1947

A study of the adjustment made by twenty-four adult male patients who have rheumatic heart disease

Relkin, Bernice Harriet
Boston University

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A STUDY OF THE ADJUSTMENT MADE BY TWENTY-FOUR ADULT MALE PATIENTS WHO HAVE RHEUMATIC HEART DISEASE

A THESIS

Submitted by

Bernice Harriet Relkin

(A.B., New York University, 1945)

In Partial Fulfillment of Requirements for
the Degree of Master of Science in Social Service

1947
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Of final import is the question of the patient's personal sta-
tus and the adjustments he has made to this relationship.

Through this study, the writer hoped to be able to re-
vail the degree to which these patients have been able to live
satisfactorily within their physical limitations, or the rea-
sons for their failure to adjust to the restrictions which
rheumatic heart disease has brought to bear.

Scope of the Study

Each patient so be included in this study has been under
the supervision of the Rheumatic Fever Clinic at the Massachu-
setts General Hospital for nine years or longer. The majority
of the patients have been known to the Clinic for more than
twelve years.
CHAPTER I
INTRODUCTION

Purpose

The purpose of this thesis is to determine to what extent twenty-four patients who have rheumatic heart disease have been able to overcome the limitations of physical disability. The limitations imposed on the patient by rheumatic heart disease and the attitude the patient has toward these restrictions will be an area of importance to be studied. What accomplishments he has made in school and what his adjustment to the work experience has been will also be included. Of final import is the question of the patient's marital status and the adjustment he has made to this relationship.

Through this study the writer hopes to be able to reveal the degree to which these patients have been able to live satisfactorily within their physical limitations, or the reasons for their failure to adjust to the restrictions which rheumatic heart disease has brought to bear.

Scope of the Study

Each patient to be included in the study has been under the supervision of the Rheumatic Fever Clinic at the Massachusetts General Hospital for nine years or longer. The majority of the patients have been known to the Clinic for more than twelve years.
I AM THE

MOTTO CONTRE

ORDER

The purpose of this page is to emphasize the point
that everyone—yourself included—must succeed in life
have peer in order to overcome the limitations of society
the limitations thereof. The limitations thereof, and the
social barriers, are the barriers we must overcome. The

PRESENT

This year the students have had a great
experience in a number of ways. They have
seen many things, heard many stories,
and have met many people. They have
also had the opportunity to work on
various projects, both in and outside
the classroom. The students have

PAGES OF THE YEAR

Since the beginning of the year, the
students have been working hard in
preparing for their exams. They have
been studying hard for their exams,
and they have been doing well. The
students have been working hard to
prepare for their exams, and they
have been doing well.

Please help me

Four of the patients to be included in the study are no longer active at the Rheumatic Fever Clinic. One was discharged in 1945 to the care of his local physician. The second was discharged in 1946 as he and his family had moved to another state. On discharge this patient requested that he be transferred to a clinic in the state to which he had moved. The third patient was discharged in February, 1947, to the Clinic at the House of the Good Samaritan as this was more convenient to the location of his home and work. The last patient died on December 6, 1946 after the writer had gathered much of her information regarding this patient. The conditions on which these four patients were discharged will be further explained in later chapters.

The patients for this study were selected on two conditions. The first condition used as a criteria for selection was that they have rheumatic heart disease to some extent. Secondly, the patients were chosen according to a specific age group; namely, six through eighteen years of age, when they were first known to the Clinic. This was done so that it would be possible for the writer to determine how these patients have adjusted to their handicap at a point in life when society expected them to take on the responsibilities of work and marriage.

Sources of Data

Social case records were obtained at the Social Service Department of the Rheumatic Fever Clinic at the Massachusetts
General Hospital. Data concerning each patient's medical history was gathered from the hospital medical records. This data will be used to show the course which rheumatic heart disease has taken over a period of years. Miss Edith M. Terry, Head Social Worker of the Rheumatic Fever Clinic, has been extremely helpful in providing the writer with additional social information on each patient.
CHAPTER II

RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE

Before going into a study of rheumatic fever and rheumatic heart disease, it would be of use to describe to the reader the anatomy and physiology of the heart and the part it plays in the functioning of the body.

The heart acts as a pumping organ for the blood of the body. (Page 5, Diagram of the Heart) It measures about the size of a fist and is divided by a wall into right and left halves. Each half in turn is further divided into two cavities. The right heart is made up of the right auricle and the right ventricle just as the left heart includes the left auricle and ventricle. The venous blood enters the right auricle (7) through the great veins from the head, trunk and extremities and flows through the tricuspid valve (3) to the ventricle (8). The right ventricle pumps the blood through the pulmonary valve (4) to the pulmonary artery (10) and from here it is sent into the lungs where it picks up oxygen to carry to the body cells. The blood is then returned by way of the lung veins to the left auricle (5) and passes through the mitral valve (1) into the left ventricle (6). The final step takes place when the blood is pumped through the aortic valve (2) into the aorta (9) and is then distributed to the entire body.
Table 18.6 shows that a sample of 100 employees have an average age of 45 years and a standard deviation of 10 years. To test the hypothesis of 50 years at a 0.05 level of significance, we use a t-test on the sample data.

If the test result is significant, it indicates that the average age of the employees is significantly different from 50 years. If the test result is not significant, it suggests that the average age is not significantly different from 50 years.
DIAGRAM OF THE HEART

1. Mitral Valve
2. Aortic Valve
3. Tricuspid Valve
4. Pulmonary Valve
5. Left Auricle

6. Left Ventricle
7. Right Auricle
8. Right Ventricle
9. Aorta
10. Pulmonary Artery

1 Metropolitan Life Insurance Company, Your Heart, P. 2.
The valves of the heart, through one or more rheumatic infections, are often irreparably damaged. Inflamation of the heart is brought on by this rheumatic fever episode and when this inflamation subsides scar tissue is left in its place. This scar tissue results in inefficient functioning of the valves of the heart (the valves on the left side of the heart, mitral and aortic, are most frequently affected).

These valvular defects are:

1) Regurgitation or Insufficiency: the changes caused by scar tissue in the valve permits the blood to flow back through them.

2) Stenosis: the valves are not only scarred but the edges of the valves fuse, thereby limiting the amount of blood that can enter the heart cavities.

The following abbreviations will be used throughout this study when describing the patient's diagnosis:

- Rheumatic Fever.........................R.F.
- Rheumatic Heart Disease...............R.H.D.
- Mitral Stenosis..........................M.S.
- Mitral Regurgitation....................M.R.
- Aortic Stenosis..........................A.S.
- Aortic Regurgitation....................A.R.

The cause of rheumatic fever, though not yet clear, is related to a germ called the hemolytic streptococcus. To this disease can be attributed the majority of heart disease in children.
The failure of the past, incidentally, to be of any assistance in

towards the achievement of the present, the failure to understand

the means to accomplish it; the failure to recognize the

futility of the present, the failure to utilize the power of the

past, the failure to recognize the importance of the future.

These matters are evident.

(1) Assumptions or Intimations: the curious cause

of such trouble in the nature, perhaps, of the

method. From now on, at least, they are

not to be considered as

prejudicial.

(2) Assumptions: the nature of the only reason for the

existence of the various forms of intellectual

abuse of which we are aware. These forms of abuse

that may occur in the past and future.

The following oppositions will be most useful:

1. Scientific versus Non-Scientific

2. Rational versus Irrational

3. Scientific versus Non-Scientific

4. Rational versus Irrational

5. Scientific versus Non-Scientific

6. Rational versus Irrational

The case of Herbert Spencer, famous for his doctrine of

Liberalism, may be of some assistance in

explaining the nature of these oppositions.
Probably as much as ninety per cent of all heart disease in children is due to rheumatic fever. It accounts for approximately seventy per cent of all organic heart disease in persons between ten and forty years of age and approximately twenty-five per cent of all organic heart disease in persons of all ages.

The first attack of rheumatic fever may come at any time during childhood or early adult life but is most commonly found in children between the seventh and eighth years of life.

One attack of rheumatic fever does not immunize the patient against future attacks; rather it renders the child more susceptible to recurrent sieges so for this reason it is so important that the child be closely supervised in the home and at the clinic.

Rheumatic fever knows no bounds, yet it is found to strike those living in low income areas rather than in communities constituting the well-to-do. Dampness, overcrowding, unsanitary conditions and malnutrition are also contributory factors. It is of interest to note that rheumatic infections are more prevalent during the "colder and wetter seasons of the year-- winter and spring in New England, autumn and winter in Old England."  

Rheumatic fever may strike more than one member of a family. This may be due to poor housing and unsanitary living conditions or conceivably from close contact with an

\[2\] Federal Security Agency, Medical Information for Vocational Rehabilitation Workers, p. 32.

\[3\] Paul D. White, M.D., Heart Disease, p. 233.
already afflicted member. The hereditary factor in rheumatic fever has not yet been discounted.

The insidious character of the infection makes it all the more difficult to control. The child may develop one or more of the characteristic manifestations, all of which vary in severity. Dr. Paul D. White in his book "Heart Disease", lists the symptoms as follows: "Joint pains, tenderness, swelling, heat and redness, muscle aching, chorea, fever, chills, sweating, weakness, effort syndrome, malaise, loss of color and loss of weight."\(^4\)

As indicated in the first part of this chapter, the injury to the heart caused by recurrent attacks of rheumatic fever may be quite serious. It is during these recurrent infections that closely supervised care must be undertaken. Bed rest, whether in a hospital or at home, is of prime importance. Following the active phase of rheumatic fever, continued bed care is strongly advised along with an adequate diet and above all, protection against respiratory infections. This program for the care of the rheumatic fever patient would be incomplete without mentioning the part played by clinic follow-up and medical-social home visiting.

Those interested in providing superior medical care for the rheumatic fever patient are also concerned with keeping the patient in as happy and optimistic a frame of mind as possible. It must be recognized that the person with a

\(^4\text{Ibid., p. 238.}\)
rheumatic infection holds a certain status in his family group. What change in his status is brought about by this illness? What will his reaction be to long time bed care; to convalescent home care; to foster home placement; and finally to a life of possible recurrences of rheumatic fever and consequent heart involvement?

In 1940, Dr. Willy G. Nelson was placed in charge of the Department of Pediatrics at the Washington General Hospital. At his request a survey was made by the Social Service Department to determine the type of cases treated at the clinic and the adequacy of the follow-up. The results of the survey showed that nineteen per cent of the children had heart disease in some form, and that twenty-nine per cent of all those treated at the clinic had failed to return for follow up care. It was further indicated that the group that did revisit the clinic failed to follow the recommendations made.

As a result of this, a Social Service Worker was assigned to the Department to assist the nurse in giving these children adequate home and clinic supervision. The conclusion of workers who contributed at the earlier of the clinic was...

[Note: The last line is partially illegible.]

1 Ellen B. Terry, Background of themodel clinic.
CHAPTER III

RHEUMATIC FEVER CLINIC OF THE MASSACHUSETTS GENERAL HOSPITAL

Since this study is being undertaken at the Rheumatic Fever Clinic of the Massachusetts General Hospital, the writer will present in this chapter a picture of the role the clinic has played and is playing in the care and supervision of patients afflicted with rheumatic heart disease.

History

In 1910, Dr. Fritz B. Talbot was placed in charge of the Department of Pediatrics at the Massachusetts General Hospital. At his request a survey was made in 1911 by the Social Service Department to determine "the types of cases treated at the clinic and the adequacy of the follow-up."¹ The results of the survey showed that seventeen per cent of the children seen had heart disease in some form, and that twenty-nine per cent of all those treated at the clinic had failed to return for follow-up care. It was further indicated that the group that did revisit the clinic failed to follow the recommendations made.

As a result of this, a Social Service Worker was assigned to the Department to assist the doctors in giving these children adequate home and clinic supervision. The succession of workers who contributed to the growth of the clinic were:

¹ Edith M. Terry, Background of the Cardiac Clinic, p.1.
In 1910, Mr. Smith was placed in charge of the Department of Education at the Department of Education. During this time, he was able to bring many changes to the system of education and improve the quality of education for all students. In 1915, he was appointed as the Secretary of Education, a position he held until his retirement in 1920. Throughout his career, Mr. Smith was dedicated to improving the education system and advocating for the rights of all students.
1. Mrs. Clara Welsh Sewell - 1912 to 1918
2. Mrs. Gretchen Hager - 1918 to 1924
3. Mrs. Mary Caterell - 1924 to 1925
4. Miss Edith M. Terry - 1925 to the present

In addition to this new venture in social service, Dr. Talbot opened a Heart Hospital for children who were not receiving satisfactory home care. Without the work done by a committee made up of doctors' wives who were interested in the clinic, the Heart Hospital would never have been possible. This organization of doctors' wives and friends, known as the Committee for the Home Care of Children with Heart Disease, paid all expenses of the Department for a number of years. Later the Massachusetts General Hospital assumed financial responsibility over and above contributions from the above society.

After a second survey of the 1911 type was made in 1913, a social worker whose responsibility was to cardiac children only, was appointed. Her function was to follow and supervise these children in their homes, the Heart Hospital and at the clinic. An important change took place at this time. It was made possible through the work of the Cardiac Social Worker, to care for a larger number of children at home. "The family then shared actively in the responsibility of the care of the patient, and the patient became an active participator in his recovery plan in familiar surroundings."\(^2\) The Committee for the Home Care of Children now focused on problems of home care. At about this time the Heart Hospital went out

\(^2\) Ibid., p.2.
In addition to this, there are several possible scenarios for the future of society.

- The development of artificial intelligence may lead to significant changes in work patterns and job opportunities.
- The increasing awareness of environmental issues could lead to more sustainable practices in business and government.
- The spread of globalization may continue to alter cultural norms and practices worldwide.

In conclusion, the future of society is uncertain but dependent on the choices we make today.
of existence and some other means had to be found to care for children who, for one reason or another, could not progress medically at home. The Children's Mission was approached by Social Service and several cardiac children were finally placed in homes that could provide excellent care. Today this agency is one of the foremost sources of placement for children with rheumatic fever and rheumatic heart disease.

Dr. Talbot's original ideas for the care of the cardiac child have persisted through the years, but the emphasis shifted somewhat with the change of Physician in Charge. In 1916, Dr. Paul White was assigned to the position that Dr. Talbot held. Dr. White stressed the importance of good home care but also felt that it was vital that during an acute episode of rheumatic fever the child be hospitalized. As this period of hospitalization was often extended over several months, it was difficult, from the point of view of hospital administration, to keep these children for so long a time. The House of the Good Samaritan, established in 1861, was well suited for the care of this group when hospitalization in a ward was no longer possible.

Role of the Cardiac Social Worker

This chapter would be incomplete without mentioning the role played by Miss Edith M. Terry. Miss Terry was appointed social service worker of the Rheumatic Fever Clinic in October, 1925, and has been with the Clinic ever since. She has
At the point of time, these two factors were virtually unknown to the public, but they are now receiving increasing attention. The Child Welfare Association, for example, has been working on this issue for several years. The Association has established a number of centers in various parts of the country where children can receive the necessary care and support. They are also working on legislation to ensure that all children receive adequate care and protection.

Another important factor that has contributed to the current situation is the increasing number of divorces. Many parents are unable to care for their children properly, either due to emotional problems or financial difficulties. This has led to a rise in the number of children living in poverty or in poor conditions. The Children's Rights Commission has been working to address this issue, and has made some progress in recent years.

However, there is still much work to be done. The government needs to allocate more resources to the care and protection of children, and there is a need for more training and support for parents. The Children's Rights Commission is working on a new initiative to address these issues, and we hope that it will be successful.

In conclusion, the care and protection of children is a fundamental issue that requires the attention of all members of society. It is up to us to ensure that children receive the care and support they need to grow up healthy and happy. We must work together to make this a reality.
instituted many new programs for the care of the rheumatic fever and rheumatic heart disease patient and feels very strongly about their continued supervision. The first function of the Social Service Department, as pointed out by Miss Terry, "is to see that the medical recommendations advised by the doctors are carried out." In a symposium on rheumatic fever given in March, 1940, at the Hotel Pennsylvania in New York, Miss Terry stated that the social worker, in helping the rheumatic fever patient must also "awaken in the patient the realization that the problem is his own and plan with him for new interests that will make his days in bed stimulating rather than irksome." 

The social worker must come to realize that the patient is the one most concerned with this problem of rheumatic heart disease and that only with his cooperation can he be helped to achieve a satisfactory relationship to his environment. The social worker has much to deal with in this area. An attempt is made to interpret to the patient and his family the implications of rheumatic heart disease and the type of care necessary for his recovery. To do this successfully, careful social study of the patient and the home situation is extremely important. Through the existing community resources the worker plans with the patient his period of convalescence, if necessary, and finally his gradual return to community living.

---

The role of the Society of Steelworkers in the development of industrial relations is a matter of concern to the modern worker. The Society, through its various departments and committees, has undertaken the task of educating workers about their rights and responsibilities. It has also fought for better wages, improved working conditions, and decent working hours.

The Society's work is essential to the success of industrial peace. It has provided a platform for workers to voice their concerns and to negotiate better terms of employment. The Society's efforts have contributed to the improvement of working conditions and the enhancement of workers' rights.

The role of the Society of Steelworkers in the development of industrial relations is crucial. It has played a significant role in the promotion of industrial peace and the protection of workers' rights. The Society's contribution to the development of industrial relations cannot be overstated.
Before these plans can be successfully completed, the patient's feelings and attitudes must be explored and understood. These plans cannot be beneficial to the patient if he does not want to leave his home and parents for a foster home that may represent to him something to be feared. The social worker must take into consideration all those factors which may play a part in the patient's adjustment to these new life situations.

Facilities Offered the Cardiac Child

Miss Terry believes that above all the children must be kept happy so that their attendance at the Clinic will be regular and satisfying. In this way the patient learns to think of himself as an integral part of a "going concern." Through programs set up for the child with rheumatic fever and rheumatic heart disease, at home or in the hospital, he may become part of a group whose members are making similar adjustments and are perhaps experiencing the same anxiety and fear as he.

One of the first programs to be set up was the In-Bed Club which provides the child first with a feeling of belonging to a group facing problems similar to his own. He is given a badge marking him as a member of this chosen group.

Many other services have been worked out as a result of caring for the in-bed child. A magazine published by the Crafts Department is made possible by written contributions received from the children. The publication is entitled the
Wife. Tell everyone that you'll do the shopping with her.

Keep track of your daily chores and take them off your list.

Always say 'thank you'. Be on time for appointments and the like.

In this way you can develop a habit of punctuality.

Flights of fancy are not to be encouraged or tolerated.

Avoid planning too many activities at the same time.

Do not let worry about the future prevent you from enjoying the present.


to be continued...


to be continued...

Read your attention...
"In-Bed Magazine" and is made available to all those belonging to the In-Bed Club.

The Crafts Department, headed by Miss Lorena Love, Occupational Therapist with the Rheumatic Fever Clinic for fifteen years, offers the child a chance to participate in recreational handicraft work that is provided free of charge when approved by the physician as suitable to the patient's physical condition. Visits are made by Miss Love and her volunteers to children in bed at home. New interests are provided and a study of the patient is made which includes his likes and dislikes and often his future plans. A fourth phase of the Occupational Therapy program is the Cardiac Workshop, set up under the direction of Miss Love for patients with rheumatic heart disease. Through her initiative and that of the boys and girls who work with her, the Cardiac Work Shop has become well known for the novelty pins that are made on the hospital premises. Through the money received from the sale of these pins, and other articles, the patients, working in the shop or at home, receive a small weekly wage and what is more important, in some instances, are being prepared for industry. When their physical condition and training warrant a change to outside industry, the patients are placed in jobs for which they are suitable.

The school child who experiences an episode of rheumatic fever fears above all his inability to keep pace with his schoolmates. To avoid this the Clinic now calls on the public
The sterilization of meat to prevent the spread of disease.

To prevent the spread of disease.
school system to provide these children with home teachers. Previous to the State plan for home teaching, a limited number of children unable to attend school were tutored by volunteer college students at home or in the Clinic. At the moment two children are reporting regularly for aid in school work at the request of their home teachers.

The Cardiac Summer School began in 1933 with an enrollment of seven students. The aim of this service was to offer to children who needed assistance in meeting school standards, enjoyable yet purposeful instruction along educational and recreational lines. The school was carried on for six weeks from 9:30 A.M. to 4 P.M. during the summer months and was under the direction of a public school teacher and an occupational therapist. This program is no longer in existence.

For children who are too ill to attend Clinic and cannot afford the services of a private physician, the Rheumatic Fever Clinic, through a special fund, is able to provide medical-social home visiting by a physician on the hospital staff. For this same purpose, the social worker can arrange home nursing through the Community Health Association.

The final and one of the most important service at the disposal of patients with rheumatic fever and rheumatic heart disease is the follow-up method. Miss Terry, in conference with the writer, has explained that for no reason is the patient discharged from the Clinic save for death, geographical or financial reasons. There are also those patients who, at
Schools serve to provide these afflatus with further opportunities for the following:

1. The Society of YouthAffirmation
2. The Society of Talent Development
3. The Society of Academic Excellence
4. The Society of Community Service
5. The Society of Environmental Awareness
6. The Society of Creative Expression

The purpose of these societies is to provide students with opportunities to explore their interests, develop their talents, and contribute to their communities. The societies meet regularly to discuss projects, plan events, and share experiences. These societies are open to all students and are supported by faculty advisors and community partners. The goal of these societies is to foster a sense of community and belonging among students.

The societies offer a variety of activities, such as art exhibitions, music concerts, service projects, and environmental cleanups. These activities provide students with opportunities to develop leadership skills, enhance their resumes, and make a positive impact on their communities. The societies also organize field trips, guest lectures, and workshops to provide students with opportunities to learn from experts in their fields.

By joining one of these societies, students can connect with like-minded peers, gain new perspectives, and develop a sense of belonging. These societies are a valuable resource for students who are looking to get involved on campus and make a difference in their communities.
their request, are placed under the care of their local physician, and those who are discharged for refusal to return to the clinic. The latter group of patients are sent two clinic appointment cards and then a letter requesting that they return to the clinic for a check-up. If this is not successful, a home visit is made by a member of the Social Service Department. It is decided, on the basis of this home visit, whether or not the patient is to be discharged.

Clinic follow-up, as stated above, is an extremely valuable service from both a medical and social-service point of view. The patient is seen at regular intervals, according to the advice of the physician, and in this way the social worker can continue working and planning with the patient for his future. The following chart will indicate to what extent rheumatic fever patients make use of the follow-up service. For purposes of comparison, the writer will include the three-sub-clinics of the Cardiac Service with that of the Rheumatic Fever Clinic.
### TABLE I

**CLINIC ATTENDANCE REPORT**

<table>
<thead>
<tr>
<th></th>
<th>RHEUMATIC FEVER CLINIC</th>
<th>CHILDREN'S CARDIAC CLINIC</th>
<th>CHOREA CLINIC</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Clinic Days</td>
<td>48</td>
<td>52</td>
<td>10</td>
<td>110</td>
</tr>
<tr>
<td>Number of Individuals</td>
<td>529</td>
<td>221</td>
<td>16</td>
<td>766</td>
</tr>
<tr>
<td>Number of Clinic Visits</td>
<td>1194</td>
<td>430</td>
<td>18</td>
<td>1642</td>
</tr>
<tr>
<td>Average Attendance per Clinic Day</td>
<td>24</td>
<td>8</td>
<td>1</td>
<td>11</td>
</tr>
</tbody>
</table>

A procedure which has become an integral part of the management of the Clinic will indicate the cooperation that exists between the medical and the social service staffs. Each patient is first interviewed by the social worker, who records on the medical record a brief statement regarding the patient's symptoms and a social history. The patient is then seen by the physician, and is finally referred back to social service where a study of any problem pertinent to the diagnosis is made.

Both the House of the Good Samaritan and the Children's Mission cannot be disregarded in a discussion of the services offered the child with a rheumatic condition. Both these sources have participated fully in making plans for these children and together with the Rheumatic Fever Clinic of the Massachusetts General Hospital are responsible for the remarkable advances that have been made in the years since 1910.

---

### COMPUTERIZED RECORDS

<table>
<thead>
<tr>
<th>DATE</th>
<th>AMOUNT</th>
<th>VOLUME</th>
<th>NATURE</th>
<th>AWARD</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

The table above represents the number of office days, minutes of interviews, and number of office visits for the period specified. The data is compiled from the computerized records for the specified dates.
CHAPTER IV
SOCIAL DATA CONCERNING THE PATIENT GROUP

In studying the data on this group of twenty-four patients over a period of years, the writer will present in this chapter, factual information regarding the patients when they were first known to the Clinic. Much of this information will be presented in tabular form so as to enable the reader to obtain a clearer picture of the patient group.

When first known to the Rheumatic Fever Clinic the patients ranged from six through eighteen years of age.

TABLE II

<table>
<thead>
<tr>
<th>AGE OF PATIENTS</th>
<th>NUMBER OF PATIENTS</th>
</tr>
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<tbody>
<tr>
<td>5 - 7</td>
<td>3</td>
</tr>
<tr>
<td>8 - 10</td>
<td>3</td>
</tr>
<tr>
<td>11 - 13</td>
<td>11</td>
</tr>
<tr>
<td>14 - 16</td>
<td>6</td>
</tr>
<tr>
<td>17 - 19</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

From the table just presented it can clearly be seen that the majority of patients were first seen at the Clinic during early adolescent years. This does not mean that these patients (and those in the older age groups) were not known
### TABLE

<table>
<thead>
<tr>
<th>Year of Licensure to First Registration Date</th>
<th>No. of Registrants</th>
<th>No. of Registrants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>1986</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>1987</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>1988</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>1989</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>1990</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
<td><strong>50</strong></td>
</tr>
</tbody>
</table>
previously by other agencies. Eleven of the patients were known elsewhere before coming to the Rheumatic Fever Clinic at the Massachusetts General Hospital. Four of these eleven patients had been transferred from the Children's Hospital as they had passed their age limit. Three patients were known to the Hull Street Medical Mission; three were referred by the health division in a public school and the eleventh patient was referred by his family physician.

TABLE III
PREVIOUS MEDICAL HISTORY

<table>
<thead>
<tr>
<th>AGENCIES</th>
<th>NUMBER OF PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massachusetts General Hospital</td>
<td>13</td>
</tr>
<tr>
<td>Children's Hospital</td>
<td>4</td>
</tr>
<tr>
<td>Hull Street Medical Mission</td>
<td>3</td>
</tr>
<tr>
<td>Public School</td>
<td>3</td>
</tr>
<tr>
<td>Local Physician</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

Seventeen of the patients have fewer than five siblings while seven have five or more. Only one patient is an only child.
<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Massachusetts General Hospital</td>
<td></td>
</tr>
<tr>
<td>University Hospital</td>
<td></td>
</tr>
<tr>
<td>Will Street Mental Asylum</td>
<td></td>
</tr>
<tr>
<td>Boston Hospital</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>

Preparation of the Report as far as possible and in time sufficient

Write savers have had to work. Only one barge is out.
**TABLE IV**  
**NUMBER OF SIBLINGS**

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>NUMBER OF PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>One</td>
<td>3</td>
</tr>
<tr>
<td>Two</td>
<td>3</td>
</tr>
<tr>
<td>Three</td>
<td>5</td>
</tr>
<tr>
<td>Four</td>
<td>5</td>
</tr>
<tr>
<td>Five</td>
<td>3</td>
</tr>
<tr>
<td>Six</td>
<td>2</td>
</tr>
<tr>
<td>Eight</td>
<td>1</td>
</tr>
<tr>
<td>Nine</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

This group of patients have made surprisingly good adjustments along educational lines. Only four of the patients left school while in the elementary grades; they left school a year before graduation. One completed the final year in public school. One patient had training in art and drafting school beyond public school graduation. One patient completed one year of high school, one completed two years, and three patients completed three years of high school. Six of the patients graduated from high school. One patient completed three years of high school and had additional instruction at an industrial school. Of the remaining six patients, one completed a year at Northeastern University and went on for further instruction at a business school. A second patient who completed high school, took a complete course in accounting. One patient had additional training in a business school, and
<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jane</td>
</tr>
<tr>
<td>2</td>
<td>Tom</td>
</tr>
<tr>
<td>3</td>
<td>Anne</td>
</tr>
<tr>
<td>4</td>
<td>Mike</td>
</tr>
<tr>
<td>5</td>
<td>Alex</td>
</tr>
<tr>
<td>6</td>
<td>Luke</td>
</tr>
<tr>
<td>7</td>
<td>John</td>
</tr>
<tr>
<td>8</td>
<td>Sue</td>
</tr>
<tr>
<td>9</td>
<td>Bob</td>
</tr>
</tbody>
</table>

**Note:**

The group of patients have been scheduled for surgery at the hospital. Please ensure that all necessary preparations are made in advance. The surgery rooms will be sanitized and cleaned prior to the surgery. Please inform the patients and their families about the surgery procedure and any potential risks. The medical team is prepared to handle any complications that may arise. As always, ensure that informed consent is obtained from all patients before proceeding with the surgery.
a fourth went on to an industrial school for a short time. The educational accomplishments of the remaining two patients are unknown. Walter Smith left school in 1932 at the age of eighteen as he was doing poorly and thought he could better himself and his family by finding employment. His I.Q. as measured in 1930 was 85 and interpreted as dull normal. Henry Black spent many years in bed and during this time visiting teacher service and home tutoring were made available.

TABLE V
EDUCATIONAL ACCOMPLISHMENTS

<table>
<thead>
<tr>
<th>YEAR COMPLETED</th>
<th>NUMBER OF PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seventh Year</td>
<td>4</td>
</tr>
<tr>
<td>Public School Graduation</td>
<td>1</td>
</tr>
<tr>
<td>Training Beyond Public School</td>
<td>1</td>
</tr>
<tr>
<td>One Year High School</td>
<td>1</td>
</tr>
<tr>
<td>Two Years High School</td>
<td>1</td>
</tr>
<tr>
<td>Three Years High School</td>
<td>3</td>
</tr>
<tr>
<td>Three Years High School and an additional course</td>
<td>1</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>6</td>
</tr>
<tr>
<td>Training Beyond High School</td>
<td>4</td>
</tr>
<tr>
<td>Unknown</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

As mentioned in the introductory chapter, many of the patients have been known to the Clinic for more than twelve years. The following chart will indicate the number of years the patients have been known to the Rheumatic Fever Clinic.
As mentioned in the introduction chapter, many of the precautionary measures have been known to the public for some time. The following chart further illustrates the number of people who have been tested and the results:

<table>
<thead>
<tr>
<th>Date</th>
<th>Number Tested</th>
<th>Positive Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan 1</td>
<td>1000</td>
<td>50</td>
</tr>
<tr>
<td>Jan 2</td>
<td>2000</td>
<td>100</td>
</tr>
<tr>
<td>Jan 3</td>
<td>3000</td>
<td>150</td>
</tr>
<tr>
<td>Jan 4</td>
<td>4000</td>
<td>200</td>
</tr>
</tbody>
</table>

The above data shows a significant increase in the number of positive cases over the past few days.
TABLE VI
NUMBER OF YEARS PATIENTS KNOWN TO THE RHEUMATIC FEVER CLINIC

<table>
<thead>
<tr>
<th>NUMBER OF YEARS</th>
<th>NUMBER OF PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nine</td>
<td>2</td>
</tr>
<tr>
<td>Ten</td>
<td>2</td>
</tr>
<tr>
<td>Eleven</td>
<td>3</td>
</tr>
<tr>
<td>Twelve</td>
<td>1</td>
</tr>
<tr>
<td>Thirteen</td>
<td>4</td>
</tr>
<tr>
<td>Fourteen</td>
<td>1</td>
</tr>
<tr>
<td>Fifteen</td>
<td>3</td>
</tr>
<tr>
<td>Seventeen</td>
<td>2</td>
</tr>
<tr>
<td>Eighteen</td>
<td>1</td>
</tr>
<tr>
<td>Nineteen</td>
<td>2</td>
</tr>
<tr>
<td>Twenty</td>
<td>1</td>
</tr>
<tr>
<td>Twenty-two</td>
<td>1</td>
</tr>
<tr>
<td>Twenty-three</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>24</td>
</tr>
</tbody>
</table>

These patients have not only come to the Rheumatic Fever Clinic for medical advice but also for assistance in finding employment and for advice on any problems that may overwhelm them in their desire to lead as normal a life as possible.
<table>
<thead>
<tr>
<th>NUMBER OF TATACERS</th>
<th>NUMBER OF AXES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nine</td>
<td>Nine</td>
</tr>
<tr>
<td>Ten</td>
<td>Ten</td>
</tr>
<tr>
<td>Eleven</td>
<td>Eleven</td>
</tr>
<tr>
<td>Twelve</td>
<td>Twelve</td>
</tr>
<tr>
<td>Thirteen</td>
<td>Thirteen</td>
</tr>
<tr>
<td>Fourteen</td>
<td>Fourteen</td>
</tr>
<tr>
<td>Fifteen</td>
<td>Fifteen</td>
</tr>
<tr>
<td>Sixteen</td>
<td>Sixteen</td>
</tr>
<tr>
<td>Seventeen</td>
<td>Seventeen</td>
</tr>
<tr>
<td>Eighteen</td>
<td>Eighteen</td>
</tr>
<tr>
<td>Nineteen</td>
<td>Nineteen</td>
</tr>
<tr>
<td>Twenty</td>
<td>Twenty</td>
</tr>
<tr>
<td>Twenty-One</td>
<td>Twenty-One</td>
</tr>
<tr>
<td>Twenty-Two</td>
<td>Twenty-Two</td>
</tr>
<tr>
<td>Twenty-Three</td>
<td>Twenty-Three</td>
</tr>
</tbody>
</table>

**NOTE:**

These figures have not only care of the numerical value

China's official statistics have not yet been released in full.

Employment and social security records with accurate

data in China are used to ensure the reliability of the

figures.
CHAPTER V

MEDICAL INFORMATION CONCERNING THE PATIENT GROUP

A summary of pertinent medical information concerning the patients must be carefully considered in accounting for the adjustments made by the group.

Table VII deals with a comparative diagnosis on each patient included in the study and as indicated by the table, each patient has some degree of valvular involvement. (See abbreviations, page 6).
CHAPTER V

THE EFFECT OF PERSPECTIVE OVER CONSTRUCTION

A framework of perspective over construction is essential for the efficient and effective coordination of activities. The establishment of a clear and concise framework is crucial for the smooth operation of the project. The following principles highlight the essential considerations for effective perspective over construction:

1. Alignment of goals and objectives
2. Quality assurance and control
3. Resource management and allocation
4. Communication strategies
5. Risk assessment and mitigation

Table III presents a comprehensive overview of the essential considerations for effective perspective over construction. This table outlines the key factors to be addressed in the project, including coordination, communication, and project management.

Strategic planning and execution are critical for the success of any construction project. The establishment of a clear framework and effective strategies ensures that the project aligns with the organization's objectives and values.
### TABLE VII *

**COMPARATIVE DIAGNOSIS**

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>DIAGNOSIS AT FIRST HOSPITAL CONTACT</th>
<th>DIAGNOSIS AT PRESENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>RHD Chorea</td>
<td>RHD MR MS AR</td>
</tr>
<tr>
<td>2</td>
<td>Chorea</td>
<td>RHD MR MS AR</td>
</tr>
<tr>
<td>3</td>
<td>RHD MS AR</td>
<td>RHD MS AR</td>
</tr>
<tr>
<td>4</td>
<td>RHD MR</td>
<td>RHD MR</td>
</tr>
<tr>
<td>5</td>
<td>RHD MR</td>
<td>RHD MR MS AR</td>
</tr>
<tr>
<td>6</td>
<td>RHD MR Chorea</td>
<td>RHD AR (free) MR</td>
</tr>
<tr>
<td>7</td>
<td>RHD MR MS</td>
<td>RHD MR MS AR</td>
</tr>
<tr>
<td>8</td>
<td>RHD Chorea</td>
<td>RHD MR MS</td>
</tr>
<tr>
<td>9</td>
<td>RHD MR MS Chorea</td>
<td>RHD Free AR AS</td>
</tr>
<tr>
<td>10</td>
<td>RHD</td>
<td>RHD MR MS AR</td>
</tr>
<tr>
<td>11</td>
<td>Acute Chorea</td>
<td>RHD MR MS AR</td>
</tr>
<tr>
<td>12</td>
<td>RHD</td>
<td>RHD MR MS AR</td>
</tr>
<tr>
<td>13</td>
<td>? Active RF</td>
<td>RHD MR MS AR</td>
</tr>
<tr>
<td>14</td>
<td>RHD MR MS AS</td>
<td>RHD MR MS AS</td>
</tr>
<tr>
<td>15</td>
<td>RF</td>
<td>RHD AR ?MS</td>
</tr>
<tr>
<td>16</td>
<td>RHD MS</td>
<td>RHD MS</td>
</tr>
<tr>
<td>17</td>
<td>Chorea</td>
<td>RHD MS (Adult) AR</td>
</tr>
<tr>
<td>18</td>
<td>RF RHD MR MS AR</td>
<td>RHD AR (Slight) AS</td>
</tr>
<tr>
<td>19</td>
<td>RHD MR MS AR</td>
<td>RHD MR MS Slight AR</td>
</tr>
<tr>
<td>20</td>
<td>RHD MR AR RF</td>
<td>RHD MR AR</td>
</tr>
<tr>
<td>21</td>
<td>Acute RF</td>
<td>RHD AR</td>
</tr>
<tr>
<td>22</td>
<td>RHD AR</td>
<td>RHD MR AR</td>
</tr>
<tr>
<td>23</td>
<td>RHD MR MS</td>
<td>RHD MR ?MS ?AS</td>
</tr>
<tr>
<td>24</td>
<td>RHD</td>
<td>RHD MR MS AR AS</td>
</tr>
</tbody>
</table>

* The diagnoses presented in Table VII correspond numerically to the case studies presented in Chapters VI and VII.

In this group of twenty-four patients, eight have had no recurrent sieges of rheumatic fever, five had one, three had two, six had three, and the remaining two patients had four and five recurrences respectively.
<table>
<thead>
<tr>
<th>DIAGNOSIS AT INTEREST</th>
<th>DIAGNOSIS AT FIRST CONTACT</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right middle lobe</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Left middle lobe</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Right lower lobe</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Left lower lobe</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Right upper lobe</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Left upper lobe</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Right middle lobe</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Left middle lobe</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Right lower lobe</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Left lower lobe</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Right upper lobe</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Left upper lobe</td>
<td></td>
<td>12</td>
</tr>
<tr>
<td>Right middle lobe</td>
<td></td>
<td>13</td>
</tr>
<tr>
<td>Left middle lobe</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Right lower lobe</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Left lower lobe</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>Right upper lobe</td>
<td></td>
<td>17</td>
</tr>
<tr>
<td>Left upper lobe</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>Right middle lobe</td>
<td></td>
<td>19</td>
</tr>
<tr>
<td>Left middle lobe</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>Right lower lobe</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>Left lower lobe</td>
<td></td>
<td>22</td>
</tr>
<tr>
<td>Right upper lobe</td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>Left upper lobe</td>
<td></td>
<td>24</td>
</tr>
</tbody>
</table>

The above diagnoses are included in Table IV. Please note that these diagnoses are not exclusive of the others listed in this section.

For the sake of clarity, your patient's diagnosis may not be listed here. It may vary from case to case, and the diagnostic criteria may differ. Therefore, it's important to consult with your healthcare provider for accurate diagnosis and treatment recommendations.
TABLE VIII
RECURRENT ATTACKS OF RHEUMATIC FEVER

<table>
<thead>
<tr>
<th>NUMBER OF RECURRENCES</th>
<th>NUMBER OF PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>8</td>
</tr>
<tr>
<td>One</td>
<td>5</td>
</tr>
<tr>
<td>Two</td>
<td>3</td>
</tr>
<tr>
<td>Three</td>
<td>6</td>
</tr>
<tr>
<td>Four</td>
<td>1</td>
</tr>
<tr>
<td>Five</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

As will be indicated by Table IX, a surprisingly large number of patients had no hospital experiences, while five patients had one, two had two, six had three, and two had four. Many of the patients were confined to their homes and placed under the supervision of the Community Health Association. This association was in close contact with the medical social service staff at the Massachusetts General Hospital. Where necessary, medical-social home visiting was done by a physician on the Hospital staff. In several cases the Medical Mission Dispensary was called upon for additional medical supervision.
<table>
<thead>
<tr>
<th>NUMBER OF TAKEN</th>
<th>NUMBER OF RECORDINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Home</td>
</tr>
<tr>
<td>2</td>
<td>Have</td>
</tr>
<tr>
<td>3</td>
<td>These</td>
</tr>
<tr>
<td>13</td>
<td>Four</td>
</tr>
<tr>
<td>1</td>
<td>Live</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
</tr>
</tbody>
</table>

The table is to illustrate the data for the purpose of community health association. The association was to close contact with the social welfare department. The table shows the number of people affected by the social welfare department. The table also shows the number of people affected by the social welfare department. The table also shows the number of people affected by the social welfare department.
### TABLE IX

**HOSPITAL EXPERIENCES**

<table>
<thead>
<tr>
<th>NUMBER</th>
<th>NUMBER OF PATIENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>9</td>
</tr>
<tr>
<td>One</td>
<td>5</td>
</tr>
<tr>
<td>Two</td>
<td>2</td>
</tr>
<tr>
<td>Three</td>
<td>6</td>
</tr>
<tr>
<td>Four</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

...
<table>
<thead>
<tr>
<th>NUMBER OF PATIENTS</th>
<th>NUMBERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Four</td>
</tr>
<tr>
<td>3</td>
<td>One</td>
</tr>
<tr>
<td>8</td>
<td>Two</td>
</tr>
<tr>
<td>2</td>
<td>Three</td>
</tr>
<tr>
<td></td>
<td>Ten</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER VI

CASE ILLUSTRATIONS OF PATIENTS WHO HAVE MADE A GOOD ADJUSTMENT

This chapter will cover case illustrations of nineteen patients who have made a good adjustment to their disease.

1. Case of Henry Black

Henry was born in 1917 and was admitted to the hospital ward in August, 1925, at which time his diagnosis was acute chorea and rheumatic heart disease. Henry was eight years old. He was referred to social service for supervision of bed care. Henry's father had died some years before in an accident and the family was living on the insurance left, plus assistance from Mother's Aid. Henry, his three brothers, and his mother together with an uncle and his family were living in a two family cottage in a good neighborhood. Home conditions were good but severely overcrowded and for this reason the patient was discharged to a Children's Mission foster home where he remained for four months. In January, 1926, Henry was allowed to attend school half time. Five months later he suffered a recurrent attack of chorea. Placement in a foster home was considered but at this time home conditions were excellent and patient was allowed to return home. By October Henry had recovered and between 1928 and 1931 he made satisfactory progress both in a medical and an educational sense.

By December, 1931, Henry was again taken ill with another rheumatic fever and chorea episode and was hospitalized for two months. The family was now living in a one family cottage owned by Henry's uncle. His wife had died and Mrs. Black remained at home to care for his two sons and her own children. A Children's Mission foster home placement was once again arranged in September, 1932, and in February, 1933, Henry returned home. Arrangements were made to have a Visiting Nurse supervise the patient. Henry soon returned to school and made a very fine adjustment. It was stated at this time that Henry had definite heart damage.

Between March and May, 1935, Henry was once again admitted to the ward and a diagnosis of R.F., R.H.D., A and M. Stenosis and right bilateral pleural effusion was made. He was discharged to his home in May, 1935, and became a member of the In-Bed Club. He was followed closely by his local physician and in June was allowed to have some activity.
Home tutoring and craft work were arranged and Henry made the best of this bitter situation, although somewhat discouraged.

By January, 1937, Henry had obtained employment in a shoe factory as a machinist earning thirteen dollars a week. By 1940 he was earning thirty-eight dollars a week. Henry left Massachusetts to live in Pennsylvania in 1940 and in May, 1946, he returned to the Rheumatic Fever Clinic after an absence of six years. Henry had married in 1941 and worked regularly during this period. In February 1946, the patient noticed spitting of blood and severe palpitations. He obtained work in Massachusetts but in August decided to return to Pennsylvania as he felt that his work there was lighter than the job he held in Massachusetts.

On December 12, 1946, the Social Service Worker received a phone call from a member of Henry's family reporting that the patient had died at a hospital in Pennsylvania.

Henry had severe heart disease. His most recent diagnosis was RHD, MR, MS and AR. Considering the severity of rheumatic heart disease, it is felt that during his lifetime Henry labored too hard. Despite this fact, he had adjusted very well and had been extremely happy with his wife and the work he had done.

2. Case of Jimmy Brown

Jimmy was born in 1916, one of a group of triplets. One of these triplets died at birth. Jimmy has two other siblings, Walter, born in 1927 and Marie born in 1928. Patient was first known to the Rheumatic Fever Clinic in July, 1932, at the age of fifteen and a half, when he had an episode of chorea. In September he improved and was allowed to attend school. Jimmy completed three years of his high school education and between 1935 and 1937 he worked in a CCC camp doing heavy labor. When patient was seen in 1937, he was unemployed. Hinton and Wasserman tests were done during a clinic visit in 1937, the results of which indicated that Jimmy had congenital lues. He was placed under the supervision of the Skin Clinic for treatment of this condition.

In April, 1939, patient was employed as a truck driver on a farm. This job lasted only a short time and at Jimmy's next clinic visit it was reported that he was restless and bored. Later in 1939 Jimmy obtained work and was allowed unrestricted activity.

In June, 1942, Jimmy was married and was working at an Army base unloading freight; his wife was employed as a bookkeeper. Jim's work was of a heavy type and he obtained work
as a fireman at another Army base.

Between 1943 and 1944 patient was employed as a shoe store clerk and was making a very fine adjustment. Early in 1944 Jimmy obtained work driving a truck for a retail grocery store, earning thirty-four dollars and seventy cents. At present Jimmy holds the same position. He and his wife together earn sixty-seven dollars per week.

Patient has been given no restrictions and clinically he has done very well. Jimmy can be seen in no clinic other than the Rheumatic Fever Clinic as his earnings are high enough to warrant private medical consultation.

3. Case of Joseph Burns

In March, 1937, Joseph, 14 years old, visited the Rheumatic Fever Clinic for the first time. A diagnosis of RHD with AR, MS, was made. Joseph was well all summer and was entering the second year of high school. Patient had no recurrences of rheumatic fever and his general condition was excellent. He was allowed normal activity but was told not to partake in any strenuous work or competitive sports. Joseph had three siblings and was the oldest child in the family, which was on Public Welfare. Mr. Burns was a painter by trade but was unemployed at this time.

In 1939 Joseph left school after completing three years of high school and entered an industrial school three nights a week. The patient was referred to the Social Service Department in 1940 for assistance in finding a job. For a time he helped his father on several painting jobs and later in 1941 he obtained work on a National Administration Foundry job, but did not get on with his employer and left.

In July of 1942 Joseph was married. He was rejected for defense work in the Navy Yard because of his heart condition. In February of 1944 Joseph's wife gave birth to a baby girl. The patient was working as a painter and was symptom free. At patient's last clinic visit in August, 1946, Joseph was working forty hours a week as a painter.

4. Case of Arthur Ford

Arthur was first known to the Clinic in March, 1932, when he was 12 years old. He was referred from the Children's Hospital where he had been known since 1928. Arthur was hospitalized at the House of the Good Samaritan in 1928 after discharge from the Children's Hospital. The patient could not be kept quiet at home. Mrs. Ford was in a sanitorium and Mr. Ford was working. In April, 1930, Arthur was admitted to
In order to implement the plan for the development of the school, a task force has been established to study the current status of the school and to recommend future actions. The task force has identified several areas for improvement, including infrastructure, curriculum, and teacher training.

The infrastructure of the school is in need of significant upgrades. Many of the buildings are outdated and in poor condition, which affects the learning environment for students. The task force recommends the development of a comprehensive plan to address these issues, including the construction of new facilities and the renovation of existing ones.

Regarding the curriculum, the task force has identified a need for greater flexibility and relevance to current educational standards. They recommend the implementation of innovative teaching methods and the integration of technology to enhance the learning experience.

Teacher training is another area of concern. The task force suggests providing ongoing professional development opportunities to improve the skills and expertise of the teaching staff.

In conclusion, the task force has developed a comprehensive plan to improve the school's infrastructure, curriculum, and teacher training. This plan will require significant resources and a commitment from all stakeholders, including the administration, faculty, and community. The school community is encouraged to support these efforts to ensure a brighter future for our students.
the New England Hospital and later he was placed by the Children's Mission in a foster home.

Arthur and his three brothers, sister and parents lived in a two family house. Mr. Ford was employed by the telephone company.

In 1932, Arthur was allowed to attend school half time. Patient was seen regularly at Clinic between 1933 and 1937. In 1937, patient passed CCC examination and was given the job of driving a truck. Arthur attended trade school regularly and was planning to become an electrician.

In March, 1940, Arthur had a recurrence of rheumatic fever and was hospitalized at the Lawrence Memorial Hospital for one week. He was discharged home and was bedridden until June. By December, 1940, Arthur was working as an electrician in connection with his school work. Mrs. Ford died late in 1941. Arthur graduated from high school at this time.

In May, 1942, Arthur was married. He was working as an electrician and earning twenty-four dollars a week. Arthur has two children: Mary, born in January, 1943, and Jane, born in January, 1944.

In 1944, he was working at the Navy Yard as an electrician earning seventy-six dollars a week.

When seen in February, 1947, Arthur was still holding the same position and was earning fifty-five dollars a week. He requested that he be transferred to the House of the Good Samaritan Clinic as it was difficult for him to take time off when at work. The House of the Good Samaritan is more convenient to both his job and his home.

5. Case of Simon Green

Simon was known to the Children's Hospital in 1932 before coming to the Rheumatic Fever Clinic at the Massachusetts General Hospital. He was hospitalized at the House of the Good Samaritan after discharge from the Children's Mission foster home. In 1934, Simon, 12 years old, was first seen at the Rheumatic Fever Clinic. He attended camp in 1936 and in 1937 he graduated from grammar school and entered his first year of high school. Simon has one brother, ten years older than he. The patient was allowed to live a normal life and when seen in 1939 was entering the third year of high school. Simon's father suffered a heart attack and patient helped his mother in their store after school. Simon worked in his father's store until after graduation. In 1941, the patient started working as a machinist. A year later Simon's father
died of a heart attack.

Simon was married in 1943 and was doing defense work and earning between forty and forty-five dollars a week.

A year later Simon changed jobs and obtained employment as a junior draftsman. He was working eight hours a day and earning one hundred fifty dollars a month. His salary was increased to one hundred and seventy-five dollars a month in 1945. Simon and his wife became the parents of a baby boy in April, 1945. In 1946 Simon was earning fifty dollars a week and at present his salary is fifty-five dollars a week.

6. Case of Lester Lee

Lester was referred to the Massachusetts General Hospital in May, 1936, when he was 12 years old. Previous to this referral he had been hospitalized at the Children's Hospital in January, 1934, with acute rheumatic fever. He was discharged in March, 1934, to the House of the Good Samaritan where he stayed until September, 1934. He was actively followed by the Children's Hospital until 1936, at which time he was seen at the Rheumatic Fever Clinic of the Massachusetts General Hospital.

Lester has one sister and two brothers, one of whom is a step-brother. Mr. Lee is an elevator operator, earning twenty-one dollars a week and the family lived in a nice neighborhood and occupied five rooms of a two family house. Mrs. Lee was a sickly woman and worried greatly over her son's condition. Lester, on the other hand, was an over active child considering the limitations recommended. He has done well in school and makes friends easily.

In June, 1936, he was placed in a Children's Mission foster home due to poor home conditions and was later transferred to the House of the Good Samaritan. He was discharged home in April, 1937. By October, 1937, Lester was well enough to return to school. He was symptom free until 1938, at which time he had a recurrent attack of rheumatic fever and was admitted to the Beth Israel Hospital as there were no available beds at the Massachusetts General Hospital. He was discharged home in August and was supervised by a Visiting Nurse. At the beginning of 1939 a home teacher was arranged for in addition to crafts work. In February, 1939, Lester was again doing badly and was greatly discouraged. In view of financial stress at home and patient's attitude, a Children's Mission foster home placement was advisable. Again in 1937 he was admitted to Beth Israel Hospital because of a flare up of rheumatic fever. Lester was readmitted to his foster home, after a month's stay at Beth Israel. At the end of 1940,
patient was allowed to return to his home and to school. Lester showed a great deal of courage during these repeated episodes of rheumatic fever. At the beginning of 1941, Lester went back to his foster home at his own request. He was working on a farm and was making a fine adjustment. Lester remained at this foster home for three years (until 1944) and then returned home. He obtained work in a stock room but soon gave this up as he was not feeling well. During the summer months he returned to his foster home and was working on a chicken farm. Again at the end of 1944 Lester returned home and obtained a job as a solderer at a defense plant.

In July, 1945, patient was married and was employed as a florist's assistant, earning thirty-one dollars a week and was living with his wife's family on a farm.

In January, 1947, patient's last clinic appointment, he was doing well and expected his wife to give birth to a child in April.

7. Case of Walter Smith

In 1927, Walter was first known to the Rheumatic Fever Clinic and in 1928 had an episode of active rheumatic fever. He was 11 years old at this time. Placement was advised in 1929 as patient was too active. Instead of accepting this placement, Walter visited with an aunt in Providence. A Children's Mission placement was agreed upon in February, 1930 and he was discharged from this home in August. Walter improved remarkably during 1931 and was allowed normal activity. Patient is the oldest of five children. There was some financial stress in the home at this time and Mr. Smith was referred for job placement. Walter was restless and doing poorly at school. In 1932 the patient left school to help ease the financial strain in the home. He was unable to find a job and was idle most of the time. During the summer of 1933 he became a member of the Boy's Club at the Hospital and made many friends. After this summer club experience he again slipped back to poor behavior. Walter had difficulty relating himself to his parents' pattern of living. Walter had high hopes of lifting himself out of this setting and becoming a "white collar worker". Through the Clinic he was referred to the Vocational Rehabilitation Bureau and also joined a Social Center where he was able to meet young people of his own age.

In 1935 a short time placement on a farm was arranged on the advice of physician.

During a clinic visit in 1936 Walter asked for assistance in finding a job. He obtained work on a P.W.A. project and was happy in his work. Walter held this position until
1937 at which time it was transferred to his father. Between 1937 and 1938 he held odd jobs as a carpenter's helper. In 1939, Walter had a job as a carpenter on WPA.

Walter married in January, 1940, and was working at the Navy Yard as a carpenter.

By 1943 Walter was earning sixty dollars a week as a shipfitter. In 1945 he was rejected by the Army. His wife gave birth to a baby boy in December, 1945. Walter is still working at the Navy Yard and a letter advising against night work was written.

8. Case of Bill White

Bill was first known to the Rheumatic Fever Clinic in 1924, when he was 9 years old. He was admitted to the Hospital ward for chorea and R.H.D. Bill was one of four children and the family, at the time of the first hospital contact lived in a four room, clean but crowded apartment on the third floor of a tenement. Bill's father was a laborer earning twenty-two dollars a week. In January 1925, and again in 1926, Bill was placed at the Home of the Good Samaritan. After the latter period at the House of the Good Samaritan the patient was discharged to a Children's Mission foster home. Mrs. White was employed at this time as the finances of the family were quite strained. Bill did very well during this period and was allowed to return home, only to be placed in a foster home again in 1927 as the home situation was poor. It was advised that the family find other living quarters, but an apartment could not be found. Bill was very happy in this new foster home. He made a very fine home and school adjustment but showed some antagonism toward his natural family.

In 1929, patient was allowed to live a normal life. In October, 1931, Bill was allowed home and his antagonistic attitude towards his family once more came to the fore so again he was returned to the foster home he had grown so close to. During patient's stay at home he was extremely apprehensive and nervous about his physical condition. This was due to the mother's over-protective attitude.

In January, 1932, patient had a recurrent attack of rheumatic fever and in February he was allowed to attend school. At about this time he again returned to his foster home. During the summer of 1932 Bill was living at home and became a member of the "Muck" Club at the Massachusetts General Hospital where he made a very fine relationship with Mr. Cameron, the leader of this group. The following statement gives a clear picture of patient at this time, "Bill is an
In 1933, President Hoover was under immense pressure to address the economic crisis. The Great Depression had taken a heavy toll on the nation, and public sentiment was turning against the administration. Hoover's policies, which focused primarily on maintaining confidence in the banking system, were criticized for being too cautious and not doing enough to stimulate the economy. The unemployment rate soared to unprecedented levels, and the economy continued to shrink. Hoover was not able to provide the kind of relief that the country was desperate for, and his administration faced growing criticism and ultimately lost the 1932 election to Franklin D. Roosevelt. Roosevelt's New Deal program marked a significant departure from Hoover's approach, promising a more active role for the federal government in stimulating the economy.
immature boy, with a drive for accomplishment, with an educational background and mental equipment unequaled to his desires. Frequent recurrences of rheumatic fever have blocked the normal activity of boyhood, and his school interruptions have kept him in an age group younger than his years. Both parents lack understanding of his difficulties and his mother's over protection has increased his child-like attitude."

In 1935, patient had another attack of rheumatic fever and a year later he was allowed normal activity.

In 1937, Bill was living in an apartment with his older brother and had a room to himself. Although patient was fond of his family he needed to free himself from their bond. In 1938, patient completed high school and after graduation he worked with his brother selling ice. Bill was anxious about himself and was referred to the Community Health Association and Hull Street Dispensary.

In 1939, Bill entered Northeastern and completed his freshman year at this University. Bill worked for a while on the Election Board of the National Youth Administration. In 1941, he obtained employment as a busboy earning twenty-five to thirty-five dollars a week, and was planning to be married at the end of the year.

Bill has held this position and in addition has completed an accounting course in a business school. In 1945, there was some question of active tuberculosis. Bill was overanxious and nervous over this condition. As another x-ray was taken in September, 1946, and showed no evidence of infection, patient was reassured.

He has been very successful as a busboy and is now on room service. At present Bill, his wife, and two children (born June, 1943, and December, 1946) are living in a housing project.

Bill is very faithful in keeping his clinic appointments and has tried in every way to live satisfactorily within his limitations. He has been very ambitious and in spite of the fact that his I.Q. is not very high, he has been able to achieve much in the way of educational endeavors.

9. Case of Louis Anderson

Louis was first known to the Clinic in May, 1930, when he had an episode of chorea. He was 10 years old at this time. He was discharged home in June, 1930, under the supervision of the Community Health Association, and later was admitted to the House of the Good Samaritan. In 1933, he was
admitted to the Beth Israel Hospital. Between 1933 and 1937 he got along fairly well and in August, 1937, he was admitted to the Massachusetts General Hospital for acute rheumatic fever and discharged a month later with a diagnosis of rheumatic heart disease, MR, MS, and AR.

Louis is the oldest of three children. One sister was at the House of the Good Samaritan with rheumatic heart disease at the time of the patient's admittance to the Massachusetts General Hospital. His second sister died at the age of two. Both the mother and father were living and well. Mr. Anderson was working steadily. Louis left the first year of high school and became a shoe-shine boy in a barber shop, earning about twelve dollars a week. Louis' father died early in 1938 of cancer.

In 1939, Louis obtained employment in a wine factory capping bottles and earned fifteen dollars a week. Louis' sister Laura died at home in 1940 of rheumatic heart disease, MS, MR and chorea.

In February, 1941, Louis was bedridden for five months with rheumatic fever and was followed by a visiting physician at home. By June, 1942, patient requested permission to work. This request was granted and he obtained a job as an elevator boy earning twenty-three dollars a week.

In 1945, Louis was working four nights a week in addition to the elevator job which he held during the day. He was advised to try to find a job with a salary that would not require night work.

At his last clinic visit it was noted that Louis was not working as hard and has been feeling well.

10. Case of Fred Brooks

Fred was first known to the Rheumatic Fever Clinic in January, 1929, when he was admitted to the ward. His stay at the hospital was a short one and he was discharged home and then to the House of the Good Samaritan. Fred was 6 years old.

There are five children in the family, Fred being the third youngest. The family occupied a six room cottage. Mr. Brooks was a shipper for an oil company and earned thirty dollars a week, while the mother was working as a seamstress.

Fred was symptom-free until 1932. When he was seen in clinic at this time, it was reported that Mrs. Brooks had left her husband as he was abusive to her. Fred was living with
I am writing to you to discuss the current situation and the steps we are taking to ensure the safety and well-being of all our employees. As I mentioned in my previous letter, we have implemented a strict policy regarding the use of electronics and the handling of sensitive information. This has been a challenging period, but we believe it is necessary to protect our company's reputation and maintain our integrity.

In light of the recent events, I have decided to increase our security measures and limit access to certain areas of the office. This will be effective immediately and will remain in place until further notice. All employees are required to follow these guidelines strictly and report any incidents to the appropriate authorities.

I understand that this may cause some inconvenience, but I assure you that it is for the betterment of our company. We value the trust you have placed in us and will continue to work diligently to maintain a safe and secure environment.

If you have any questions or concerns, please do not hesitate to contact me. I am available to discuss any issues you may have and provide further clarification.

Thank you for your understanding and cooperation. Together, we can overcome this challenge and ensure a positive future for our organization.

Sincerely,
[Your Name]
his mother. In 1933, he was ill at home with rheumatic fever and returned to school at the end of the year. Between 1934 and 1937 Fred attended school regularly. In June, 1937, Fred had a recurrent attack of rheumatic fever which persisted for six months. He was seen regularly by a visiting physician from the Massachusetts General Hospital. In June, 1940, he attended an art course given at an art museum. In 1942 Fred took a course at a National Youth Administration Drafting School in Maine.

When seen at clinic in December, 1945, it was noted that Fred had entered the Merchant Marine in March, 1943, and was discharged in June, 1945. Patient hoped to continue his art work and attended school during the summer of 1945.

Fred obtained light work as a factory hand in 1946 but had not given up plans to become a commercial artist and was still attending art school.

11. Case of Vincent Clark

Vincent, 13 years of age, was referred to the Rheumatic Fever Clinic by his family doctor in 1934 at which time his diagnosis was chorea. He is the middle child of five. The family lived in a six room cottage.

Patient did very well during the years he was under the supervision of the Rheumatic Fever Clinic. He graduated from Trade School in 1940 where he was trained in the machinery department. On graduation he obtained night work as a machine repairman at a watch factory, but left this for a job as an apprentice machinist earning twenty-four dollars a week. He held this same position in 1943 and in 1944 was earning forty-six dollars a week.

In 1945, Vincent requested that he be discharged to his local physician as the trip in to the clinic was a long one and would mean leaving his job for a good many hours. A letter was sent to his private physician explaining the patient's physical condition.

12. Case of Charles Ellis

Charles was first known to the Rheumatic Fever Clinic in 1933 when he was twelve years old. Charles is the second oldest of seven children.

In 1935, Charles had an attack of rheumatic fever and was in bed until March, 1936, at which time he was free of symptoms and was allowed to return to school. In 1936, Charles left the Massachusetts General Hospital because of
his mother's impatience with his condition. He had no further medical treatment until June, 1939, when he was hospitalized at the Boston City Hospital for two months, and again in January, 1940, at the Massachusetts Memorial for three months. Charles' diagnosis at this time was Valvular disease, chronic cardiac combined with RHD, AR and MR and MS.

An interval social history was taken at this time. The family was living in a poor neighborhood of low standards. The Ellis family lived on a second floor in a noisy, five room apartment. Mr. Ellis was a drinker, neglected to support, and was abusive to the family. Mrs. Ellis is described as an "ignorant and profane" woman yet devoted to her family, especially Charles. Charles, in turn, is described as a "small, oversensitive boy; resentful towards his father, and protective towards his mother". During this period Charles belonged to a Boys' Club. It was also noted that his illness was not only a negative factor but also positive in that it provided a means to escape the neighborhood boys he feared so much. Charles left school in the seventh year.

On patient's return to the Clinic in April, 1940, it was learned that his mother had died a few months previously at the age of thirty-nine and his Aunt Jane Doe had moved in with the children. This brought about a change in the patient's treatment at home. He was no longer protected by an over-anxious mother, but rather it was felt that he should be more independent. Antagonism toward the aunt was the immediate result.

In November, 1940, Charles was referred to the Rehabilitation Bureau and in March, 1940, he was working on a National Youth Administration Art Project. Part of his earnings were given to his Aunt. Charles was happy at this time and was making friends.

When seen in Clinic in June, 1941, Charles was terribly upset and was threatening suicide. He was referred to Psychiatric Clinic and in June it was recommended that he be admitted to the Psychiatric Ward for study. Charles complained of severe palpitation, anxiety and choking sensations. A tentative diagnosis of "Panic State" was made at this time. Patient related story of an injury sustained to his neck when a boy sat on him. Charles felt that this had caused permanent injury and was the cause of his illness. Psychiatric treatment continued through June, July and August. In August Charles was placed in a foster home, where he improved. The diagnosis now was Anxiety State. The psychiatrist noted at this time that:

As a child, Charles had various phobias which he
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overcame by being a fighter. This defense was taken away when he got RHD; and he displaced the real fear of heart disease on fear of a neurosis which he thought curable. One wonders if he will some day have to compensate by being a criminal.

In 1942 Charles had a job in the check room of the Y.M.C.A. In May, 1943, the patient obtained employment at an optical firm; and had not experienced any periods of anxiety. Psychiatry was of the opinion that a period of depression was to be expected. In July, Charles once again was discouraged and avoided people.

In March, 1944, patient was living with his aunt, sister and a younger brother. Charles was taken ill and it was recommended that he remain in bed. Patient was admitted to ward in April, 1944, and was discharged in April to the Robert Breck Brigham Hospital where he remained until June. Arrangements were made for him to attend camp for two months.

By October, 1946, Charles was living with a sister in a rooming house and was working for a plastic concern, earning twenty-six dollars a week, and was engaged to be married.

When seen last in January, 1947, Charles was doing well. He had found lighter work as a polisher and was adjusting nicely.

13. Case of Robert Fox

Robert, 10 years old, was first known to the Clinic in January, 1930, when a diagnosis of questionable active rheumatic fever was made. Patient is the third youngest of seven children. Robert, when again seen in 1937, was in the third year of high school and during the summer was working with his father doing gardening. By 1939, Robert had graduated from high school and was employed as a truck driver. Physically he was getting on nicely. During 1940 he continued doing this work for his father, a contractor, and was earning between sixty and seventy dollars a week. Between 1942 and 1943, Robert worked as a gasoline tender and then as a worker at the air base.

In 1943 he obtained employment as a maintenance foreman at Raytheon and was earning fifty-two dollars a week. He has held this position to the present and at his last clinic visit was planning to be married.

14. Case of Sid James

Sid, 14 years old, was first seen in the Rheumatic Fever
10. General Notes

10.1 The general appearance of the building is one of cleanliness and good maintenance. The building is well lit and ventilated. The exterior is painted in a neutral color.

10.2 The interior of the building is spacious and well-furnished. The furniture is in good condition and the rooms are clean.

10.3 The building has a security system in place, with cameras and security guards.

10.4 The building is located near public transportation routes, making it easily accessible.

10.5 The building has a designated area for smoking and non-smoking areas.

10.6 The building has a well-maintained garden and outdoor area.

10.7 The building has a dedicated area for employees to have their meals.

10.8 The building has a well-equipped gym and fitness center for employees.

10.9 The building has a library and reading area for employees to relax and read.

10.10 The building has a designated area for meetings and conferences.

10.11 The building has a good relationship with the local community.
Clinic in 1937. He was leading an active life playing baseball and was manager of the football team. He was advised not to try out for the track team.

In August, 1939, Sid began having convulsions and was seen in Nerve Clinic at this time. The convulsions persisted until 1941 and were diagnosed as epilepsy of the Petit Mal type. Sid was faithful to all appointments and followed recommendations made.

Mr. James was a policeman and earned about forty-nine dollars a week. There is one other son in the family. The James family occupied a two family house in a residential section. The father seemed to be the domineering factor in the family group and in patient's treatment. Sid himself seemed to make little of his rheumatic heart and epileptic conditions.

Sid completed high school in June, 1942, and that summer worked as a bell hop at the summer resort. In October, 1942, Sid worked nights as a laborer for an express company. In 1946 Sid was working as a cashier in a bank earning twenty-five dollars a week. Previous to this he had been working in a newspaper plant until four months before he obtained his present position.

15. Case of Jerry Jones

Jerry, the fourth oldest of ten children, was referred to the Rheumatic Fever Clinic in August, 1936, from the Children's Hospital. He was 12 years old at this time. In September, 1936, Jerry had an attack of rheumatic fever and when this episode had subsided the patient was placed in a Children's Mission foster home. During an episode again in 1937 it was recommended that Jerry lead a quiet life and a home teacher was arranged for. During the summer of 1938 Jerry attended a Children's Mission summer camp. Jerry attended school regularly in the fall and later in the school year he left after having completed the ninth grade.

At about this time Jerry exhibited a great deal of anxiety about his physical condition. He had worked for a short time but gave this up as he was afraid he would "drop dead."

In 1940 Jerry was learning to be a mechanic with the National Youth Administration. In 1941 Jerry began working as a janitor in a school, which involved shoveling coal. He was advised to obtain lighter work or find someone who could help him. Jerry chose to leave his job and found employment as a shipfitter. He was advised that he could be seen only
In 1923, he was twenty-two years old and married. He had two children, a son and a daughter, born in 1924 and 1926, respectively. His wife, whom he married young, was a homemaker. They lived in a modest house in a small town. The family was prosperous and had enough money to support their needs. They were content and happy with their life. He often described his wife as his strength and his best friend.

In 1928, he decided to change his job. He had been working as a printer for ten years, and he wanted to try something new. He took a course in business and started his own printing business. It was not easy, but he was determined to succeed. He worked hard and was successful. His business grew, and he became a respected member of the community.

In 1932, he was elected to the city council. He was a member for five years. He was a dedicated councilman and worked hard to improve the city. He was especially concerned about education and health care. He fought for better schools and hospitals, and he was successful.

In 1940, he was elected to the state legislature. He was a member for two terms. He was a liberal Democrat and fought against the Republican Party. He was successful in some of his fights, but he was not popular with the Republican majority.

In 1942, he was drafted into the army. He served for three years. He was a conscientious objector and was jailed for his beliefs. He was released after a year and continued his work in the community.

In 1950, he was elected to the United States Senate. He served for six years. He was a liberal Democrat and fought against the Republican Party. He was successful in some of his fights, but he was not popular with the Republican majority.

In 1956, he retired from politics. He continued to work in the community and was a respected member of the community. He died in 1963.
in the Rheumatic Fever Clinic, as financially he was not eligible for the Clinic service at the Massachusetts General Hospital.

Jerry left the shipyard in 1945 and worked for a time on radiation at M.I.T. earning fifty-two dollars a week. When last seen in Clinic Jerry was thinking of leaving his new job as a rigger for work as a fisherman. It was recommended that this sort of work was not advisable in the light of his physical condition.

16. Case of George King

George is the second oldest of four children and was first known to the Rheumatic Fever Clinic in April, 1934, when he was 13 years old. The family occupied a four room apartment and patient had a room to himself. Mr. King worked on a P.W.A. project. At patient's first Clinic visit his condition was diagnosed as an acute episode of rheumatic fever and he was sent home with the recommendation that he remain in bed. Arrangements were made to have the Community Health Association to supervise.

In 1937 George left school while still in the tenth grade and began working as a musician but was laid off soon after. In 1939 he obtained steady employment and he spent the summers of 1941 and 1942 at a resort earning thirty dollars a week.

George began working in a night club in January, 1943, and was earning forty-three dollars a week. He continued doing this type of work and in 1946 he requested that Social Service transfer him to a Clinic in New York. Patient's family had found an apartment in New York and had already moved. George was planning to follow shortly.

17. Case of Milton Lewis

In 1935 Milton came to the Rheumatic Fever Clinic where a diagnosis of chorea was made. He is the oldest of three children. The Lewis family occupied a six room apartment. Milton was a member of the Boy Scouts and attended a summer camp. He was 12 years old when first seen at the Clinic.

In January, 1938, Milton had an appendectomy and a few days later the patient's condition was diagnosed as acute rheumatic fever. Arrangements were made a month later for Milton to be placed in a Children's Mission foster home. Medical-social home visits were made and a visiting teacher was assigned to the patient.
In 1949, Congress passed the Federal Aid to Public Education Act, also known as the Elementary and Secondary Education Act of 1954. This act came into effect in 1955.

In 1956, Congress passed the Elementary and Secondary Education Act of 1954. This act came into effect in 1955.

In 1957, Congress passed the Elementary and Secondary Education Act of 1954. This act came into effect in 1955.

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In 1967, Congress passed the Elementary and Secondary Education Act of 1954. This act came into effect in 1955.

In 1968, Congress passed the Elementary and Secondary Education Act of 1954. This act came into effect in 1955.

In 1969, Congress passed the Elementary and Secondary Education Act of 1954. This act came into effect in 1955.

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In 1971, Congress passed the Elementary and Secondary Education Act of 1954. This act came into effect in 1955.
Leonard was working on a Sunday paper route early in 1941 and later in the year he obtained work as an usher in a theater. Leonard graduated from high school in 1942 and worked for a short time as a waiter. Later in the year he was employed in a Y.M.C.A. as a soda clerk, earning twenty dollars a week.

Leonard returned to the Clinic in 1945 after an absence of three years. In April, 1943, he enlisted as a first class baker in the Merchant Marine and saw action in Russia, France, England and Persia. He has experienced no further episodes of rheumatic fever and is in good physical condition.

18. Case of Paul Roberts

Paul, seven years old, was admitted to the hospital in October, 1928, and on discharge a month later a diagnosis of rheumatic fever, rheumatic heart disease; mitral regurgitation, mitral stenosis and aortic regurgitation was made. Paul's mother was at the Peter Bent Brigham Hospital for a cerebral tumor and the family felt that the patient could not receive the optimum care at home. Arrangements were made at the House of the Good Samaritan and Paul remained there for six months. He was later placed under the supervision of the Children's Mission. Provision was made for Paul to become a member of the In-Bed Club and he was given crafts to do at home.

Paul is one of nine children, eight of whom lived in the home. The family lived on the second floor of a tenement and Mr. Roberts was employed as a laborer.

In 1930, a Children's Mission placement was advised. Paul's mother was paralyzed and home conditions were not ideal, yet Paul's father was adverse to the idea of foster home placement. Paul was again admitted to the House of the Good Samaritan in March, 1934, and was discharged two months later to his home.

Between 1937 and 1939 Paul had entered the electrical department of a trade school and had obtained work during Christmas vacations.

In April, 1940, Paul was again admitted to the Massachusetts General Hospital for acute rheumatic fever. He was discharged two months later to his home and medical-social home visits were made.

Paul obtained part-time office work in 1941 and earned fifteen dollars a week and by June, 1942, had completed trade school. At the beginning of 1943, Paul was working as a machine adjustor at the General Electric Company earning
thirty-five dollars a week. Later in the year he obtained work at the Navy Yard doing outdoor work. Paul requested a letter from the hospital advising his employer against this work.

Paul again worked as a machine adjustor in 1944 and was earning forty-seven dollars a week. At patient's last visit to the Clinic he had gone back to his former employment at General Electric but was temporarily out of work due to strikes at the plant. Paul was given no new restrictions and it was noted that he had done well physically.

19. Case of Frank Ryan

Frank, an 11 year old boy, was referred to the Rheumatic Fever Clinic by the Health Department in a Public School. He was seen at the Clinic and was advised to remain in bed at home. He was supervised by medical-social home visits. Frank was symptom free until March, 1934, when he had a recurrent attack of rheumatic fever. Home tutoring and crafts were arranged and Fred also became a member of the In-Bed Club. It was not until 1936 that he was allowed to return gradually to a moderately active life.

Fred has one sister and the family lived on the second floor of a two family house. Mr. Ryan was employed as a policeman. The home was well suited for convalescence with the exception of Mrs. Ryan's attitude towards her son's illness. She was somewhat resistant to cooperate with the recommendations made and felt that the patient would improve if he could go outdoors and partake in some activity. Mr. Ryan was more understanding of the child's condition and was ready to comply with all recommendations made.

Frank was free of all infection in 1937 and was allowed to lead a moderately quiet life. He worked in a retail grocery store in 1938 and in June, 1940, he graduated from high school. By 1942 he had completed an accounting course and was looking for work. By 1943 he had obtained work as a payroll clerk and was earning twenty-eight dollars a week. A year later he changed his position and became a longshoreman. Patient was later released from this type of work as he was not physically suitable for it.

At present Fred is employed in a bank and is attending accounting school two nights a week.
To the Honourable

We, the undersigned residents of this community, hereby express our support and appreciation for the ongoing efforts of the local council in addressing the pressing issues facing our area. We believe that by working together, we can achieve a brighter future for all.

Sincerely,
[Signatures]

Enclosures:
- Submission of demographics data
- Letter from community leaders
- Petition from local businesses

P.S. We hope to meet with the council members soon to discuss these matters in more detail.
CHAPTER VII

CASE ILLUSTRATIONS OF PATIENTS WHO HAVE MADE POOR ADJUSTMENT

In contrast to Chapter VI, this chapter will deal with studies of five patients who were not able to live satisfactorily within their physical limitations. Even in as small a patient group as has been chosen for this study, it is surprising to find so limited a number of patients who could not make a good adjustment to their disease.

20. Case of Ted Arthur

Ted first came to the Rheumatic Fever Clinic in June, 1938, when he was referred by the Medical Mission Dispensary. A diagnosis of rheumatic fever and rheumatic heart disease, mitral regurgitation and aortic regurgitation was made. He was 16 years old and in the seventh grade but left school at the end of the semester. At the time of his clinic visit, he stated that he was working with his father as a fisherman and earning between ten dollars and fifteen dollars a week. Ted is the third oldest of seven children. It was noted at a later visit in 1938 that Ted "had not been following directions and that his mother was unable to control him." Much of his time was spent out on the streets and a recommendation was made for Children's Mission foster home placement. This plan never materialized. Ted was still working as a fisherman in 1939. His job consisted of fixing and setting nets. The doctors felt that this work was not completely suitable to the patient's physical condition and Ted was advised to find a more satisfactory job.

Ted was working as a merchant seaman in 1943 and in January he was hospitalized in a Marine Hospital for acute rheumatic fever.

Ted has continued his work on a fishing boat to the present despite the recommendations that have been made.

21. Case of Dan Drew

Dan, a thirteen year old boy, was seen in February, 1938,
CHAPTER XIV

CASE HISTORY AND PATHOLOGY OF TUBERCULOSIS AND THEIR MEANS OF ACQUISITION

In contrast to Chapter IV, the purpose of this chapter is to analyze the pathology of tuberculosis and its means of acquisition. This chapter will provide a detailed account of the various ways in which tuberculosis can be transmitted, including the role of environmental factors.

In addition to the detailed analysis of the transmission routes, this chapter will also explore the role of medical interventions in the treatment and prevention of tuberculosis. The chapter will discuss the various medical treatments available and their effectiveness in combating tuberculosis.

Finally, this chapter will address the socio-economic factors that contribute to the spread of tuberculosis. The chapter will examine the impact of poverty, access to healthcare, and other social determinants on the spread of tuberculosis.

In conclusion, this chapter aims to provide a comprehensive understanding of the pathology of tuberculosis and its means of acquisition. It will serve as a valuable resource for healthcare professionals, policymakers, and the general public in their efforts to combat this deadly illness.
in the Allergy Clinic because of an asthmatic condition. This condition had persisted for eight years. A few days later he was admitted to the Massachusetts General Hospital and was discharged a month later with a diagnosis of acute rheumatic fever and a question of bronchial asthma.

Dan is the only child in the family. His parents are divorced and the patient lives with his mother who is employed. As the home was not considered satisfactory for convalescence, Dan was placed in a Children's Mission foster home. In December, 1938, Dan suffered an asthma attack. These attacks were associated with the fact that his divorced parents visited him while he was at the foster home.

Dan went to camp for one week during August, 1939, and four months later he was again placed in a foster home. He was discharged from this home in 1942, a year after he completed three years of high school education.

At the time of his discharge from the foster home, the patient obtained work as a machinist's helper on a railroad, earning thirty-seven dollars a week. He held this position until the middle of 1944, at which time he had a severe attack of asthma. In November, Dan went to Arizona where he worked on planes and earned between thirty-five dollars and forty dollars a week. He returned to Boston in July, 1945, and held a position as a machinist.

At the beginning of this year Dan was unemployed and was undecided as to what he wanted to do. He was considering furthering his education and his former school was contacted. He was also referred to a job at the International Business Machine Company. Dan has not kept his last two appointments at the Rheumatic Fever Clinic.

22. Case of Elliot Emerson

In 1934 Elliot, 12 years old, first attended the Rheumatic Fever Clinic at the Massachusetts General Hospital. He was referred to Social Service for assistance in finding a job. Elliot graduated from high school and it was recommended that he do light work. Elliot's father had deserted the family, and patient, his mother, sister and brother occupied a four room apartment. The family was on Public Welfare.

Patient was a very lonely and restless boy. He spent most of his time reading and listening to the radio and was interested in becoming a printer. In 1938 he obtained some work on a W.P.A. project. He was attending a bookkeeping school three nights a week. Patient's sister had married and patient, his brother and mother were living in a five room
In the Affirmative Clauses, an emphasis on comparative advantage is made between the two parties involved. The parties are given equal weight, and the comparison is focused on the relative economic benefits each party derives from the transaction.

As the parties are perceived to be equals, the transactions are subject to market forces. However, the parties' preferences and capacities are also taken into account. The outcome is determined by the parties' ability to negotiate and the market conditions prevailing at the time of the transaction.

The clauses are designed to ensure that the benefits of the transaction are distributed fairly between the parties. They are intended to provide a framework for resolving disputes that may arise from the transaction. The clauses are enforceable in law, and any violation of the terms can result in legal action.

The clauses are also intended to provide a basis for settlement negotiations. They are designed to be flexible and can be modified to suit the specific circumstances of the transaction. The clauses are designed to be inclusive, and all parties are encouraged to participate in the negotiation process.
cottage. There was much antagonism between Walter and his married sister as she has always been devoted to the father who deserted the family. Walter disliked most people and had no real interest in life with the exception of his plans to study linotypeing. He was referred to the Vocational Rehabilitation Bureau in March, 1938, while he held his job as a toolkeeper for W.P.A. In 1939, through the Vocational Rehabilitation Bureau, he obtained a job with a printing concern. He was earning fourteen dollars a week only to be laid off a few weeks later. Another job was found for Elliot as a draftsman and little by little the relationship between him and his sister improved. Elliot was also studying at a drafting school. In 1940, the doctor felt that Elliot's behavior deserved psychiatric evaluation. This was done and it was advised that there was no psychiatric problem.

The following statements made by Elliot to the Social Service Worker in 1942 indicate what his attitudes toward life were. "I don't get any fun out of life. I would like to have friends like other people do, and go to dances and parties. I used to enjoy going to the movies alone and even reading, but neither of these seem to help much any more. I have been building up to this for a long time. It isn't anything that happened recently; it's just my whole life. My mother doesn't understand. If she did I wouldn't have to come and talk to you."

Between October and December, 1942, there was a question of patient having pulmonary tuberculosis. In January, 1943, Elliot was told that he probably had tuberculosis and arrangements were made for him to go to a sanitorium. He was discharged in August, 1943, and attended the sanitorium for regular check-ups.

In 1944 Elliot was working as a cost accountant, earning thirty-six dollars a week. At the end of 1945 he had to give this position up to a veteran who had formerly held this job. Patient was again referred to the Division of Rehabilitation and a position as a radio mechanic was found for him. In addition, the Division of Rehabilitation agreed to finance patient through an accounting course at a business school.

23. Case of Stanley Thomas

Stanley was first known to the Clinic in 1928 when a diagnosis of rheumatic heart disease, mitral regurgitation and mitral Stenosis was made. He was 7 years old at this time. He had no previous history of rheumatic fever. Stanley got along well until June 1931 when he was admitted to the House of the Good Samaritan and was discharged six months later. During the summer the patient went out on a fishing boat with
The following statements were made by Mr. Smith to the Scope:

"I cannot say that I agree with Mr. Brown's statement. However, I believe that we should not underestimate the importance of the issue. It is important that we address this matter thoroughly."

The meeting concluded with a round of applause. Mr. Smith thanked everyone for their participation and looked forward to the next meeting.
his father. In October, 1932, Stanley was again admitted to the House of the Good Samaritan and remained here for three months.

Stanley is one of seven children. The family occupied a dark six room apartment on the first floor of a tenement. Mr. Thomas, a fisherman, was unemployed at this time.

The family is a devoted one, but the mother had little understanding of what was entailed in caring for the patient.

Stanley was admitted to the Massachusetts General Hospital in January, 1936, and was discharged to a Children's Mission foster home in March, where he remained for six months. He was allowed to go back to school but continued on moderate activity. In 1937 Stanley was allowed to go fishing with his father during the summer months. He left school while in the seventh grade as he was older than the other children in his grade and felt out of place.

Stanley obtained a part time job in a tomato factory and in 1941 he was working in a meat market as a truck driver, earning between twenty dollars and twenty-seven dollars a week. By 1943 Stanley was inspecting guns at an arsenal at twenty-nine dollars a week. By 1944 he had returned to his job as a tomato packer. This work was seasonal and patient worked only several months out of the year.

At Stanley's last clinic visit in December, 1946, he had been unemployed for three months. The doctors felt that he could return to his former job but must avoid any strain and upper respiratory infection.

24. Case of Leonard Harris

Leonard, one of five children, was first seen at the Clinic in 1936 where a diagnosis of rheumatic heart disease was made. He was 16 years old. Leonard's father was under treatment (in 1925) for an anxiety neurosis and also Parkinson's Syndrome. The family suffered a great deal of financial strain as well as physical illness. The Harris family lived in a tenement on the fourth floor and occupied a five room apartment. Leonard had been known to the Hull Street Medical Mission and in 1933 he was referred to the House of the Good Samaritan. He stayed only a few days due to homesickness. Leonard was first referred to Social Service in 1937 for occupational therapy work, as he was restless and was being overindulged by an overanxious mother.

Leonard's father died in 1937 and the family was assisted by Mother's Aid. Leonard's older sister, Mary, took Nun's
Vows and was living at a convent in New York. Betty, a second sister, is described as being feebleminded. The oldest child is married and living away from home.

In 1938 the family was receiving eleven dollars a week from General Relief as the children had passed the age limit of Mother's Aid. In 1941 Leonard was admitted to the hospital and was discharged five days later with provision made for follow-up by a doctor from the Medical Mission Dispensary. In July of that year, the doctor noted that "Leonard has not done well. He has severe heart disease, actively restricted by kypho-scoliosis. Patient knows how crippled he is and obviously knows how hopeless the future is and does not see the point of restricting activity."

It was recommended that Leonard obtain some light work as this would help him psychologically. He was referred to the Community Workrooms for home work and was placed on the waiting list. During a Clinic visit in 1943, it was felt that because of Leonard's severe heart condition and maladjustment it was difficult to find a suitable job for him.

By 1945 Leonard was employed eight hours a day as a rug stenciller but held this job only a short time. In December, 1946, patient approached the Family Society for assistance in finding a job. Contact was made with this Society and an explanation of the doctor's recommendations in regard to Leonard's physical condition was made.
In 1936 the firm was incorporated on a new basis and took the name of the firm. From that date, the company has been active in the field of professional and financial services. The name was changed to signify the new era of the firm. In keeping with tradition, the firm has always endeavored to maintain the highest standards of integrity and excellence in all its activities. The firm hopes to serve the needs of its clients in the future as it has in the past.
CHAPTER VIII
SUMMARY AND CONCLUSIONS

In this study concerning the adjustment made by twenty-four adult male patients, who have rheumatic heart disease, several points of interest stand out.

As indicated in the third chapter dealing with the Rheumatic Fever Clinic of the Massachusetts General Hospital, it can readily be seen that the continued cooperation between the House of the Good Samaritan and the Children's Mission have made the program for rheumatic fever and rheumatic heart disease patients all the more successful. Of the twenty-four patients studied, four were placed both at the House of the Good Samaritan and Children's Mission, while five had placements only at the House of the Good Samaritan, and five in a Children's Mission foster home. The remainder of the group, or ten patients, had no experience with either of these institutions. Of the patients who made a poor adjustment, one patient was hospitalized at the House of the Good Samaritan and accepted a Children's Mission placement; one was hospitalized at the House of the Good Samaritan; one at a Children's Mission home; and the remaining two had no contact with these agencies.

Through reading the case studies, it can also be seen that the Rheumatic Fever Clinic has called upon other resources for assistance in rehabilitating their patients. Among these
**UNITED STATES**

**OFFICE OF THE COMMODORE**

To: All Officers of the United States Navy in the Pacific.

From: Captain John Smith, Commodore.

Subject: Important Notice.

Attention is hereby directed to the following important matter.

1. All vessels are required to report any suspicious activity to the nearest authorities immediately.
2. Security protocols must be strictly followed at all times.
3. Personnel are reminded of the importance of maintaining a high level of security at all times.

Thank you for your cooperation.

Commodore John Smith
resources are: the Community Health Association, the Mission Dispensaries, Medical-Social Home Visits, Recreational Handicraft, Home Teaching, and the Vocational Rehabilitation Bureau.

Of the group of patients who have made a poor adjustment to their disease, it is of interest to note that none have married. Of the nineteen who have made a good adjustment, eight have married. Three have no children; three patients have one child; and two have two children.

There does not seem to be any correlation between those patients who have reached higher educational levels and those who did not, in the light of the adjustment that was made. Of the group presented in the seventh chapter, two patients completed high school with additional training in a business school, and the remaining two left public school one year before graduation.

Again, there is no correlation between the most recent diagnosis and the adjustment the patient group has made.

In analyzing the case studies of those patients who show maladjustment to their disease, certain factors which may have been deterrent in adjustment, will be mentioned.

Ted Arthur left school in the seventh grade and is employed as a fisherman. Despite the advice of the physician that this work was not entirely suitable, he has continued doing this type of work.

In the case of Dan Drew, not only does he have rheumatic
To the Editor:
The Community Health Association, the Mission Women's Auxiliary, the Vocational Rehabilitation Council, Home Teaching, and the Vocational Rehabilitation Council of the Province of British Columbia have been unable to make a public statement on the recent attack on the Mission Women's Auxiliary.

The attack on the Auxiliary was a direct result of the Auxiliary's efforts to provide services to the community.

It is the Auxiliary's policy to provide services to the community, and this attack is an attempt to undermine their work.

The Auxiliary has been providing services to the community for many years, and they are determined to continue their work.

The Auxiliary has called for a public meeting to discuss the attack and to plan a strategy to deal with it.

The Auxiliary is confident that the community will support them in their work.

Sincerely,
The Auxiliary
heart disease, but he is afflicted with an asthmatic condition. Dan's parents are divorced.

Elliot Emerson's father deserted the family. Elliot was a lonely and restless boy who did not like people and felt that his mother did not understand him.

Stanley Thomas left school in the seventh grade. He is one of seven children and the family lived in a dark apartment that was not completely satisfactory for convalescence. In addition the parents did not understand what was necessary for good care.

Leonard's father was under treatment for anxiety neurosis; the mother overindulged the patient and was overanxious about his condition. The family's economic status was low. Leonard's heart condition was further complicated by kyphoscoliosis which restricted him even more.

In closing, the writer would again like to stress the part that close follow-up plays in the supervision of these patients. These follow-up visits cover both a Social Service investigation in addition to a full medical examination. The patient is not forgotten when he leaves the Clinic after an examination; rather he is given every possible consideration. He is given understanding and any assistance he may need in developing normal social and work relationships.

It must be recognized that the problem of rheumatic heart disease is a vital one, and is one that we hope will soon realize a successful medical solution. The writer
development of other sections of the community and are concerned with the
problems that arise in the community. The school is not only responsible
for the education of the children but also for the development of the
total. The school must be a part of the community and should work
harmoniously with other organizations to promote the welfare of the
students.

The school must also be responsive to the needs of the community
and should be alert to the changing needs of the students. The
school must be flexible and adaptable to the changing circumstances
of the community. The school must also be concerned with the
well-being of the students and should provide a safe and
supportive environment for learning.

The school must also be equipped with modern facilities and
adequate resources to meet the needs of the students. The
school must also have qualified and experienced teachers who
are dedicated to the education of the students.

The school must also be concerned with the health and
welfare of the students. The school must have a health
service and a program of physical education to promote
the health and fitness of the students.

The school must also be concerned with the moral and
cultural development of the students. The school must
have a program of values and character education to
promote the moral and cultural development of the
students.

The school must also be concerned with the economic
welfare of the students. The school must have a
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economic welfare of the students.

The school must also be concerned with the social
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The school must also be concerned with the recreational
welfare of the students. The school must have a
program of recreational activities to promote the
cultural and social activities of the school.

The school must also be concerned with the spiritual
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The school must also be concerned with the political
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program of political education to promote the
political welfare of the students.
strongly feels that through this study she has gained deeper insight into what the disease may mean to the patient. From a social service standpoint, this insight and understanding is invaluable in recognizing how these patients can be best assisted in adjusting to a life of new and perhaps overwhelming situations.

Approved

Richard K. Conant, Dean
It is impossible to understand the true meaning of the text without proper context or further information.
5. Physical
   a) Height
   b) Weight
   c) Build
      i) tall
      ii) average
      iii) short

6. Educational History
   a) Grade entered first hospital patient
   b) Grade completed
   c) Home instruction
   d) Social adjustment

7. Work History
   a) Occupation
   b) Income

8. Church Affiliation

9. Educational Facilities
   a) Number campus
   b) Playgrounds
   c) Clubs

10. Medical History
    a) Accidents
    b) Infections
    c) Prognosis
    d) Medical or supplemental casuistry
SCHEDULE

1. Name
2. Address
3. Birth Date
4. Marital Status

5. Family
   a) Income
   b) Occupation
   c) Siblings
      1) sex
      2) age
      3) health

6. School History
   a) Grade in at first hospital contact
   b) Grade completed
   c) Home instruction
   d) School adjustment

7. Work History
   a) Occupation
   b) Income

8. Church Affiliation

9. Recreational Facilities
   a) Summer camps
   b) Playgrounds
   c) Clubs

10. Medical History
    a) Recurrences
    b) Diagnosis
    c) Prognosis
    d) Hospital or convalescent experience
11. Medical Follow-up
   a) Clinic visits
   b) Home visits

12. Social Follow-up
   a) Clinic visits
   b) Home visits
   c) Attitude of patient to illness
   d) Attitude of family to illness
In receipt of information:
(a) Child absent
(b) Home absence
(c) Scene examination
(d) Child absent
(e) Home absence
(f) Witness attendance
(g) Witness attendance of family to witness
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PAMPHLETS


PEDIATRICS

PERIODICALS


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