial hygiene information to individual employees; and the production of regular reports on health department activities:

RECORDS AND REPORTS

No. Groups	Size	% Medical Control	% Exam Inf.	% Ind. Hyg. Inf.	% Reg. Reports
43	Under 500	16.3	16.3 - 34.8 R	13.9 R	53.5
49	500 - 999	18.7	18.7 - 12.5 R	20 R	27.9
50	1000 - 1499	28	34 - 20 R	16.6 - 26 R	54
17	1500 - 1999	29.4	35.3 - 23.5 R	23.5 R	53.8
42	2000 - 3999	35.7	30.9 - 14.3 R	16.7 R	52.4
43	4000 - 9999	39.6	39.6 - 13.9 R	30.3 R	53
34	10000 & over	88.2	53 - 20.6 R	38.2 - 23.5 R	91.3
278	(Average)	34.8	31.3 - 19.4 R	5.7 - 21.9 R	55.7

On the average approximately 35% of all groups maintained individual health records available only to the medical department staff—of course there are exceptions when records must be consulted for other purposes, but in the before-mentioned percentage individual health records were directly under medical staff control. In this respect, the figures show what might be expected, a gradual increase in the percentage of medical control of health records as the size of the groups increased, except that there was a disproportional increase between the last two groups.

Giving Results of Examinations

With regard to giving individual employees the results of various examinations, there was considerable variation, as shown in column 4 of the table. Here we have a split column, on the left being the percentages in which the examination information was routinely given to individual employees; and on the right, when it was given upon request only—it can be seen that on the whole the figures were somewhat larger for routine procedure than with reference to request. Addition of these two columns of figures across from left to right gives the total percentage of examination information given to the individual employees in the various groups; this reached 73% in the largest working group and 51% in the smallest, with an average of 50% for all groups. The method of reporting examination information to individual employees was largely verbal, although there were a few examples of regularly written reports. There were also instances where routine reports were made verbally to individuals with physical defects with recommendations and follow-up.

The giving of industrial hygiene information to individual employees shows a considerably less percentage, as might be expected, in the various groups, with an average of 27% for all establishments, with approximately 22% being on request only, and most of the data showing that the information was given only in this way.

The making of regular reports shows figures which may seem surprising, since approximately only 55% of all groups made regular reports on their health activities to some agency or person. In most instances, reports were made to management, with a few examples of outside agencies, such as state departments or unofficial agencies. It was apparent in many instances that special reports only were issued at irregular intervals, and also in a large number of cases verbal conferences were held rather than depending upon written material. In those instances where regular written reports were made, they were usually monthly and annual in frequency.

Cost of Service

Reference was made in the preliminary report given a year ago to a general discussion with reference to the cost of industrial health services, citing the factors influencing cost, the types of unit rating of cost, and some material with reference to a number of different types of plants. This material need not be repeated here, but additional material will be given.

It was possible to assemble cost figures from a group of nine plants (three in the under 1,000 class—three in the medium sized class—three in the large class) from a large corporation having fairly well centralized control. The following table shows the number of persons in each plant, the original investment, the maintenance cost on a monthly basis, the salaries on a monthly basis, and the personnel and the salary percentage of the total monthly cost: