

patients, while only 2,284 (3.9 per cent) had cardiac disease.¹³ Gainful employment of even this small group of cardiac patients would yield annual wages of about \$3,500,000.

It was apparent that in Cleveland we needed to make better use of the existing facilities by acquainting the physicians of the area through local medical meetings and publications. Furthermore, we had learned in visiting executives and industrial physicians that there was a local need for a clinic where persons with heart disease could be sent for diagnosis, analysis of physical capacities, analysis of the demands of the specific job in question, and finally a matching of the physical capacity and job demand through selective job placement. Advice and assistance was generously given us by such men as Drs. John W. Ferree, Raymond Hussey and Leo Price, just to mention a few. The experience of Dr. Leonard J. Goldwater of New York and his group at the Bellevue Hospital was particularly helpful. His clinic served as a model.

At this point a proposal setting forth our tentative plans for this clinic was submitted to the Cleveland Academy of Medicine for consideration. Approval came at once and we immediately began looking about for a suitable location. After considering one of the large hospitals, a city health center and the Cleveland Rehabilitation Center, the latter was selected as being the most suitable. In this building there was a made-to-order sheltered workshop where the work capacity of the patient with heart disease could be progressively increased, under the supervision of the medical staff. Our selection has proved to be a wise one.

A competent cardiologist,¹⁴ certified as a specialist by the American Board of Internal Medicine, was engaged to carry out the physical examinations and to serve as director of the activity. Later, as the case load increased, other physicians have been added on a rotation basis, each serving for a three month period. In addition to the professional personnel, the staff includes a medical social worker, a vocational counselor, a nurse and a secretary.

We are now operating one day a week for new patients, with a follow-up night clinic every two or three weeks. For follow-up purposes the night hours have the advantage that they interfere least with the individual's working schedule and at the same time give us an opportunity to see our patient at the end of a day's work. Four new patients are processed at each clinic session. All referrals must be from a physician in writing, and no one is accepted without this letter. Patients are carefully screened, and only those with a specific work problem are accepted for examination.

At the clinic the patient is met on arrival by the medical social worker, who explores his background, giving particular attention to emotional factors which may be reflected in his reaction to his job. His work experience is studied by the vocational counselor. Known or unexplored skills which might be of benefit to us in our final recommendation are carefully noted. At the completion of these interviews, the medical history is taken in a thorough manner, and a physical examination is carried out. The routine laboratory work includes a urinalysis, serologic tests, a blood count, cardiac fluoroscopy, an electrocardiographic study of the patient at rest and, when indicated, after exercise.

13. Rehabilitants in Fiscal 1949, Administrative Service Series No. 57, Federal Security Agency. Copy may be obtained from Office of Vocational Rehabilitation, Washington 25, D. C.

14. Dr. H. K. Hellerstein.