classification, on the one hand, and age or duration of heart disease, on the other. In other words, the combination of advancing age and increasing duration of the disease was not regularly followed by progressive diminution in cardiac function. It is possible that the explanation of this lies in the fact mentioned above, that the group studied represented only those patients who survived and who continued to attend the cardiac clinic.

DURATION OF EMPLOYMENT

In discussing duration of employment it is desirable to distinguish between those patients who pursued full time occupations and those who performed limited work.

TABLE 3.—*Change in Functional and Therapeutic Classification of 580 Patients During the Years They Attended Bellevue and Lenox Hill Cardiac Clinics, by Age*

	Patients of Given Functional and Therapeutic Classification							
	Remained the Same		Improved		Became Worse		Total	
Age in 1949	No.	%	No.	%	No.	%	No.	%
Under 35	55	48	28	24	32	28	115	100
35-54	100	62	22	14	39	24	161	100
55 and over	158	52	62	20	84	28	304	100
All ages	313	54	112	19	155	27	580	100

TABLE 4.—*Number of Working Years (Full Time and Limited) of 580 Patients with Heart Disease, by Known Duration of Disease*

		Number Who Had Worked Given Years				Number Who Had Never Worked, Owing to	
Years Heart Disease Had Been Known	Patients	Under 5	5-9	10-14	15 and Over	Cardiac Reasons	Other Reasons
Under 5	278	203	..	..	..	63	12
5-9	112	12	77	..	..	21	2
10-14	93	3	6	74	..	9	1
15 and over	97	3	8	21	62	2	1
Total	580	221	91	95	62	95	16

The latter is defined as work limited in respect to hours per day, hours per week and absence of taxing features.[11]

It is apparent from table 4 that a majority of the persons with cardiac disease in this series had worked during the entire period since their heart disease was diagnosed at the clinic. Only 111 (19 per cent) failed to do any work following the discovery of their disease, and of these a small number attributed their idleness to noncardiac causes. Patients in the age group 55 years and over account for about three fourths of all those who never worked after the onset of heart disease. In the main, these were persons having arteriosclerotic heart disease of relatively short duration, whose difficulties in resuming employment following the onset of heart disease were probably due to their age as much as to the disease.

The figures presented in table 4 are based on the performance of some type of work but do not bring out whether the work was limited or unlimited. An attempt was made to analyze this factor, but the records available permit only a rough