The last hour of each period is devoted to a round table discussion in which reports are heard from the members of the staff. Sitting in on these conferences is a member of our committee who acts as senior consultant.

The medical aspects of the case are reviewed, and the patient is classified according to the standards of the American Heart Association. The job is then reviewed not only from the point of view of its physical demands but also out of consideration for the safety of the worker, his fellow employees and the general public. The final recommendation, transmitted through the referring physician, might consist simply of confirmation that the individual can undertake the position planned for him or that he can continue with his present work; vocational testing and retraining might be in order, or observation in the sheltered workshop. Occasionally the disease is so far advanced that we can recommend only diversional occupational therapy. This can begin in the hospital or the home, starting rehabilitation literally at the patient's bedside.

No charge for this service is made either to the patient or to the referring agency. Our operating funds are from those allocated by the Cleveland Heart Society for local use and raised by public subscription during the annual campaign. Although we have tried at all times to be as economical as possible, the cost for each new patient processed is approximately $25, and this does not include rent or payment for the services of the nurse or the vocational counselor.

Although the undertaking is just beginning, it appears to be meeting with considerable success. Our backlog is increasing and, more important, the list of industries using our services is constantly expanding. Parts of two letters are included by way of illustration.

An executive of one company writing to an executive of another states:

> . . . We have recently had occasion to use the Clinic for the evaluation of one of our employees, and because I was so impressed by the completeness and lucidity of the report, I thought you might be interested in passing it on to the proper persons in your company so that they might be aware of this very fine service.

A medical director wrote to the general manager of his company:

> . . . The Company, in my opinion, owes a senior employee the chance for continued employment. The doctor owes the patient the correct selection of job which will not aggravate his disease. We are endeavoring to find a way to meet both obligations. The new service offered by the Cleveland Heart Society will be used by our company as an arbitrating body in disputes between the union and the medical department if the need arises. If we accept the responsibility of continuing to employ known cardiacs, we must have jobs set aside which will be suitable for the handicapped worker. We have 250 known cardiacs at our company and I propose that 25 jobs be set aside at all times for persons needing special placement.
>
> There is no fixed retirement policy at our plant and the burden falls almost completely upon the doctor to determine when that retirement arises. Because we must perform this odious and thankless job alone, I feel that the proposed plan to use the Work Classification Clinic of the Cleveland Heart Society be seriously considered as an aid to fair play and the best interests of the worker.

His proposals to the factory manager and the union were accepted.

I regret that time does not permit detailed recitation of case histories, but I am sure you can all imagine the thrill of seeing at our follow-up clinics a worker secure in his job, with a handicap to be sure, but happy to be keeping pace in a competitive society. We have no doubt made errors and we shall perhaps make