

while he was at work, his heart began to beat violently and irregularly. His company was equipped with an electrocardiograph and a record was taken. As there was no one at the factory to interpret the electrocardiogram at the moment, it was sent to me by messenger. There was auricular fibrillation with a ventricular rate of between 170 and 180 per minute. The patient was immediately sent for, and quinidine was given, with prompt return of normal sinus rhythm. In this case the electrocardiogram removed the guesswork and permitted me to assure the employer that although this man might have subsequent attacks, there was no cause for alarm and he should be permitted to continue with his regular work.

Now turn for a moment to the private practitioner of medicine and see what he can be expected to do to aid the cardiac patient in industry. Although he may understand his patient well, know his home and family, he usually is not acquainted with the precise physical demands of the patient's work. How much better it would be if the family physician before recommending definite changes of course to his patient after a cardiac illness would first talk with the industrial physician concerned! The private practitioner can be overcautious and overprotective, occasionally jeopardizing his patient's employment by recommending absenteeism, which may in some instances be of doubtful value for convalescence. Great caution must be exercised not to superimpose on the organic disease a neurosis which may prove to be more disabling than the initial illness itself. It takes more courage to say a man can work than to say he cannot.

In order to point out to you the assistance that physicians working together can give to the worker who has heart disease, I should like to refer to our experience in Cleveland in the past two years. There the Republic Steel Corporation generously contributed to the 1949 campaign of the Cleveland Heart Society \$10,000, \$5,000 of which was to be used in connection with the problem of the cardiac patient in industry. The society had under discussion several community service projects. One was a rheumatic heart disease clinic to be established in connection with the public school system, and the other appeared to be some activity related to heart disease and work, although at the time we did not know where our plans would lead us. The gift from the Republic Steel Corporation was received most enthusiastically and put our committee,¹¹ as it were, in business. We soon learned that although we had in Cleveland eminent services for the vocational counseling, rehabilitation and industrial placement of the cardiac patient, these services were for the most part unpublicized and therefore unused by physicians. The number of cases processed by these institutions was estimated to represent only 4 per cent of the total case load. This poor showing is characteristic of rehabilitation, which in the end means job placement, on a national level. During the fiscal year ending June 30, 1949, there were rehabilitated through the Office of Vocational Rehabilitation of the Federal Security Agency 58,020 persons, with a potential annual income of \$86,000,000.¹² Of this number, 25,578 (44.1 per cent) were orthopedic

11. The present membership of this committee is as follows: John J. Elwood, safety engineer, Thompson Products Company; A. C. Ernstene, M.D.; Harold F. Feil, M.D.; William C. Hartman, attorney, Squire, Sanders & Dempsey; Donald A. Kelly, M.D.; Edward M. Kline, M.D., General Electric Company, chairman of committee; Edgar Weil, president, Vitreous Steel Products Company.

12. Vocational Rehabilitation for Civilians, Revised June 1949, Federal Security Agency. Copy may be obtained from Office of Vocational Rehabilitation, Washington 25, D. C.