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uating "practical nurses" after their attendance upon a course of lectures. H. B. No. 675 was prepared by the Pennsylvania State Nurses Association.

The latter bill, if enacted, would require all holding themselves out to the public as practicing nurses to be licensed by the state as registered nurses, or licensed attendants (so-called practical nurses). No. 675 also provides the authority for the Nurses' Board to regulate and approve schools of nursing in the state for "licensed attendants" as well as the familiar R.N., the "attendant" to meet requirements set up by the State Nurses' Board in a 9 months' training course spent in a school and not merely a course of lectures.

House Bill No. 675 also sets forth the following restrictions: Quoting:

"Section 14. This act confers no authority to practice medicine or surgery nor does it prohibit

"(a) Gratuitous nursing of the sick by friends or members of the family,

"(b) Incidental care of the sick by friends or by domestic servants primarily employed in household duties as long as they do not practice nursing within the meaning of this act.

"(c) Domestic administration of family remedies by any person.

"(d) Nursing services in case of an emergency."

This discussion was followed by a motion by Dr. Mayock, seconded by Dr. Brennan and unanimously carried, instructing Chairman Palmer of the Committee on Public Health Legislation to attend the public hearing on H. B. No. 675 on Apr. 1, and if called upon, to endorse its objectives.

Upon motion duly carried, the special meeting of the Board of Trustees adjourned at 4 p. m.

Respectfully submitted,

ROBERT L. ANDERSON, *Chairman,*

FRANK A. LORENZO, *Clerk,*

WALTER F. DONALDSON, *Secretary.*

Apr. 14, 1941.

COMPENSATION AND OCCUPATIONAL DISEASE LAWS

In the present legislature there promises to be some action concerning the Workmen's Compensation Law. The two undersigned co-operating committees believe that the basic facts in compensation and occupational disease laws as they apply to physicians should be common knowledge among physicians. Therefore, as a joint enterprise, summaries of the present laws have been made and are herewith printed.

In the June issue of this JOURNAL will appear a syllabus for a refresher course in industrial health. The summaries of these two laws will be necessary foundation stones in such a course. Please file them where they will be easily accessible.

Credit for the compilation of these résumés goes to Milton Rose, M.D., professor of public health, Medical School of the University of Pennsylvania, and Charles-Francis Long, M.D.,

chairman of the Committee on Industrial Health of The Medical Society of the State of Pennsylvania.

(Signed)

COMMITTEE ON INDUSTRIAL HEALTH,
COMMITTEE ON WORKMEN'S COMPEN-
SATION LAWS,
The Medical Society of the State of
Pennsylvania.

Present Status of Pennsylvania Workmen's Compensation Act

This résumé abstracts the Pennsylvania Workmen's Compensation Act as it now stands. Please note that it is *not* a physician's, not a lawyer's, not an insurance carrier's, not an employer's act; but it is a *workmen's* compensation act.

1. What employments are covered?

All employments are covered except those which are casual and not in the regular course of the employer's business, so-called "home work," domestic service, and agriculture.

Although theoretically the act is not compulsory, in industrial practice it is generally considered so.

2. Who is paid?

The worker, in cash.

3. Who pays?

The employer or his insurance carrier or the state fund.

4. How is the cash paid?

No compensation is paid for the first 7 days of disability. After that, compensation is provided for personal injuries by accidents "in the course of employment."

a. Compensation is payable at the rate of 66⅔ per cent of wages with a maximum of \$18 per week and a minimum of \$9 per week, or full wages if such wages are less than \$9, with an absolute minimum of \$5 per week.

b. Permanent total disability is payable for 500 weeks with a maximum of \$7500.

c. Compensation is payable for loss of arm, hand, leg, foot, eye, and fingers for certain specific periods.

d. In case of death by industrial accident, compensation is payable to the widow for a maximum of 300 weeks with payments continuing to dependent children until the age of 16. In addition to compensation, funeral expenses up to \$200 are provided.

5. What other benefits does the injured worker receive?

During the first 60 days after disability, the employer must furnish reasonable surgical and medical services, hospital treatment, medicines and supplies, with a maximum cost exclusive of hospital treatment of \$150.

If the employee refuses such medical treatment, he forfeits his right to compensation for any injury or aggravation of existing disability which may be attributed to his refusal to accept treatment.

If the employer refuses to furnish medical treatment the employee may procure such services and collect the cost from his employer.

6. Who chooses the doctor?

The employer *only* has the right to choose the physician through whom services are to be rendered to the injured employee. In *all* instances his permission to treat must be obtained, preferably in writing.

7. Must an employee undergo medical examination?

Yes. The injured employee is required to submit to medical examination upon request of the employer or upon order of the Workmen's Compensation Board, at the expense of the employer.

Refusal to submit to such examination forfeits the employee's right to compensation. The employee may have a physician of his own selection, to be paid by him, participate in any such examination.

8. How are compensation claims settled?

The act provides for settlement of compensation cases by agreement between employer and employee, such agreements being filed with and subject to the approval of the Department of Labor and Industry.

If the employer and employee cannot agree upon the compensation to be paid, provision is made for hearing before a referee assigned by the Workmen's Compensation Board.

Appeals may be made from referees' decisions to the board and from the board to the courts.

9. Does the board guarantee payment of fees charged by attending physicians?

No. Whether incurred by employer or employee, these fees must be collected from the party served.

10. In case of medical dispute, what does the board do?

The board is empowered to appoint its own medical consultants.

11. How are these consultants paid?

When the board appoints consulting physicians or surgeons in the course of a hearing, compensation for such services is taxed as costs, to be paid out of the Department of Labor and Industry's maintenance fund, the department being reimbursed by either employer or employee or both, as may be ordered by the Workmen's Compensation Board.

12. How may the employer insure himself against compensation risks?

The employer is required to insure with the State Workmen's Insurance Fund or any authorized private insurance carrier unless he applies for and is granted the privilege of self-insurance by the Department of Labor and Industry.

2. What benefits are provided?

Benefits are similar to those of the Workmen's Compensation Act (q. v.), with certain exceptions.

3. What are the exceptions?

Compensation for silicosis, anthracosilicosis, and asbestosis is payable only for death or permanent total disability, with the maximum amount being \$3600.

In cases where occupational disease develops to the point of disablement only after an exposure of 5 or more years, compensation is payable jointly by the Commonwealth of Pennsylvania and the employer.

If disability occurs during the first 2-year period after the effective date of the act, the employer's share of compensation is 50 per cent, this percentage increasing by 10 per cent for each additional 2-year period. The employer under whom the employee was last exposed to the hazards of the occupational disease shall be liable for compensation.

4. Who decides disputed medical cases?

Provision is made for the formation of a medical board selected from a list of 10 physicians furnished by the deans of all legally recognized medical schools in Pennsylvania. Of the 10 names furnished, 3 must be roentgenologists and 3 pathologists. From this list a board of 3 is selected, one roentgenologist and one pathologist. Members of the board receive a fee of \$100 per case plus necessary traveling expenses. This board's duties are to hear and determine controverted medical issues in disputed claims.

In addition to the usual medical examination, the employee must submit to such clinical, pathologic, and roentgenologic examinations as may be required by the medical board. In death cases, the medical board may order an autopsy.

5. Is there any further appeal from the findings of the medical board?

The findings of the medical board are conclusive, subject to review by the courts on the question of sufficiency of evidence.

1941 SECTION ON MEDICINE

The Medical Section of the 1941 Scientific Program Committee has decided this year that instead of a number of unrelated papers, which are of varying interest to the general practitioner, each day at Pittsburgh will be devoted to a symposium on one subject.

Tuesday will be devoted to endocrinology. Dr. Max A. Goldzieher, of New York, will be the guest speaker for the day. Dr. Goldzieher is a very forceful speaker who presents his subject in a very interesting manner. There will be 6 other papers on various endocrine subjects embracing the latest developments in glandular therapy, diagnosis of the various endocrine disorders, tests to prove diagnosis, prognosis, and general management of the various endocrine conditions. This program should be very instructive and interesting to all physicians, particularly the general practitioner.

Wednesday will be devoted to the heart. This symposium will be put on by the Pennsylvania

Pennsylvania Occupational Disease Act of 1939

1. What diseases are covered by this act?

Compensable Diseases:

- a. Poisoning by arsenic, lead, mercury, manganese.
- b. Poisoning by phosphorus.
- c. Poisoning by methanol and carbon disulfide, hydrocarbon distillates (including naphtha), and halogenated hydrocarbons.
- d. Poisoning by benzol or its derivatives.
- e. Caisson's disease.
- f. Disability due to radium or x-ray exposure.
- g. Poisoning by chronic acid and chromates.
- h. Epithelioma or skin ulcer due to tar, pitch, bitumen, mineral oil, or paraffin.
- i. Infection or inflammation of skin due to oils, cutting compounds, lubricants, dusts, liquids, fumes, gases, or vapors.
- j. Anthrax.
- k. Silicosis or anthracosilicosis.
- l. Asbestosis.