Introduction

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Nearly 40 000 British men and women die each year from coronary heart disease before reaching the age of retirement. Mortality rate is increasing, especially in younger men, and this contrasts strongly with the falling death rate from coronary heart disease in the U.S.A. Since pathological changes may be found in the coronary arteries of young soldiers and adolescents, it is clear that the seeds of coronary heart disease can be sown in childhood.

The inborn seeds of hypertension and hyperlipidaemia may be detectable in childhood. The habits of eating, of smoking and of exercise are largely acquired before the child leaves home. These seeds, which may take many years to germinate are the cause of much disease and death in later life.

Should cardiologists, who are so concerned with the late stages of the disease, also consider its inception? Is the responsibility of the paediatrician to see that the child leaves his care not only in good health but as far as possible free from these risk factors? Should nutritionists who take an increasing interest in prescribing diets for patients with coronary heart disease also consider the nourish-

ment of school children and adolescents from the standpoint of its prevention? Have medical and nutritional authorities reached broad agreement on the optimum food needed to help prevent CHD, and is the food industry ready and able to provide them? What is the responsibility of the Government?

These are some of the questions discussed in this Symposium and although uniformity of views on this vital topic has not and cannot yet be reached, it is hoped that further debate will be stimulated. There was one clear conclusion of the conference. If the toll of coronary heart disease is to be reduced, both paediatricians and cardiologists will have to take a much greater interest in measures for its prevention.

Acknowledgments

We are grateful to the following firms for their generous financial support for the Conference: Van den Berghs; H. J. Heinz Company Limited; Marks & Spencer Limited; Kellogg Company of Great Britain Limited; C.P.C. United Kingdom Limited; Unigate (London) Limited; Glaxo Holdings Limited.