

COMPENSATION ASPECTS OF MYOCARDIAL INFARCTION IN INDUSTRIAL MEDICINE

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THE RECENT apparent increase in the incidence of myocardial infarction leads to the questionable impression that this disease is due to the nervous strain of modern living. However, Ruffer¹ reported numerous arterial lesions in Egyptian mummies. The blood vessels of these ancient people showed widespread calcific lesions comparable to the arteriosclerosis found today. The Egyptians were not subjected to the rigors of modern civilization, nor to the high cholesterol, high protein diets, tobacco, syphilis or the other supposed precursors of arteriosclerosis.

The apparent increase in the incidence of coronary occlusion and coronary arteriosclerosis may be attributed to three general factors:

1. More accurate diagnosis. Since Herrick's² correlation of clinical and pathological observations of coronary occlusion in 1912 and Einthoven's introduction³ of the electrocardiogram in 1900, the clinical diagnosis of myocardial infarction has become a relatively simple task. The increased accuracy of diagnosis has led to more frequent reporting of myocardial infarction as the cause of death in cases in which formerly the vague diagnoses of "heart failure," "myocarditis" or "acute indigestion" were offered.

2. Standardization of terminology. It was not until 1930 that the International List of Causes of Death recognized myocardial infarction as a possible cause of death; consequently vital statistics prior to 1930 are valueless. Even at the present time the International List grants priorities to certain diseases. For example, if a man with chronic nephritis dies of acute myocardial infarction, the chronic nephritis, regardless of its severity, outranks the myocardial infarction and the death is attributed to nephritis.

3. Increased age of the population. It is of interest to point out that in 1880 the average life expectancy was 34 years and that in 1945 it was 65 years. Life expectancy has been doubled in the past 70 years, and consequently degenerative diseases have increased.

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2. Herrick, J. B.: Clinical Features of Sudden Obstruction of the Coronary Arteries, *J. A. M. A.* **59**:2015 (Dec. 7) 1912.

3. Einthoven, W., and De Lint, K.: Über das normale menschliche Elektrokardiogram und über die capillar-elektrometrische Untersuchung einiger Herzkranken, *Arch. f. d. ges. Physiol.* **80**:139 (Feb.) 1900.