

more, but we are constantly learning from our experience as we go along. It should be emphasized that we are not in the private practice of medicine, and it is understood by both the patient and the referring physician that at no time will treatment be recommended.

To summarize, then, management will be sympathetic to the cardiac patient when given further education regarding his work abilities. The industrial physician must protect his company against unreasonable risk but at the same time, without jeopardy to the person with heart disease or to his employer, accept and retain persons with limited capacity where this capacity fits specific job demands. The practicing physician should establish a better liaison with the industrial physician.

Our experiences in Cleveland with the Work Classification Clinic lead me to believe that similar facilities established in other industrial areas, and perhaps on a fee for service basis, can be of tremendous benefit to worker and management alike!

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