In any mass preventive effort only a small minority can hope to benefit from a particular measure; but the rest, in large numbers, are exposed to many hazards. In the recent trial of clofibrate in primary prevention the benefits from a reduced incidence of myocardial infarction were outweighed by a quite unforeseen excess of deaths from other causes in subjects receiving clofibrate. For any mass preventive measure it is essential to have a reasonable assurance that the risk of adverse effects is extremely small, and this practically rules out mass medication. The main hope rests with mass behavioural change.

PREVALENCE AND IMPORTANCE IN THE ROYAL NAVY

SURG CDR A M HAZELL, MB, MRCP, RN

Between 1860-64 there were 189 deaths from heart disease amongst Naval personnel, whereas, between 1970-74 there were only 57, 50 of these being from ischaemic heart disease.

Ischaemic heart disease accounts for approximately 0.25 per cent of all hospital admissions in the Royal Navy (RN), but the length of inpatient stay for these patients is twice the average. The number of cases is roughly twice that of other types of heart disease, but only half that of hypertension.

Ratings are affected approximately three times more commonly than officers when the figures are standardized for age, and they have about the same death rate as an equivalent civilian population. Officers have only 41 per cent of the death rate of ratings and civilians.

Ischaemic heart disease accounts for approximately 0.25 per cent of morbidity, 1 per cent of invalidings and 10 per cent of deaths in the Royal Navy. However, its importance is considered to be disproportionately great.

The incidence rises with age and affects the more senior and highly trained personnel who are often in the terminal stages of their service career. Few are able to resume completely normal service duties, and their future outside the Royal Navy is unknown.

PREVALENCE AND IMPORTANCE IN THE ARMY

LT COL P J BLACKBURN, MA, MB, MFCM, RAMC

In 1977 in England as a whole ischaemic heart disease (IHD) caused some 145,000 deaths accounting for 27 per cent of all deaths. This percentage has not changed since 1968, and it is relevant to question how this modern epidemic affects the Army, which attempts to select the most healthy for its recruits and thereafter expects a high standard of physical fitness from its members. An earlier investigation had suggested that male Army officers had a better than expected mortality from IHD during a ten year period ending in 1971, by comparison with male mortality in England and Wales. For this reason it was decided to compare observed and expected male mortality rates for the Army as a whole over a five year period, and the findings are shown in Table I.