

healthy control must indicate certain compensating mechanisms, possibly an increased drive brought about by a recognition of his limited opportunities and a determination to take the greatest possible advantage of his present employment. However, management will continue to be reluctant until industry is afforded adequate protection against the very real and often unjust liability imposed by the aggravation clause of most state compensation laws.

If industrial physicians expect a sympathetic and open-minded attitude on the part of management toward the hiring and continued employment of the cardiac patients, then they must give certain things in return. They must recognize the fact that among their number are some who, even in these days of critical shortage of manpower, say "Give me only the healthy worker; let the cardiac patient find work where there are no physical examinations." Yet it is in those very jobs which are open without examination that the patient with heart disease is most often subject to aggravating work conditions and the hazards of disabling injury. So before industrial physicians can go to management with their broad program, there is a selling job to be done within their own profession. You who are leaders in the field must be counted on to establish in industry programs for the full employment of handicapped workers. Only by your own example can you demonstrate to management and to others of your profession that the cardiac patient has a useful place in industry. You will have reached your goal only when every industry, large or small, will accept the heart patient for work within his limitations and under intelligent medical supervision.

The diagnosis made at the time of employment and through periodic health surveys is the focal point from which advice to the employee and the employer alike must originate. Since I am particularly interested in the electrocardiogram, you will no doubt forgive what might seem overenthusiasm on my part for including the electrocardiograph in the modern industrial dispensary. It is hardly necessary to point out to you that a routine health survey is incomplete without an electrocardiogram, including in most cases the Master two-step exercise test.

From April 1943 to August 1945, while I was engaged as cardiac consultant to one of the large Cleveland industries,¹⁰ 2,000 electrocardiograms were taken during the course of 14,778 physical examinations of three types, namely, pre-employment, health survey and post-illness. The electrocardiograms of 209 persons were distinctly abnormal. There were 6 instances of acute myocardial infarction, 14 of old infarction, 16 of bundle branch block, 12 of incomplete heart block, 1 of complete heart block, 6 of abnormal rhythms of various types, and numerous other less specific changes. This service could readily have been justified by the fact that unsuspected acute infarction was diagnosed in two of the workers who returned for reemployment after what was thought to have been only a trivial illness.

Only last December a young man of 34 entered my office whom I had seen on one occasion in May of 1950. At that first visit he complained of cardiac irregularity of brief duration, and from his description I thought it probably represented extrasystoles. No organic heart disease could be found, and since the condition had not recurred, no particular recommendations were made. However, in December,

10. Kline, E. M., and Hess, J. H.: The Electrocardiograph in Industrial Medical Practice: A Report Based on 2,000 Electrocardiograms, *Ohio M. J.* 43:54, 1947.