

this point of view. However, no matter how dogmatic the cardiologist becomes, he must realize that the final decision as to industrial responsibility in heart cases rests in the hands of laymen. The actual decision as to industrial responsibility is made by lawyers and the industrial accident commission. They usually ask medical counsel but draw their own conclusions.

The first major legal premise the physician must realize is that in the eyes of the law any employed person is in perfect physical condition, regardless of his age or the narrowness of his coronary arteries. This and all other legal premises arising in industrial medicine are really a metamorphosis of law rather than of medicine.

Originally industrial injuries were the direct results of violence. That is to say, if a man fell off a scaffold while at work and broke his leg, that broken leg represented an industrial injury. However, if a man worked in a hard rock mine and inhaled silica dust, there was no direct trauma and the resulting silicosis was not considered industrial in origin. After much social pressure, the legal reasoning that silicosis is an injury due to the impact of millions of tiny particles of silica has gradually become accepted. Here the medical aspects of silicosis have not changed, although the legal relationships of the illness to occupation have been altered.

Since the advent of compulsory industrial accident insurance in the state of California the attitude of the law regarding cases of industrial injury has gradually taken its present form.

There has been a trend for the industrial accident commissions to become more and more liberal in accepting medical conditions as industrial in origin. This trend is a natural parallel to the general social and political opinions of the time. Consequently, the physician should become more objective in his study of industrial accident cases and consider all factors of preexisting disease, nature of working conditions, injury and "strain" before he decides on the industrial origin of an illness. The liberal acceptance of many degenerative conditions will certainly have a tendency to discourage the hiring of older persons. However, that manifestation is already being anticipated in New York state, where legislation is being designed "to end the employment discrimination against older workers." A bill to be introduced in the New York state legislature was held out of the current session "to give business a final opportunity to voluntarily improve the situation of employment discrimination against older workers." From these trends it can be seen that there are strong forces at work, first, to determine the responsibility for industrial illnesses and, second, to force employers to hire persons who are more susceptible to illness and injury.

Today we are discussing one of the small facets of this great problem. Myocardial infarction, which was rarely acceptable as an industrial illness 20 or 30 years ago, is now becoming more frequently accepted. More liberal acceptability can probably be anticipated for the future.

The following cases will serve to illustrate the present level of the California industrial accident commission's acceptance of myocardial infarction:

J. M., a 50 year old fireman, was awakened out of a deep sleep on Feb. 14, 1948 by severe precordial pain. A definite clinical diagnosis of a massive myocardial infarction due to coronary occlusion was made. There was no question about the diagnosis. This illness had occurred on a week end, and the patient had not worked for 48 hours. The last fire in which he was exposed to severe physical exertion and smoke occurred two weeks prior to his coronary occlusion.

Medically this case appears to be a "garden variety" of coronary occlusion due to arteriosclerotic heart disease, which was not related to his occupation as a fireman. However, the so-called "Presumptive Act" of the state of California is such that heart disease or pneumonia