one third it was known to have been present for more than 10 years. Of the entire 580 patients, 81 per cent had worked at some time since the onset of heart disease, and 19 per cent had never been employed. Among those who had never worked, two thirds had had their illness less than five years, while relatively few whose heart disease was of longer duration had never worked.

The usual occupation of the 469 patients who worked after the diagnosis of heart disease had been made is shown in table 2. Of the entire group, only 5 per cent were found to have changed their type of occupation repeatedly, and of these the bulk were under 19 years of age, a period when young people are leaving school and seeking gainful employment. Thus the great majority of patients continued in the same type of occupation during their entire working years, regardless of their cardiac status.

The most frequent occupations were those of housewife, unskilled laborer and "white collar" worker, in that order (table 2). This occupational distribution differs somewhat from that of the United States (1947), in which semiskilled

TABLE 2.—*Usual Occupation Since the Diagnosis of Heart Disease of 469 Patients Attending Bellevue and Lenox Hill Cardiac Clinics in 1949, According to Age at Diagnosis*

	Patients of Given Occupational Classification *						Patients Whose Classification Was Constantly Changing	Total
Age at Diagnosis	0	I	II	IV	V	VI		
Under 19	1	39	7	9	10	4	13	83
20-34	0	15	37	2	2	13	4	73
35-54	4	21	55	16	12	49	3	160
55 and over	10	17	64	20	8	33	1	153
All ages	15	92	163	47	32	99	21	469

* Occupational code of War Manpower Commission: 0, professional or self-employed person; I, clerical worker, student, salesman; II, houseworker in own abode; IV, skilled worker; V, semiskilled worker; VI, unskilled worker or a domestic employed by others.

workers are second to housewives in number, with "white collar" workers third and unskilled laborers fourth. These figures mean simply that the cardiac clinic population cannot be considered a true cross section of the general population from the point of view of occupation.

CHANGES IN CARDIAC STATUS

For the purposes of this discussion, changes in cardiac status are best expressed in terms of the functional and therapeutic classification. In a number of cases there was progression of the pathological involvement, such as further valvular damage, advancing myocardial fibrosis and new myocardial infarcts. A detailed analysis of these changes was not undertaken, since all significant cases of progression were reflected in changes in function and it is the functional and therapeutic status that is most closely related to occupational potentiality.

In the period during which these patients were followed, the functional and therapeutic classification remained the same in 54 per cent of the individuals, improved in 19 per cent and changed for the worse in 27 per cent, as shown in table 3. Contrary to what might have been expected, in this group of patients there apparently was no relationship between changes in functional and therapeutic