

condition due, not to accident, but to occupation disease? Did it arise from causes unconnected with his work?

Medical men as a class tend to underestimate the injury to laboring men, and especially to reckon too short a time as the limit of disability after injury of the bones or of parts (hands and feet) used in rough work. The date at which a patient can be released from hospital treatment or when medical supervision becomes unnecessary, is often only one-half of the time required to put him in condition to renew his work. The schedule policies adopted by many of the insurance companies are not well adapted for the insurance of working men, as they are compiled on tables prepared for classes whose work is largely clerical or sedentary.

The frequency of actual simulation is much smaller than one would gather from medico-legal literature, and the cases, as a rule, are very easy of detection. On the other hand, more or less tendency to exaggeration is found in the majority of cases. Attributing to a recent injury conditions which pre-existed is perhaps the most common form of simulation: a decision on the matter may be difficult when the case is not seen soon after the alleged injury.

Just as in bacteriology we have certain postulates necessary to constitute proof of injury due to accident we require here:—

- (1) There must be proof of the occurrence of an accident or injury.
- (2) The accident and its effects must have occurred suddenly.
- (3) The part affected must be located in the region injured.

It is astonishing to find how often these obviously essential data are unproven in cases of alleged injury.

*Age.* Injuries of young persons heal more rapidly than those of the old, and adaption to altered conditions is more complete and rapid. The immediate effect of injuries on the very young and very old is more marked than in adults. The predisposition to special diseases is greater at certain times of life, for instance, the liability to hernia in cases with advancing age.

*Sex.* Females need higher compensation for disfigurement than males. Slight disfigurement may be compensated only in case of females.

*Previous Disease.* The occurrence of an injury may leave a liability to the same injury. This is especially noticeable in dislocations, in abnormal conditions of the skin predisposing to erysipelas from trifling injury, or from exposure. Fragility of the bones from rickets or osteoporosis renders fractures more probable. The enlarged spleen in malaria is subject to injury. The existence of a latent or partly cured infectious disease, such as tuberculosis, may lead to unexpectedly bad results when persons are injured in the chest or subjected to a prolonged confinement. Disease of the ear greatly increases the danger of infection and meningitis in fractures of the base of the skull. Chronic heart diseases and