

of patients in the lay press. In a hospital for mentally subnormal patients in the Birmingham area, it is alleged, "patients were being exploited by being used as nurses and domestic staff".³ There are times, it would seem, when the administrators of mental hospitals just can't win.

¹ Conolly, J., *The Construction and Government of Lunatic Asylums and Hospitals for the Insane*. Introduction by Richard Hunter and Ida Macalpine. First published 1847. London, Dawsons of Pall Mall, 1968.

² Dain, N., *Disordered Minds: The First Century of Eastern State Hospital in Williamsburg, Virginia, 1766-1866*. Williamsburg, Virginia, Colonial Williamsburg Foundation, 1971.

³ *The Times*, 26 August 1971.

Coronary Deaths

In 1948 a long-term prospective study of cardiovascular disease was begun in the town of Framingham, Massachusetts. A sample of 2,336 men and 2,873 women between the ages of 29 and 62 years was selected for study from a total population of 30,000 inhabitants. They were examined and investigated, and their blood pressures, smoking habits, body weights, serum cholesterol, electrocardiograms, and other details noted. And they were observed twice a year so that the relationship between these data and subsequent coronary artery disease could be discovered. The first fruits of this epidemiological survey were the finding that men with low blood cholesterol and normal blood pressures, and who did not smoke, had one-third of the standard risk of developing coronary heart disease, while if all these factors were adverse the risk increased tenfold.¹ A mass of information collected over 20 years on the epidemiology of coronary artery disease was published last year.²

A more recent report has now appeared on the death of persons less than 65 years of age from coronary artery disease.³ The report is on 102 men and 18 women. Two-thirds of these deaths were unexpected and took place outside hospital; more than one-half were sudden, occurring within one hour of the onset of the first symptom. Death was more likely to be sudden in younger than older individuals and in men than women. Two-thirds of the sudden coronary deaths occurred in people without previous clinical or electrocardiographic evidence of coronary artery disease. This is specially notable, because owing to the repeated routine cardiovascular examinations of this group of persons much more was known of their cardiovascular status than is usual in a general population, and minor findings had a greater chance of being kept under observation for possible progression.

This study also follows the fate of those who survive an acute myocardial infarct. Nine out of 10 returned to work, but there was a high rate of recurrence. Indeed 41% had a further attack within six years and one-half of these recurrences were fatal. In an earlier study L. Kuller and his colleagues⁴ investigated the natural history of the arteriosclerotic heart disease in Baltimore residents aged 40 to 64 years who died of it. In the 610 deaths examined about one-fifth of the persons were found dead, one-half died within two hours of the onset of the attack, and two-thirds within 24 hours.

Coronary artery disease is common. Population studies have shown that it is the cause of death in 4 out of 10 men and 2 out of 10 women.⁵ The incidence is rising.⁶ It frequently attacks without warning and often causes death

within an hour of the first symptom. As a majority of such deaths occur outside the hospital, intensive care can help only a minority. It is difficult to see how the mortality can be reduced except by preventive measures. Salvage of survivors from myocardial infarction can do little to reduce the total mortality.

In countries with the highest incidence of coronary artery disease there is a disturbing trend of increasing mortality. Among men in Britain the mortality rose 35% in the age group 45 to 54 years, and 50% in the age group 35 to 44 years, between the years of 1955 and 1964.⁶ Increased attention must be directed to epidemiology and prevention. A study of 300 American soldiers with an average age of 22.1 years killed in the Korean war showed that in 12.3% one or more of the main coronary arteries was narrowed by atheroma to half or less of the original lumen.⁷ Similar evidence of advanced atheroma at an early age has been collected from accidental deaths in Great Britain.⁸ The liability to clinical coronary artery disease depends to a large extent on the complication of thrombotic occlusion.

Of the available preventive measures against clinical coronary artery disease, only stopping smoking has so far been shown to reduce the incidence of further myocardial ischaemic attacks.⁹ Furthermore, the greater liability to coronary artery disease associated with cigarette smoking is an acute risk, for stopping smoking promptly reduces the liability to that of non-smokers.¹⁰ No proof has yet been advanced that lowering the serum cholesterol, treating hypertension, reducing obesity, or encouraging physical activity improves the prognosis of survivors from an initial coronary artery attack.⁹ These facts should give further impetus to the Government efforts to discourage smoking, for they point to at least one way of diminishing a disease which the World Health Organization¹¹ has described as "potentially the greatest epidemic mankind has faced."

¹ Dawber, T. R., Kannel, W. B., Revotskie, N., and Kagan, A., *Proceedings of the Royal Society of Medicine*, 1962, 55, 265.

² Gordon, T., and Kannel, W. B., in *The Community as an Epidemiological Laboratory*, ed. I. I. Kessler and M. L. Levin, p. 123. Baltimore, John Hopkins Press, 1970.

³ Gordon, T., and Kannel, W. B., *Journal of the American Medical Association*, 1971, 215, 1617.

⁴ Kuller, L., Lillienfeld, A., and Fisher, R., *Circulation*, 1966, 34, 1056.

⁵ Spiekerman, R. E., Brandenburg, J. T., Achor, R. W. P., and Edwards, J. E., *Circulation*, 1962, 25, 57.

⁶ Oliver, M. F., in *Modern Trends in Cardiology*, 2, ed. A. M. Jones, p. 46. London, Butterworth, 1969.

⁷ Enos, W. F., Holmes, R. H., and Beyer, J., *Journal of the American Medical Association*, 1953, 152, 1090.

⁸ Mason, J. K., *British Medical Journal*, 1963, 2, 1234.

⁹ Jones, A. M., *British Heart Journal*, 1970, 32, 583.

¹⁰ Doyle, J. T., Dawber, T. R., Kannel, W. B., Kinch, S. H., and Kahn, H. A., *Journal of the American Medical Association*, 1964, 190, 886.

¹¹ World Health Organization, *Bulletin of the International Society of Cardiology*, 1969, 1, 1.

International Voice

The need for an organization to give the medical profession an international voice is certainly as great today as when the World Medical Association was founded in 1947. State control of medicine is almost everywhere increasing, and if the benefits it offers of fairer distribution are not to be destroyed by a fall in professional standards the profession itself must be able to speak out effectively. To support a member association when a government threatens these standards is a task that might fall to the W.M.A. At the same time it has a function in helping to formulate the