entire period, regardless of whether the functional classification remained the same, improved or changed for the worse. The majority of the patients were classified throughout as better than 2C.

Most of the patients in the age group 35-54 had been followed in the clinic for five to 10 years. The majority were classified as 2C or better, although not infrequently the functional and therapeutic classification changed for the worse, usually from 2C to 3C. The majority of those whose functional classification remained the same or improved worked the entire period. Practically all those whose functional and therapeutic classification changed for the worse worked at least 50 per cent of the time. The proportion of the time worked did not bear any relationship to the length of time their heart disease had been known.

Most of the patients 55 and over in 1949 had been followed in the clinic less than five years and were originally classified as 2B and worse. A majority of those whose original classification was 3C and worse stopped work and never returned after their heart disease had been diagnosed—a course much less commonly followed by

TABLE 6.—*Percentage of Time Worked Since the Discovery of Heart Disease of 580 Patients, by Age at Discovery of Heart Disease*

Age at Discovery of Heart Disease	Patients Who Had Never Worked, Owing to		Patients Who Had Worked Given Percentage of Time					
	Cardiac Reasons	Other Reasons	Under 25%	25-49%	50-74%	75-99%	100%	Total %
Under 19	0	0	0	2	3	22	56	83
20-34	2	0	1	0	9	10	53	75
35-54	21	5	2	9	36	17	96	186
55 and over	72	11	5	8	54	12	74	236
Total	95	16	8	19	102	61	279	580

patients in the younger age groups. A change for the better in functional and therapeutic classification did not appear to affect the working status of these older patients. A change for the worse caused many to stop working and a few to continue working on a limited basis.

Table 7 shows in detail the change in occupational status of 115 patients whose functional and therapeutic classification changed for the worse and who were working at the time. Most of the patients continued full time in the same occupation, and 20 per cent continued in the same occupation but limited themselves in respect to physical exertion. A neglible number changed to a less taxing occupation, and 19 per cent stopped work and did not return. Most of those who limited themselves were housewives working at home, and a majority of those who stopped work completely had been employed previously as unskilled workers.

The same type of change in occupational status occurred in the group of those who suffered a cardiovascular episode, such as an attack of rheumatic activity, heart failure, cerebral hemorrhage or coronary occlusion (table 8). The majority continued in the same occupation full time, and a smaller proportion limited themselves in the same job or stopped working and never returned. Most of those who stopped work completely had previously been doing unskilled work, and most of those who limited themselves were housewives.