

culosis and Respiratory Disease Association, L'Association des Médecins de langue française du Canada and the Canadian Medical Association, concern about the cigarette smoking problem is shared by health authorities in other countries, including Britain, the United States of America, Norway, Sweden, Denmark, Holland, West Germany, Italy, Ireland, Czechoslovakia, Russia, Japan, India, Poland, Australia and New Zealand.

There is room for argument regarding the precise magnitude of the problem but it is undoubtedly very large. The Department of National Health and Welfare has estimated that lung cancer, chronic bronchitis, emphysema, and coronary heart disease to the extent they are attributed to smoking, caused 5,900 deaths before age 65, 29,000 cases of illness treated by physicians, and 755,000 patient-days in hospital in 1966. A total of approximately 13,800 deaths were attributed to smoking in that year.¹

It can be concluded that the avoidance of cigarette smoking is by far the most effective way to prevent most cases of lung cancer and chronic bronchitis and emphysema. In the case of coronary heart disease where there are several important contributory factors, the avoidance of cigarette smoking is probably the most practical step to reduce the risk of a heart attack.

With the marked reduction in illness and death from infectious diseases and the survival of more persons into middle age, chronic diseases like heart disease and cancer have become increasingly important. It seems clear that the postponement or prevention of these depends to a great extent on personal habits as well as environmental influences.

The recent British Office on Health Economics publication, "The Age of Maturity", emphasizes that the over 45's have not benefited from medical progress to anything like the same extent as younger age groups. For men especially, dramatic reductions in death from tuberculosis and infectious diseases have been offset by increases in lung cancer and heart disease. The report points out that over-eating, smoking, stress and lack of exercise are key factors in coronary heart disease while smoking also causes lung cancer and bronchitis. The report emphasizes the conclusion that the abandonment of cigarette smoking by young people would eventually bring about a major change in patterns of middle-aged illness.²

In a similar vein, the British Medical Association Planning Unit, in assessing priorities in medicine in 1968, dealt with the costs of various curative procedures:

There are two other matters which the Planning Unit considers highly relevant to the problem of medical priorities. The most conspicuous triumphs of preventive medicine have concerned the control of infectious disease, and in this connexion virology continues to present problems that seem likely to take another couple of decades for their

¹ The Estimated Cost of Certain Identifiable Consequences of Cigarette Smoking Upon Health, Longevity and Property in Canada, 1966, Research and Statistics Memo, Department of National Health and Welfare.

² As reported in *Medical News*, August 22, 1969.