Smoking in the Services

In 1961 47 per cent of newly joined Army doctors were non-smokers. Today rather more than 75 per cent are non-smokers. Unfortunately the position for soldiers is not as encouraging. In 1959 76 per cent of boy soldiers aged 17 years were regular smokers; by 1966 this figure had fallen to 68 per cent. But in 1975 the prevalence of cigarette smoking in the Army generally was 72 per cent, well above the national average. As an occupational group the Army is not far behind coal miners who lead the field at 79 per cent. Moreover present evidence suggests that among confirmed regular smokers, soldiers are also heavier smokers than average. The Army anti-smoking campaign has not yet met with much success, and there remains very considerable scope for positive action to reduce smoking in the Services.

PHYSICAL FITNESS IN THE PREVENTION OF ISCHAEMIC HEART DISEASE

SURG CDR D M CREAN, MB, D Phys Med, RN

Detailed analysis is needed to see whether exercise has a genuine role in the primary prevention of ischaemic heart disease.

Exercise is now a popular prescription, but the majority of published analyses indicate that the interpretation of the noted changes, for example, in triglyceride and catechol amine levels, in blood are subjective rather than objective. Recent work indicates that continuity of exercise programmes is more important than intermittency and it can be reasonably accepted that the physical benefit achieved will mirror the amount of training put into the programme. Furthermore, having ceased exercise it is noted that the patient returns to pre-morbid levels, with regard to triglycerides etc quite rapidly. Speculation also exists from animal work that improvements in collateral circulation take place following exercise; the evidence that this can be extrapolated to the human heart is scanty.

From these many subjective interpretations of admittedly proven change, I can conclude that much work has to be done yet if the case is to be considered proven that physical fitness has any real role to play in the prevention of ischaemic heart disease.

STRESS IN RELATION TO ISCHAEMIC HEART DISEASE

LT COL P ABRAHAM, FRCPsych, RAMC

It can be shown that both contrived laboratory stress and events in the course of a normal working day will induce tachycardia and hypertension similar to those accompanying moderate exercise. Laboratory evidence obtained from monkeys and mice shows that both experimentally-induced conflicts within an animal, and competition between animals, can induce fixed hypertension. In addition the neuro-endocrine system has been shown to affect lipid metabolism.

However the role of stress in the development of ischaemic heart disease in