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started a little late and so I think we'll proceed right now with the other papers, and try to combine our discussions having just a breathing space in between the two groups in the program.

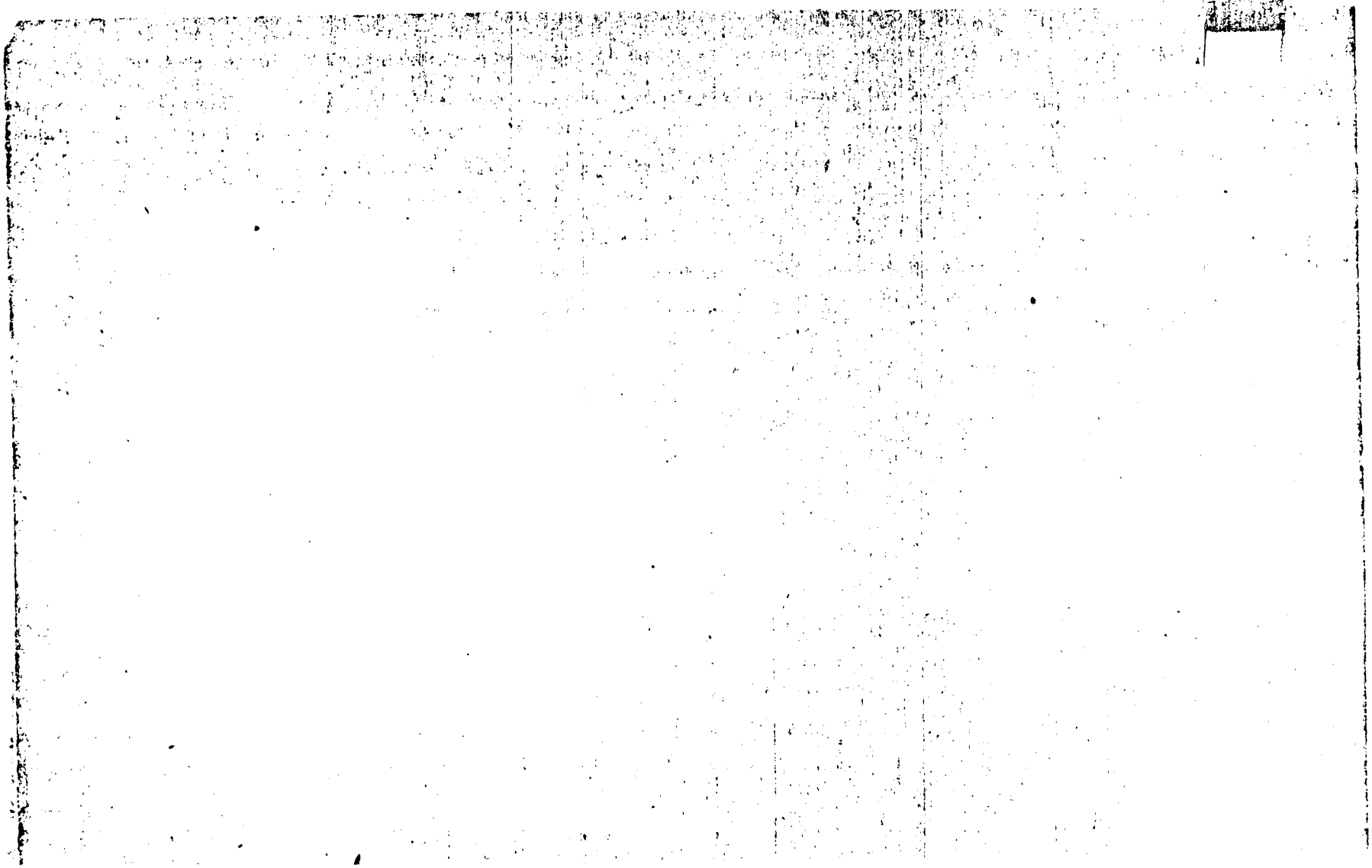
The next part of our consideration of viewpoints is The Functions and Value of Medical Boards and Medical Examiners in Controverted Compensation Cases, and to open the discussion, we have the Medical Director of the Hercules Powder Company, one of the country's leading industrial physicians. I present to you Doctor Lemuel C. McGee.

BY DOCTOR McGEE:

Miss Donlon, Mr. Waters, Ladies and Gentlemen: Having just learned that the chief extravagance in our expenditure of funds for man, needs to be compensation, lay and medical diagnosis and treatment being mentioned foremost, I should remark at this point that I feel very much like the tree surgeon who had fallen out of his patient.

The foreword on the program for this symposium gives, as the objective for the meeting, that industrial health be improved. What relation to that objective has the function of a medical board and medical examiners in controverted compensation cases?

It is agreed by many of us that the most useful result of laws granting compensation for industiral injuries is that of establishing working conditions in industries.



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It is agreed by many of us that the most useful result of laws granting compensation for industrial injuries is that of establishing working conditions in industries.

The statutes covering compensation for occupational disease give support to the industrial hygiene movement similar to that which the statutes for injury gave to the safety movement. There is no reason not to believe that such a salubrious sequel may be had from the wise administration of the laws dealing with occupational disease.

To this end, it must be remembered that the laws refer to occupational diseases and not to the legion of known non-occupational ills to which the human flesh is error. By providing compensation for occupational diseases, accurate diagnosis and the recognition of correct etiology have been given new significance.

If industry is penalized by payments for non-occupational afflictions, there would appear to be less incentive for in-plant health and industrial hygiene programs to avoid occupational disease as a responsibility of industry.

I know of no state law that says the employer shall pay for all illness contracted in the course of employment including those of non-occupational origin. In these comments, I start with these premises: One, that compensation laws for both injury and disease, arising out of and because of occupation, are desirable in principal; number two, that good administration even of inadequate laws, can reach equitable and worthy ends; number three, that it is accepted as desirable to reduce errors in decisions to a

minimum.

Competent medical diagnostic service from a team of medical examiners can aid in minimizing errors in occupational compensation decisions. The past few years has seen a trend towards liberalization of benefits and full coverage of occupational diseases instead of schedule coverage. Forty-three states, in addition to Alaska, Hawaii, Puerto Rico, the District of Columbia, and federal jurisdictions under the Longshoremen's Act, have some form of compensation for occupational disease.

In twenty or more states, there is provision for medical examiners to furnish some type of service to the administrative set-up. Various reasons have been presented for a board of medical examiners. Some of these are the following: Let us list them very quickly, because it would seem unnecessary to elaborate on any point. They are rather obvious to most of you.

Number one, controversy in compensation hearings usually arises from an effort to answer one or more of these questions. Is there a disability? What is its degree? What is its cause? These are medical questions of fact, and not of law. Their answer requires medical study and diagnosis.

Number two, in industrial medicine as in all aspects of medicine, the individual is paramoutn. To safegu rd

the interests of the industrial worker, the physician must have the opportunity to investigate, examine and advise as an expert. It is important that there be a place for a quiet and objective discussion to dispel discrepancies or at least to weaken them. Such consideration should be carried off in good faith with no end other than to serve the truth.

Number three, an understanding of medical terminology may best be given by a medical board. Disagreements, confusion and errors, are ofttimes the result of simple problems of symantics. The language of the crafts must be made intelligible to those untutored in the craft.

Number four, there has been agitation for some plan which willavoid the undesirable spectacle of incompetence and prejudiced testimony of medical witnesses selected for opposing litigants.

Number five, a medical board can do much in selecting those patients who need rehabilitation measures. Maximum limits on medical benefits are said to exist in the statutes of seventeen states currently. The worker needs to be made ready for the job before these benefits expire. Rehabilitation properly has become an important part of the compensation program. It is wholly likeable to use the curative and re-training periods following injury or disease to restore and, if possible, improve the earning power of

the handicapped worker. Here is a place for guidance from capable medical examiners.

Number six, the fairness of the method of assessing the cost of workmen's illness against business as such, on the ground of aggravation of a pre-existing condition, is coming more and more into the question. Numerous degenerative diseases afflict the human body and go undetected for years. Progress towards serious disablement may be undetected by the victim, his co-workers, his family and even by his family physician. Medical examiners are our best recourse in dealing with the question of aggravation or acceleration of pre-existing disease and judicially allowing the benefit of the doubt to the claimant worker.

Number seven, from time to time, one observes the injudicious procedure of assuming that disease recognized following an accident was, therefore, due to the accident. A very poor reasoning for today, indeed. A judge has been quoted as saying, whether an event was an industrial accident is to be determined not by investigation but by the average common sense viewpoint of the man. I must say flatly that the common sense viewpoint has led to grievous errors in medical diagnosis and that the average man has been of astoundingly little help in medical progress.

Recently, a woman bruised her breast, which event directed her attention to a tumor underlying the injury.

Common sense led her to suppose that the bruise caused the tumor. The tumor was a cancer antidating the bruise by a few weeks. She probably has been saved from surgery, which was her good fortune, in getting the bruise at that time.

The common sense viewpoint of the average man long insisted that the earth was flat. It was the uncommon wisdom of the few exceptional men that demonstrated the earth was not flat. I do not wish to labor the point.

Medical boards will make mistakes, but there will be much fewer such mistakes than if medical decisions are made by those untrained in that field. If given the opportunity as technicians, competent medical examiners can reach closer to the truth based on the knowledge available to our generation than can lay administrators working alone.

Number eight, a medical board is a unique and highly useful center for the accumulation of new knowledge of disease processes and of their relation to occupation. Careful study of the accumulated experience of medical advisory boards with reports to medical journals will further clarify obscure disease and, in turn, secure more equitable settlement of compensation benefits.

A formidable advance to knowledge is seen in the report by Watkins, based on the medical reports of the Advisory Board to the Industrial Commission to the State of Arizona. It is generally agreed that medical testimony is

indispensable when the existence of a medical disability, its degree and cause are inherent.

The inherent cause in disease claims increase the need for medical guidance in industrial administration. Such guidance is particularly important in states where occupational diseases are covered under broad provisions and questionable claims are more likely to be brought under such coverage or provisions and contests based on causal relationships are more likely to arise.

The mechanism whereby the physician's maximal contribution can be made to the administration of the compensation system, I believe to be a legal matter. In the symposium held here in 1947, I questioned the wisdom of any plant which transferred legal responsibilities of a compensation commission to a physician or a medical board.

It is repugnant to the Anglo-American traditions of justice to place a litigant at the mercy of witnesses he can not see or challenge, to have his rights stand or fall on the basis of unrevealed facts which might be refuted or explained. Possibly a representative of the medical board should be available for questioning and cross-examining at the hearing. It may be desirable that the medical board review testimony from the hearing to see if there are additions to the information which was available to them when making their decisions on medical facts.

Waters has said, from my own experience, I believe that medical boards and consultants appointed on the provisions of occupational disease statutes, have materially assisted in the administration of the law.

What agency is better qualified to pass on controversial medical questions than a trained impartial medical board, thoroughly experienced in the subject matter of the disease for which compensation is sought?

At a Harvard Law School dinner in 1895, the late Mr. Justice Holmes remarked: An ideal system of law would draw its postulation and its legislative justification from science. The aim of social laws is justice and not abuse.

In these remarks, I would like you to understand that they represent the point of view of a physician. I have had no experience as a medical examiner and no experience as an administrator of compensation laws. Possibly an example would illustrate my point of view better than anything else.

In the late war, World War II, a young man nineteen years old, named Joe Doakes, worked for my company in an ordinance plant. The plant was owned by the Ordnance Department of the United States Army, and we were the operators under contract for that plant.

Joe Doakes was involved in an explosion with fire, lost this ear, and had a badly scarred area representing the

opposite side. Under the laws of that state, Joe was entitled to medical treatment, maximum recovery of his hearing, but no plastic surgery. The carrier for the insurance of the plant looked at the problem and threw up his hands, when it was called to his attention. But then it was further called to his attention by the Medical Department that we hadn't done our job properly, morally. Here was a man who was going to get less than a thousand dollars under existing laws. He had a scar on one side and nothing to mark the external epidermis, the other side there was a small scar gnarl of tissue.

That man had his lifetime before him within which to compete with people who had a more pleasing appearance in trying to get a job. The compensation commissioner said, we're sorry, this is all that we can do in this state; there is no provision for plastic surgery, as you want. The insurance carrier said, we agree thoroughly; though you're quite right, but unfortunately, under our contract with the government, there is nothing we can do. We have got to give the benefits allowed by the state law, that's all we can do; otherwise, we're going beyond our authority and power.

We talked with the commanding officer at the Ordnance Depot, and he said, I agree with you thoroughly, Doctor, you haven't discharged your obligation to this man by turning him loose like this, but there is nothing I can do;

must fit the contract for whatever funds you have in this direction.

We had recourse to our omnibus clause. Our good friends, the attorneys, in setting up the contract which we had, wisely provided that any employee of my organization at the Ordnance plant, was to receive any consideration and benefits which the employees of the same organization in a company owned plant, would receive. That omnibus clause enabled me to put out some help to this man.

Then there is the example of Mr. A, who had his eye treated repeatedly by a plastic surgeon and it took about five years to get the ultimate best cosmetic and visual results. Long after the compensation commission was through with that, we had the bills and we took care of Mr. A's eyes, so we pulled that out.

We found another man with plastic surgery to take care of his appearance, another one with a very serious orthopedic defect going over years and going far beyond some of the situations in the various states. At the time we laid that before the commanding officer and he said, Doctor, you're bound to ask it. Now I'm in a position to back up the necessary treatments, to take care of the expenses of sending this man to a plastic surgeon in a nearby town, carrying this thing over a year and a half. It ran much more than allowed under the law. The photographs of the young

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man later on showed a nice cosmetic result. That is the point of view that I am presenting in connection with the problems of the medical board in workmen's compensation. Thank you.

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BY MISS DONLON:

Thank you, Doctor McGee, for that introduction to the discussion of functions and values of medical boards and medical examiners in controverted compensation cases and for that very interesting little example of what your company did outside its requirements to do so. I'm sure that those who, like Doctor Mcgee, approach these problems with a more human concern for people, would always try to do the extra little thing as nicely as he was able to do it in that case.

I think, of course, in a controverted compensation case such as we're discussing, our problem is, what are the issues under the compensation laws, and I'm sure Doctor McGee was only telling us that laws can not be written to cover every situation, and that you do have to bring a human viewpoint to it.

Now, as to the medical boards and medical examiners, New York, of course, has both medical examiners and in the dust or chest diseases, dust inhalation and chest diseases, a medical board of long standing, and I speak with pardonable pride, of the great ability in this field. We had hoped that all three members of that board would be with

us today, but professional engagements have kept away from us, both Doctor Amberson and Doctor Whipple, whom I'm sure many of you know. However, we have the good luck to have the chairman of our board of chest consultants here in New York State, with us today.

I think anything I could say to people, as true to their experience in this field, about Edgar Mayer, would be telling you something that you already know. It has been one of my real privileges since I came into the field of workmen's compensation administration, to work closely with him in handling of problems that arise in the controverted cases under the different provisions of law, first our old Article 4a of limited coverage, and now the more general coverage that we have of the dust diseases in workmen's compensation.

He is well known here at Saranac where he has worked long. He known wherever society, learned societies meet to consider this problem. He is a very able physician in this field. I present to you the chairman of the New York State Board of Chest Consultants, Doctor Edgar Mayer.

BY DOCTOR MAYER:

I want to apologize for Doctor Amberson and Doctor Whipple. Unfortunately, as far as Doctor Amberson goes, you probably know that the College of Surgeons is meeting in New York, and Bellevue has to take its part in the proceedings.

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BY DOCTOR MAYER:

I want to apologise for Doctor Amberson and Doctor Whipple. Unfortunately, as far as Doctor Amberson goes, you probably know that the College of Surgeons is meeting in New York, and Bellevue has to take its part in the proceedings.

I think Doctor Fletcher is here and I just want to let him know that we three, as members of this board, are clinicians. We would be placed in that category that Doctor Cochrane, I think, mentioned in some grade of the rodent class, I believe he classified us earlier in the session. And incidentally, Doctor Fletcher, in terms of our English and American language, when I was introduced in India a few years ago, I was told to the audience or I was presented as a man who talked American but understood English.

I have made many notes throughout this session, and I don't know whether you have noticed, but I have been sitting here pretty steadily since Monday from nine A. M. to the end of the session every day, but one afternoon, because I felt that a board that is placed in an expert consultant capacity in this field of dust diseases, should get everything out of the session of this kind, and I think it's been one of the most outstanding sessions of its kind that could be presented, and it's very obvious that in the past five years, there has been very outstanding contributions that have been made here in advancement in this field by the excellent group that are working here in Saranac and to whom we're all so much indebted.

These notes, I am going to refer to after I read you my few pages of formal script on what our board is, and

how we function and if I may say that I will,rather immodestly say what I consider as our values.

I yesterday was approached by one of my legal friends, an advisor to industry here who said, Amberson and Whipple aren't here and you're going to face us alone? And I do do that with much trepidation, but I should probably feel that some representative of labor who would be here would make the same remark to me.

I - in New York State, prior to 1935, certain occupational diseases were compensated in accordance with a schedule. Silicosis and other dust diseases were not included in this schedule. The laws of 1935, Chapter 250, or 254, extended the Workmen's Compensation coverage to all occupational diseases and silicosis then became compensable in New York State.

Because of the lack of knowledge of the extent of the accrued liability, the premium rates for this insurance were considered high. In 1936, the law was amended -- I wish you'd look these up -- Chapter 887, limiting the coverage and compensation benefits,providing for dust control and prevention of silicosis and other dust diseases, and providing for the establishment of a committee of three expert consultants to study each claimant and to inform the Industrial Commissioner and the Industrual Board of their opinion as to the findings in such cases.

The law was again amended in 1947 to provide full benefits for disabling silicosis and other dust diseases under Chapter 431 and at the present time, the law that deals with the work of the expert consultants if - is found in Paragraph 49-a of the Workmen's Compensation Law.

Now, as to our functioning, as soon as a claim for silicosis compensation is filed with the board, it is referred to the after care service of the Workmen's Compensation Board. This after care service obtains a chronological history of the claimant's illness, and a detailed chronology of his employment record. The claim is brought to the attention of the employer and the insurance carrier and the claimant is referred, for examination, to a physician designated by one of the latter. A hearing is held in the case before a Referee in compensation, and if a claim is controverted by either or both sides, the patient is then referred to a member of the board of expert consultants.

The examination requires the taking of very carefull occupational history from the beginning of the patient's industrial life, including all aspects of exposure to dust, and it is at this time that the file is referred to the Division of Industrial Hygiene of the Labor Department for an examination of the working condition surrounding the claimant and for such dust diseases as may be necessary in order to eavluate for such disturbance as may be necessary in order

to evaluate the dust hazard.

In certain cases, the Division of Industrial Hygiene summarizes additional data and opinions with reference to past exposures suffered by the claimant. The board examination also includes a very complete physical examination, a fluoroscopic chest study and we carry out the procedure that has been suggested and worked out here to show its value of inspiratory and expiratory timing, particularly expiratory timing in terms of evaluation as an aid in evaluation of emphysema, the lung X-rays which are usually inspiratory. Occasionally we ask for laterals and obliques, and on occasion, we ask for planograms.

Not long ago we had a conglomerate mass in the lung that could well have been interpreted as a carcinoma of the lung, but which on planographic study, revealed nodules that had not been seen on the ordinary films, that showed us that we were definitely dealing with a case of silicosis.

On occasion, we take electro-cardiograms and such laboratory studies are done as are necessary in the opinion of the examiner, repeated sputum studies or even gastric content, blood examinations, erythro-cardiac, blood circulation rates, and so forth.

In evaluating the hazards of occupation exposure, the examiner, and we are very fortunate in this sense in

being aided by the report; the examiner is aided by the report of the Division of Industrial Hygiene which has made or is now requested to make, by us, spot studies of the plants and the working conditions.

In evaluating disability, the examiner may call for special physiological studies of pulmonary function with the best available methods. When exact diagnosis in evaluation of disability is impossible through one examination, we are allowed, as Doctor Merewether has mentioned as the custom in England, to make follow-up and auxiliary studies.

On occasion, we may classify a claimant as temporarily totally disabled, being impossible perhaps to evaluate a confluent shadow in the lung as to nature of the shadow and also as to its eventual possibilities in terms of spread or activation and so on. That account, we may classify a patient for three months as totally temporarily disabled and re-evaluate his condition at the end of three months. On rare occasions, hospitalization is carried out when additional studies are necessary to establish diagnosis through bronchography or bronchostomy or angeography and surgical biopsy.

Right now, we have two problem cases that are scheduled for this week, this coming week, for surgical biopsy, where a diagnosis up to now with every possible means at our disposal, was impossible. There is a question

here of whether we're dealing with beryllium; there was a very questionable exposure to beryllium, or whether we're dealing with a big sarcoid or whether we're dealing with some other type of unexplained fibrosis, a condition which we can not define without a surgical biopsy.

Is disability may be related to allergies met in industry through exposure to various dusts, we are allowed a consultation opinion of analogies and this is often recommended. If pulmonary disease may be related to the upper respiratory tract, special examination by a nose and throat specialist is requested.

Finally, the completed history and the physical examination with the conclusions as to diagnosis and causal relationshipand degree of disability is reported. Copies of the reports are sent to all interested parties, as well as to the attending physicians and to the medical director of any hospital or sanitorium in which treatment has been carried out. If the claim is then controverted, the case is referred back for examination to the complete board.

The contents of such report of the committee, introduced in evidence, constitutes prima facie evidence of fact as to the matter contained therein and any of the material of such report is then subject to examination upon demand.

In the event of a claim for death benefits, one

member of the board examines all available evidence pertaining to such claim, including the medical and the hospital records, the X-rays and other reports that are made during the lifetime of the deceased, as well as any autopsy findings and shall render the findings and report thereon.

Now, as to the values of the board, I am putting this very briefly. I think Doctor McGee presented pretty well a brief information of the value of such medical boards. This board of ours, impartial in nature, has proved of great value from both the medical and the legal aspects. We are free of any obligation except that of fairness to both employer and to claimant. We can freely acknowledge a conclusion to be one based upon opinion when medical evidence does not permit conclusive objective proof. We are not necessarily restricted to one examination to establish diagnosis, causal relationship and disability. Frequently complete diagnosis can not be made, as well you recognize, until time has elapsed for the development of significant subjective and objective signs.

Examinations of all three of us in hearings before referees are frequent and are characterized by unrestricted and frank questioning by counsel of both claimant and employer, as well as by the referee.

We think that the impartial character of our conclusions, both in our reports as well as in our testimony,

have served to gain the board the necessary respect of the referees, as well as that of the counsel on both sides.

From the medical point of view, we have attempted to set a high standard for thorough and conscientious examination in reaching a diagnosis and establishing causal relationship in evaluation of disability.

Our work, in part, has served to highlight many of the different clinical problems of industrial pulmonary diseases, as well as the problems in evaluating the degree of disability in pulmonary disease, and accordingly, we were among the very early ones to acknowledge this and to call freely upon the aid of the physiological laboratory.

We believe that such openmindedness in helping to solve these difficult clinical problems in industry, may ultimately do much to define, with the cooperation of the workers here in Saranac Lake, with whom we have been fortunate to be in such intimate contact, we will ultimately be better able to define, perhaps, what can be expected in the future by way of aid from the laboratory.

During this week, I have been impressed with some of the difficult future problems that will probably arise because of the added information that our British friends have brought us, as well as the information that has come from Doctor Vorwald and Doctor Wright's laboratories. Number one, I can see where our legal friends will be asking

us to define the pneumo... the word 'pneumoconiosis& which, as you have learned from being at this session, is now going to be in the hands, to be re-defined, in the hands of a new board. I can see where the problems will come up in relation to what we were formerly considering as inert dusts. As you saw previously on the wonderful sections that Doctor Vorwald and Doctor Fletcher showed us, where focal emphysema, which would eventually lead to total disability, may well be caused by a sufficient deposit of so-called inert dusts.

Certain articles that I have led - that I have read, are now being clarified in my own mind in terms of disability; these articles on the total disability relation to gravity and carborundum dust -- the graphite dust, I should say -- that we have been throwing aside, made me again wonder, do we have to consider there are no such things as inert dusts when we have sufficient quantity of dust inhaled.

It's going to be a problem in the evaluation of disability, and there again, I feel that we're going to be particularly indebted and be calling upon more frequently, Doctor Leonard Greenburg and his group in the Division of Industrial Hygiene to evaluate the quantity of dust and the hazards that we meet within an industry.

Doctor George Wright, with Doctor Leonard Bristol, in his presentation of emphysema as an independent disturbance

condition of the lung, separate from that which is derived from industry, has placed before us something that has actually been before us for all these years. We recognize that we can get so-called primary types of emphysema or if you will, emphysema that might be developped from the post-natal maldevelopment of the lung during the period of the continued growth of the lung up to, say, the age of eight,or any interference with the structural development of the lung during that time can well lead, as we know, to bronchiectasis, emphysistic lung and can so also lead to the emphysema which we may meet in later years.

It is an entity that we have to define in terms of causal relationshipwith the industry, or as a separate entity distinct from that exposure to dust.

These are some of the problems, a few of them, that have come up here. The question of cancer of the lung will be remembered immediately, as to the etiological factor when a man is exposed to the various dusts. Do we have to now give serious consideration to the chromates, to asbestos - I think all the others have been rather well ruled out - as a causative factor, and therefore, a claim for compensation which the Germans, as you have heard this week, have allowed in the development of cancer of the lung?

These are just some of the problems that I can see are going to become more formidable as - to us, as boards,

as time goes on. Thank you. (Applause).

BY MISS DONLON:

Thank you, Doctor Mayer. I can only say for my colleagues who are administrators of workmen's compensation from other states, and I see several of them here in the audience, that I wish you the great good fortune of being able to have a medical board chaired by so distinguished a person in this field as Doctor Edgar Mayer, but don't any of you bid for him, because we want him here in New York.

Now, to conclude this part of the discussion, and then we will have it followed by a period for discussion from the floor, we have, of course, the legal viewpoint. We lawyers always have to come in on this partly, and so we are going to have the legal viewpoint, and we have a gentleman to discuss it, a lawyer who is very well qualified to do so. He is the Assistant Counsel of Republic Steel Company at the home office in Cleveland, Ohio, but we here in New York know him and have worked with him, and I'm surethat many of you from other states also know and have worked with him. Without anything more, I turn the floor over to him, Mr. A. J. Gentholts.

BY MR. GENTHOLTS:

(Mr. Gentholts read a prepared paper which is on file at the Saranac Laboratory).

BY MISS DONLON:

BY MISS DONLON:

Thank you very much, Mr. Gentholts. You have done what I think is the lawyer's usual function of getting all the facts in focus for us to discuss in our discussion, but since I'm reasonably convinced that the seats you're sitting in are not as comfortable as those we're sitting in on the platform, I wonder if we might have just a one minute seventh inning stretch. Do you just want to stand up and do deep breathing exercises?

)Short recess taken).

BY MISS DONLON:

I think we'd better get along, because we've got another series. I can see it was a big mistake to let you have your discussion privately. I'll never be guilty of that again.

Now, we're supposed to have a few minutes for discussion. We're running a little late, so may I have your attention. This first part of the program, which we will now address ourselves to, is the discussions of the function and value of medical boards and medical examiners in controverted compensation cases.

I always think it's too bad that you can't have everything before you discuss, because I imagine some of you are going to present questions and viewpoints that might better be presented after you have heard Doctor Braun and Frank Barnako and Mr. Sabourin and Harry Kiernan who is here

also to speak on our second topic, the Presentation of Medical Evidence in Controverted Compensation Cases, but if we can confine ourselves now to that one question, with all its ramifications, on the Functions and Value of Medical Boards and Medical Examiners, I think we will make more progress and I hope you won't mind if I flag you down if I think you are heading over into the second field of discussion where we might better present it in the light of the papers that we will hear there.

I wonder if anybody, after hearing these learned discussions, has any doubt that there is value - you may have doubt as to what are the functions and how great is the value. As I said a moment ago, I think Mr. Gentholtz has done us a great service by pointing up the experience, and just to get it in focus, I'd like to say it seems to me sitting here, there are three different systems that have been organized.

One, of course, is the one that was found faulty in its constitutionality in Michigan and in Pennsylvania and as long as we do, here, have those due process clauses, I suppose we shall wish to change our legislation in such a way that it will not run the risk of infringing on the due process which is guaranteed to our citizens.

Second, there is, as Doctor Mayer presented, the kind of board we have in New York, which is a permanent board

in the sense of all the year round giving part time to these problems, therefore, getting a background of experience with them, and third, there is the Ohio Board, as Mr. Gentholts has presented it, which is drawn from a large panel and I think he said five hundred physicians.

Now, I think we are all aware, but we should have in mind that in Ohio, except for self-insurance, all insurance under workmen's compensation, is under state monopoly system, and therefore, you don't quite have the risk there of finding people who are not wholly impartial, because they have been retained by the insurance companies, and I think we should have that in mind.

Now, Mr. Ted Waters wants to say a word or two, maybe even ten or twenty, about West Virginia's system. Mr. Waters.

BY MR. WATERS:

These remarks will be quite brief. My primary practice is in the State Maryland there and the medical board of that state has battered me down so many times that I frequently cross the state line into West Virginia and try my efforts there. I'd like to tell you just a word about the practice before that board which I think is quite unique.

Art Gentholts has not referred to that in the course of his remarks, and that's the reason I asked for the opportunity to say this word.

Under their procedure, claimants are sent to the City of Charleston where they are hospitalized for a period of three days under the direct supervision of the members of the medical board. Physicians on behalf of the employer and the claimant are permitted to participate in the examination of the claimant, and to testify before the board with respect to his condition.

They then render their report to the Commissioner and the Commissioner, after a formal hearing where the claimant and his doctors and the employer and their doctors are heard, renders a disposition.

My practice there hasn't been much more successful than it has been before my good friend, Nathan Herman, sitting here in the front of the hall, but the point I mean to make is this, that they do participate as examining doctors of the claimant and the universal practice, if you please, before the board, is for the Commission to sustain the findings of that board. I happen to be one of those attorneys who have, on occasion, two occasions several years ago, taken their opinions to the courts, to my sorrow. I simply wanted to add that word about West Virginia.

BY MISS DONLON:

Does someone want to speak further on this subject? Will you give your name, please for the stenographer, and your state?

BY DOCTOR HERMAN:

Doctor Herman, Maryland. Don't you mean the Silicosis Board of West Virginia?

BY MR. WATERS:

That's right.

BY DOCTOR HERMAN:

You said, I think, the medical board. There recently has been a board appointed for the study of occupational diseases rather than silicosis.

BY MR. WATERS:

That's correct, my remarks were directed to the subject that's under discussion, pneumoconiosis.

BY MISS DONLON:

I don't want to close off discussion, but we have to have some interesting papers here, and we are running a little late, because we started late and I'll be glad to come back to questions and discussion on this point, a little later if that's your pleasure.

Therefore, I would like to begin this part of the program that has to do with presentation of evidence in controverted compensation cases. As you noted, the discussion in the first part of our program got away from the controverted cases and over to all silicosis cases and I hope that we, at least in our discussion, will not confine ourselves to controversy, but to perfecting a record which will

eliminate controversy perhaps, so far as that is possible.

The first speaker is to present, I assume, the medical view, with regard to the presentation of medical evidence in compensation cases, in the pulmonary diseases, and he is now the medical director of the Industrial Hygiene Foundation of America, but only recently has gone to that distinguished position from a background as medical director in industry, and in an industry where he has had wide experience with the industrial chest diseases.

I present to you Doctor Daniel C. Braun of Pittsburgh, now the medical director of the Industrial Hygeine Foundation of America. Doctor Braun.

BY DOCTOR BRAUN:

Miss Donlon, Mr. Waters, Members of the Symposium: It is my misfortune not to be able to attend the earlier sessions of this meeting and from everything I have heard, this has certainly been outstanding and very successful. Doctor Vorwald and his associates should be congratulated.

The caliber of the papers earlier this morning makes me feel a little inadequate from the standpoint of adding anything to them.

However, during my tenure as medical director of a large corporation, I several times had the opportunity to watch my medical colleagues spend some very uneasy moments as medical witnesses, expert witnesses, in controverted