Editorial

Heart Attacks and Workmen’s Compensation Acts

The physician has an intimate role in the commonweal of the community and nation, yet often properly abhors the part he needs to play in the courts of law. The need for the adversary approach, an entirely foreign concept of causality, the tedium and gamesmanship within the court, and the sometimes ridicule of humility and praise of pomposity are basic reasons for his uneasiness on entering the court. The profession is indebted to those members who have been willing to work many hours analyzing the problems and making recommendations for improvements in the interpretation of the law. Specifically, cardiologists are indebted to Bergy and Sparkman whose studies of the factors that influence the decision in regard to compensability in heart attacks occurring among industrial workers in the State of Washington under its Workmen’s Compensation Act, appear in this issue of Circulation. If there be a weakness in their report, I would identify it as an implication that controversy regarding causal relations is outdated and that it would be possible to write criteria for causality, quoting: “In our opinion, the physician’s role should be clarified by the provision of a set of medical criteria for guiding him in the determination of causal relationship.” “Few, if any, will object to the acceptance of cardiac claims where the work may be clearly shown to have caused the cardiac episode.”

I share an opinion that it would be much to be preferred that social and medical secur-
offers specific recommendations, the first of which is "that further consideration be given to the possibility of removing heart disease from the provisions of the Workmen's Compensation Acts and handling it under various insurance coverages." Also, I quote the concluding words of Meyer Texon's book (Heart Disease and Industry, Grune and Stratton, 1954) "just as the question of fault for injury was eliminated by Workmen's Compensation Law, so all questions of time, place and causal relation could be eliminated by a comprehensive accident and sickness disability benefits law."

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Tercentenary of the Publication of Sydenham's Treatise on Acute Diseases
Excerpt from the "Preface to the First Edition," 1666

It is my temper and disposition to be careless of both the sayings and the doings of the over-proud and the over-critical. To the wise, however, and the honest I wish to say thus much:—I have in no wise whatever distorted either fact or experiment; I told the truth, the whole truth, and nothing but the truth; and I have little fear but that they also, if they will make similar observations, will add their voices to mine. In the meanwhile I ask the pardon, and submit to the arguments, of better judges than myself for all errors of theory. Perhaps I may myself hereafter on many points change my mind of my own accord. As I have no lack of charity for the errors of others, I have no love of obstinately persisting in my own.—The Works of Thomas Sydenham, M.D. London, The Sydenham Society, 1847, vol. 1, p. 26.

Editorial Erratum

The incidence of transposition as stated in the February issue "Some Hemodynamic Problems in Transposition of the Great Vessels" (p. 181) as one in 20,000 live births is patently incorrect, being at least five times that figure. The estimate was initially calculated as the rough incidence in survivors beyond infancy.
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