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AMERICAN COUNCIL ON RHEUMATIC FEVER
OF THE AMERICAN HEART ASSOCIATION, INC.

PUBLIC AFFAIRS PAMPHLET No. 126

RHEUMATIC FEVER

Childhood's Greatest Enemy

BY HERBERT YAHRAES



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RHEUMATIC FEVER

CHILDHOOD'S GREATEST ENEMY

By HERBERT YAHRAES

SEVEN-YEAR-OLD Linda Jones recently had a "strep throat." She recovered quickly, went back to school, and seemed perfectly all right. But one day, two or three weeks later, she complained again of not feeling well. Her stomach hurt and her legs ached. It might be any one of a dozen ailments, the doctor said, so he examined Linda thoroughly. Then he asked permission to consult a pediatrician. The doctor thought he knew what the trouble was, he said, but to be perfectly safe he would like to have some one check his findings. The pediatrician confirmed the diagnosis: Linda had rheumatic fever and ought to go to the hospital. She should pull through all right, but Mrs. Jones might be in for a rather trying period. There were certain things she ought to know. . . .

How Widespread Is Rheumatic Fever?

The doctors gave Mrs. Jones some common-sense advice about caring for Linda; we'll come to that later. They added that rheumatic fever was far commoner than most parents realized,

This pamphlet has been prepared in cooperation with the American Council on Rheumatic Fever of the American Heart Association.

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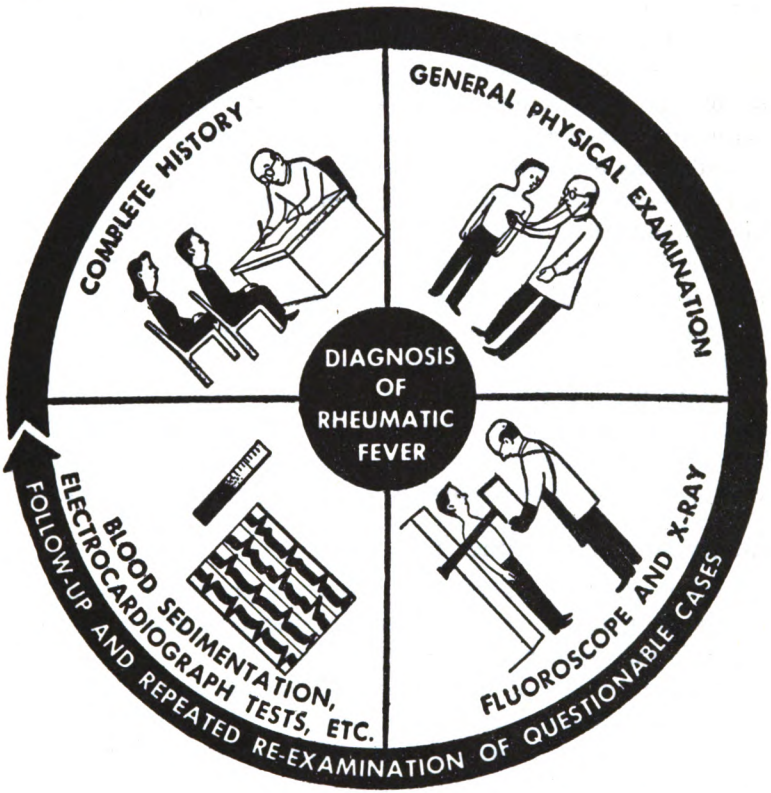
EXPERTS AND FACILITIES ARE NECESSARY



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at the heart with a fluoroscope or examine it with the electrocardiograph, an apparatus that traces the heartbeat. No single one of those procedures will supply conclusive proof as there is no specific test for the disease. Doubtful cases should be followed up until it is certain that the patient does or does not have rheumatic fever.

How the Heart Comes into It

The doctor gives particular attention to the heart because rheumatic fever almost always affects the heart to some extent—in two-thirds of the cases, permanently. Characteristically, this

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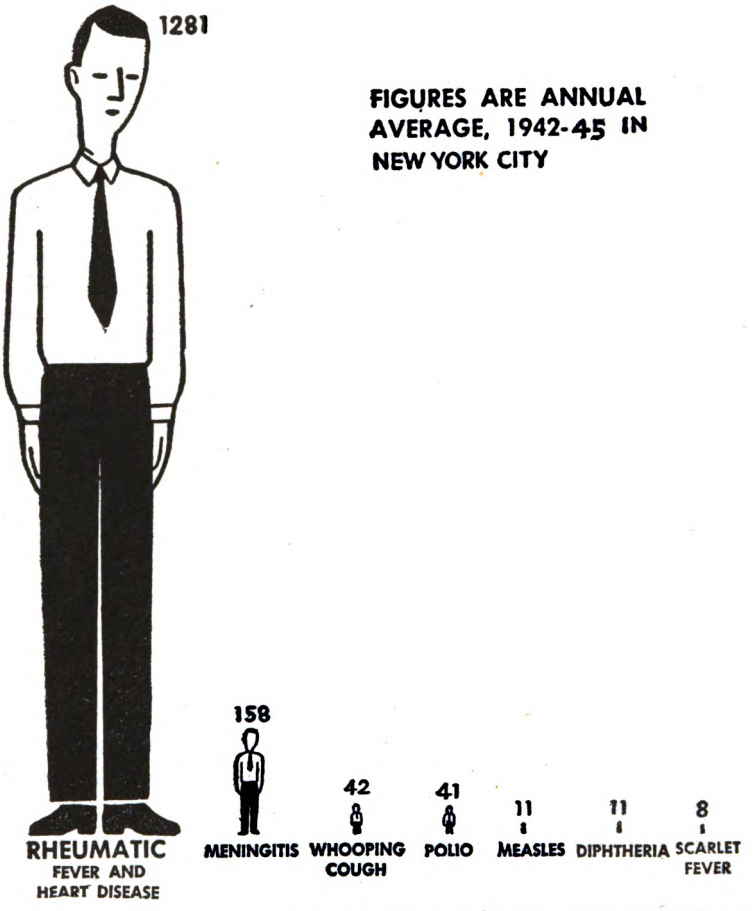
DEATHS FROM RHEUMATIC FEVER COMPARED WITH OTHER CHILDHOOD DISEASES



Poverty implies poor diet, inadequate housing, and the necessity—in cities—of living crowded together. Of these factors, the crowding together seems to be the most important. As one piece of evidence, rheumatic fever is much more of an urban than a rural disease. As another, epidemics of RF have occurred almost exclusively among groups of young people living in close quarters

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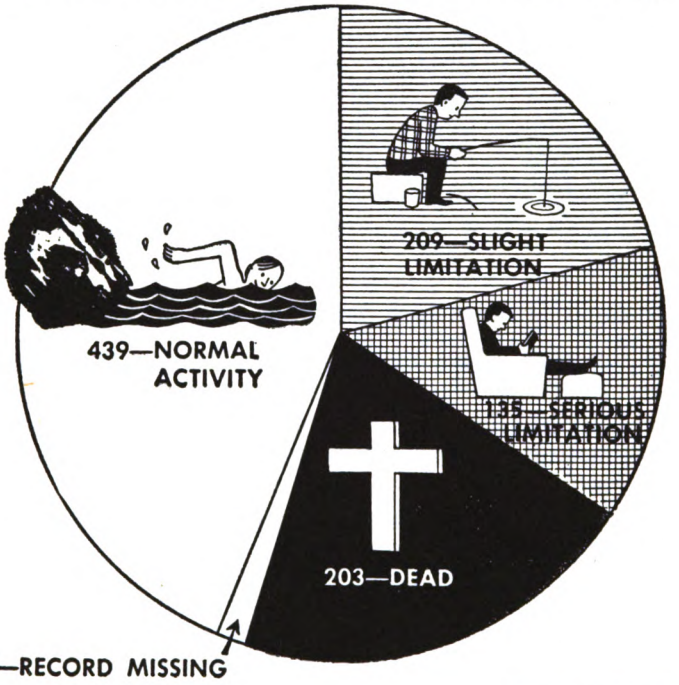
MANY RHEUMATIC FEVER CHILDREN RECOVER AND LIVE NORMAL LIVES

OF 1,000 RHEUMATIC FEVER CASES 10 YEARS LATER . . .



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What if My Child Has Heart Disease?

Like all organs of the body, the heart is designed to do more work than it ordinarily has to. So even if the physician detects signs that the heart isn't quite what it used to be, the patient probably can lead an active life. Even if the child developed a considerable degree of heart disease, his life could be reasonably happy. Persons with rheumatic heart disease (RHD) don't "drop dead"; but some will find that the heart just won't do as much work as it used to, and they will have to cut down on their activity somewhat.

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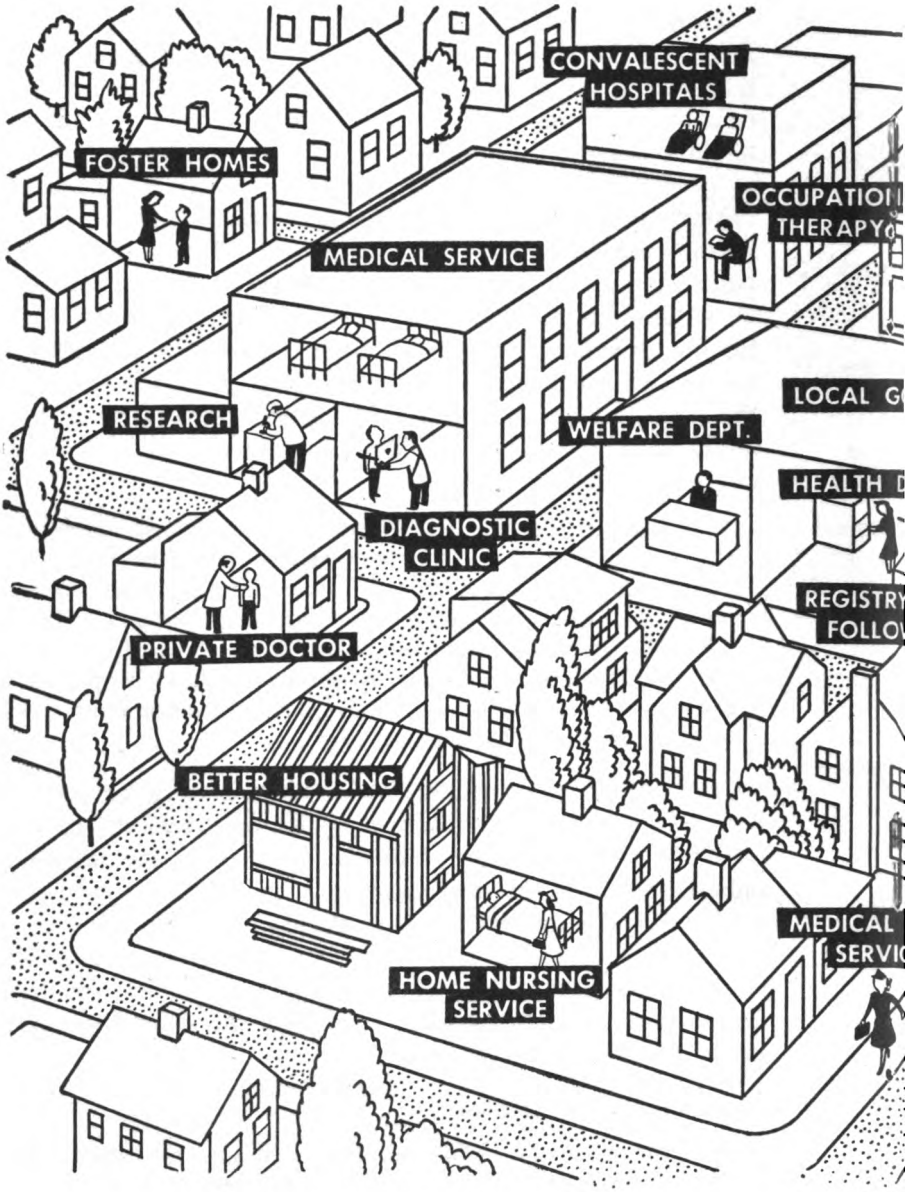

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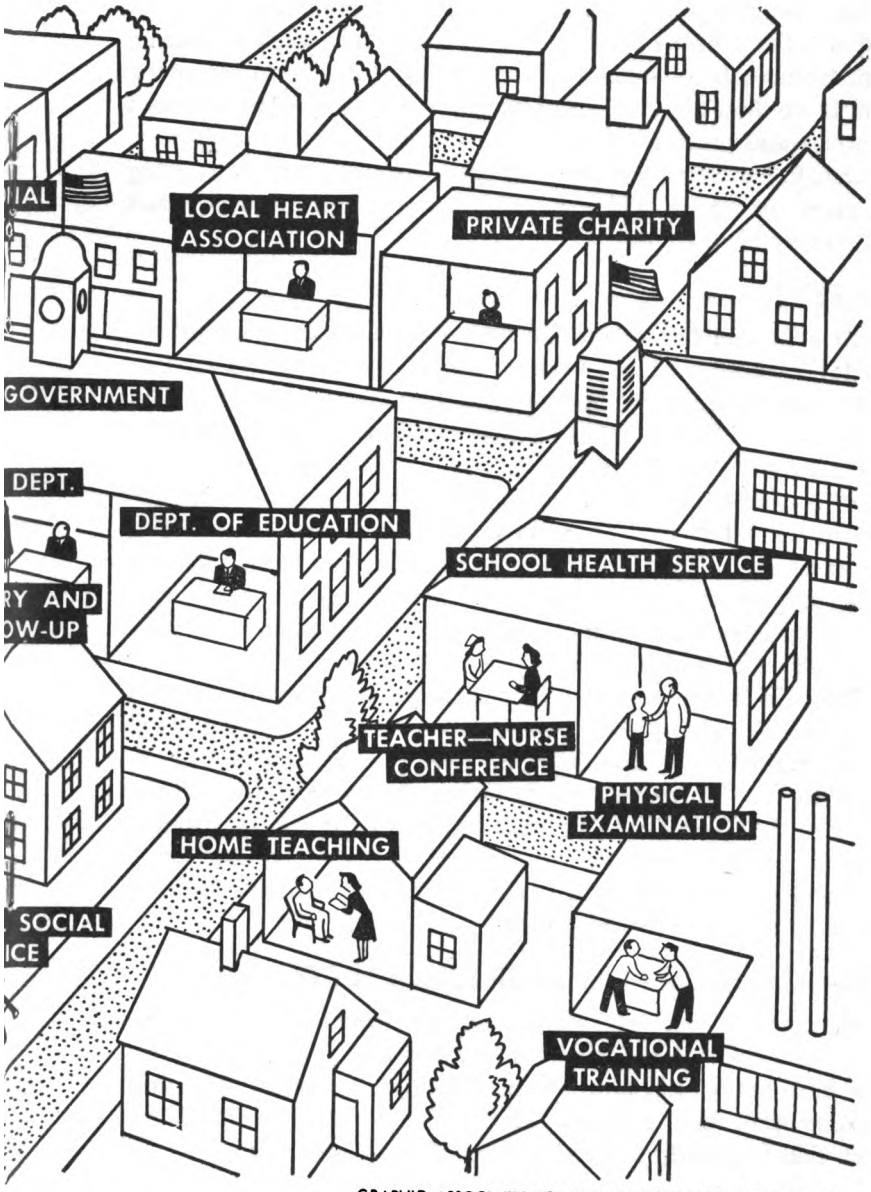
PROGRAM SHOULD COORDINATE-



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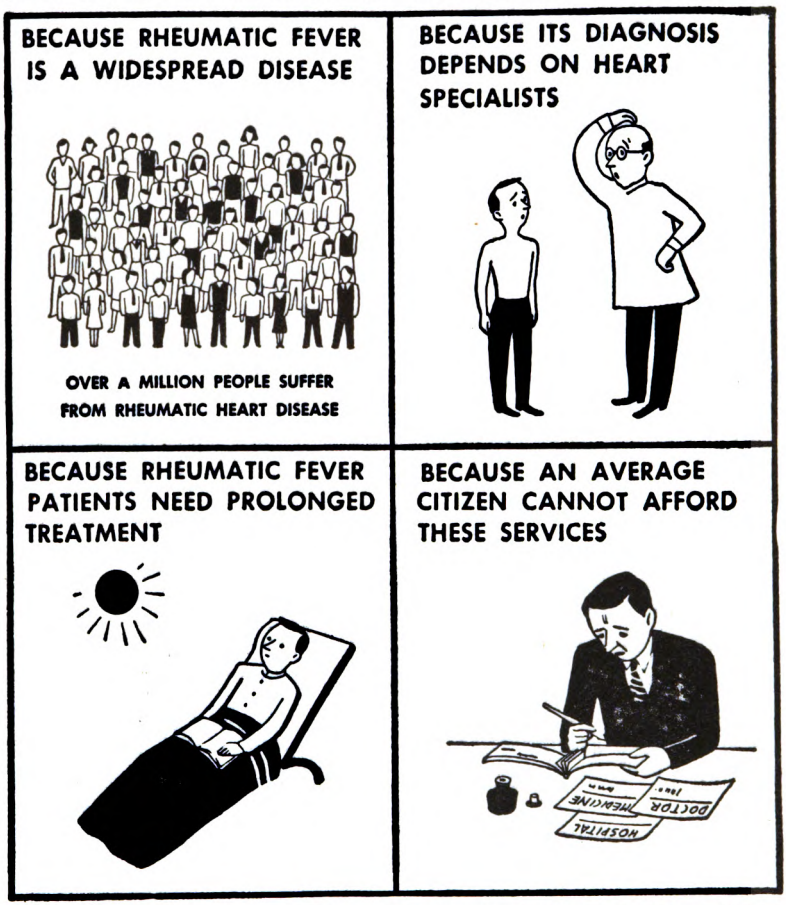
WHY A PUBLIC HEALTH PROGRAM FOR RHEUMATIC FEVER IS NEEDED



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other members, too, are affected, but their cases often go unnoticed.

What Might Such a Program Accomplish?

The classic example of a community plan is the London County Council's Rheumatism Scheme, which got under way in 1926. This is a cooperative effort by school and health authori-

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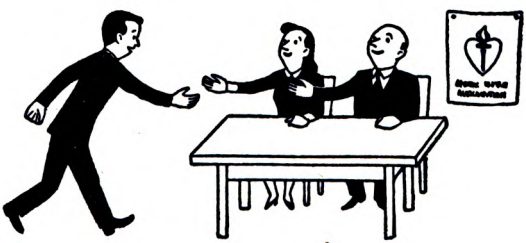
WHAT YOU CAN DO

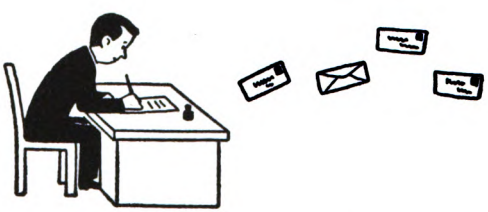
❶ FIND OUT WHAT FACILITIES YOUR COMMUNITY HAS FOR RHEUMATIC FEVER



❷ JOIN LOCAL HEART ASSOCIATION



❸ URGE LOCAL PUBLIC AND PRIVATE AGENCIES TO COOPERATE IN A COMMUNITY PROGRAM



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