There's no need to be alarmed if you discover that one of the children's friends is ill with rheumatic fever. Your children won't catch the disease itself from being around someone who has it. Although the cause of rheumatic fever is not yet known, we do know that it works in this way: Just as a lighted match starts a fire in kindling already laid in a stove or fireplace, so an attack of a disease caused by germs of the streptococcus family – tonsillitis, scarlet fever, ear infection, for example – often lights up rheumatic fever in a child or young adult who is susceptible to it.

What makes one child more likely to get it than another? It seems to run in families and occur more often among people who live in crowded conditions that make it easy for predisposing germs such as the streptococcus to pass from one throat to another. It is possible that faulty diet and inadequate protection from cold and dampness may also play a part.

Rheumatic fever usually begins in children at about ages 5 and 6, but it can be contracted by young adults, too. However, many cases of rheumatic heart disease in adults can be traced to mild attacks of rheumatic fever or chorea (St. Vitus' dance) in childhood.

When rheumatic fever – a disease which attacks the connective tissue of the body – attacks the brain tissue, St. Vitus' dance (twitching and jerking of the face, arms, or legs) results. In practically all cases of St. Vitus' dance the motions eventually stop. But more often rheumatic fever repeatedly attacks the connective tissue of the heart, and the heart may be left permanently injured.

In the past, very few children had only *one* attack of rheumatic fever. It was far more likely that the child who had one attack would have others and that the lining of his heart would become so scarred that one or more of the heart valves would begin to function imperfectly. Now, however, the daily use of sulfa drugs or antibiotics

to prevent streptococcal infection will prevent recurring attacks in a majority of patients and so lessen the possibility of heart damage.

If despite precautions a streptococcal infection *is* contracted, in a majority of cases its early treatment with an antibiotic will prevent the subsequent development of rheumatic fever.

Even in the case of a child whose heart has already been permanently injured, there is cause for optimism. He can still grow up to be a happy, moderately active individual. There have been dramatic advances in surgery for improving the function of scar-damaged heart valves.

Among the signs and symptoms that may point to rheumatic fever are pains in the joints and muscles, poor appetite, nosebleed, failure to gain weight, slight fever, unexplained tiredness, and St. Vitus' dance.

It is wise for every child with a first attack of rheumatic fever to be in a hospital to have his condition carefully examined and evaluated as well as to receive the medical care he needs. He must be kept in bed during the active phase to give his heart the rest it needs to make as good a recovery as possible. The doctor is the one to determine when the child can get up, how active he can be when he returns to normal living, and whether daily doses of an antibiotic or sulfa are advisable.

After his recovery he'll need, as do all children, a well-balanced diet, periodic medical supervision, plenty of sleep and rest, and ample amounts of play and sunshine.

HIGH BLOOD PRESSURE

It is an undeniable fact that high blood pressure is most often seen in middle-aged people. Undeniable, too, is that it causes a large number of deaths and a tremendous amount of disability. But the popular belief that high blood pressure (or hypertension) is caused by aging is