IT IS TIME FOR ADULTS to start paying attention to their health. They have set up clinics and programmes of immunization which have practically wiped out many diseases that in former years ravaged their children. They have organized the United Nations to protect the health of the world. They have introduced traffic lights and a hundred other safeguards against accidents. But they give scarcely a thought to their own personal health until it lapses into illness.

To think constructively about our health is not to indulge in hypochondria, that morbid mental condition of solicitude which bores our friends and wrecks our own enjoyment of life. What we need is a bridge between childhood and adulthood.

Why have the diseases of childhood been so thoroughly beaten? Is it not because parents and teachers take positive action to see that preventive measures are administered? The children have no choice in the matter. We give them tender, loving care during their infancy and their school years whether they want it or not.

Then comes a let down. With no one to compel us to use what medical science offers us, we drift through early adulthood careless of our health and asking medical science only to act as a scavenger picking up the pieces of our wrecked constitutions.

Now the time has come to look beyond adolescence to improve the wellness of people who are in and past their twenties.

The Statistical Bulletin of the Metropolitan Life Insurance Company had this to say in mid-1963: “The total mortality is already so low in childhood and early adult life that further decreases in death rates at these ages would add comparatively little to the average length of life in the United States. For example, if all deaths in the first 25 years of life could be prevented, the expectation of life at birth would be increased only three years.”

That is why we need a blitz on illness in the adult age brackets. Many of the 1,391,000 people in Canada who are 65 years of age and over find themselves trapped by illness which might have been staved off had they continued to give their mature bodies the same care as they lavished on the bodies of their children.

If we take care of our maturing bodies we have a potentially good mechanism that will operate smoothly for all the years we live. Instead of building obsolescence into our bodies during our twenties and thirties and forties, we need to live in such a way that we shall enjoy our fifties and sixties and seventies. Let’s cut illness down to size by delaying the deterioration of our bodies and building up resistance.

A philosophical writer published a utopian book called Erewhon in 1872, in which he included a law that if a man falls into ill health or fails bodily in any way before he is 70 years old he is to be tried before a jury, and if convicted he is to be held up to public scorn.

That seems to be rather harsh, but we may not think it altogether inappropriate when we read the words of one of the world’s present leaders in the fight against disease: Dr. Hans Selye. Writing in Maclean’s four years ago he said: “Aging can be regarded as a disease. Like any other disease, it is probably preventable or curable.”

About those tensions

It is in the doctor’s office that our failure to cope effectively with adult living stands out in all its unfortunate complications. The doctor cannot do anything about the pace of the world, but he can tell us what we ourselves can do to hold our own in it.

Through countless thousands of years our bodies developed ruggedly to survive in an earthly jungle. Then suddenly, in a few short centuries, we built a civilization and we have failed to adjust ourselves to this entirely different way of life. Like a farm tractor pounding itself to pieces on a concrete pavement, we are rattling apart on the highway of progress. We keep going; we ignore the roadside parks and the “laybys” where we might turn off and rest for a while to become accustomed to an altered situation before facing the next disturbance.
It is not only our digestive systems that suffer. We also develop circulatory troubles, respiratory troubles, nervous skin troubles, and emotional and mental upsets. Then we multiply these by worry.

What we need is to deny the dignity of disease. Illness is a weakness to be prevented or overcome. Unfortunately, here is a lesson sadly neglected. Some of us look upon our ailments as tidbits to be talked about, not critical things about which something should be done. By gossiping about our illnesses we suffer them twice over.

There is no separateness between the mind and the body. Every mental and emotional impression, talked about or locked up within ourselves, has a physical reaction. Our body tissues furnish the basis upon which thought processes depend; our minds affect our bodies because they are able to focus energy for useful or mischievous purposes.

We need to integrate mind and body so that they work together harmoniously if we are to enjoy high level wellness. We need to use our heads.

**Prevention and treatment**

Diseases of many kinds have been conquered or controlled within the span of a few years: diabetes by insulin, pernicious anaemia by liver extract, goitre by iodized salt, rickets by vitamin D, typhoid fever and similar diseases by modern sanitation, and many of the acute infections by means of antibiotics. Hundreds of sufferers from these diseases are alive today and leading useful lives who would have been lost inexorably only yesterday.

Immunization has been developed for the eradication of many communicable diseases. Diphtheria, smallpox and tetanus are now 100 per cent preventable, and poliomyelitis and whooping-cough are nearly so.

Control in Canada is not yet complete, although we literally and truly have prevention up our sleeves. There are still many Canadians who are not immunized in spite of the overwhelming evidence of the effectiveness of immunization. A few people in every hundred refuse to accept the protection offered them. They “fear the needle” or they can’t be bothered, or they think it beneath their dignity to seek safety. For lack of inoculation, Benjamin Franklin lost a son by smallpox, and ever after regretted his opposition.

Much of the credit for Canada’s good standing in prevention of communicable disease goes to the Health League of Canada, a voluntary organization set up in 1919. It waged a hearty campaign for acceptance of diphtheria inoculation, and here are the results: in 1924 we had 9,507 cases of diphtheria and it took the lives of 1,281 people; in 1959, with double the population, there were no deaths from diphtheria. In the past few years there have been some cases and some deaths, a tragic state of affairs when there is a safe, effective, readily-available preventive measure.

Diabetes is not yet preventable, but the death rate has been appreciably reduced by earlier diagnosis, control of body weight, closer medical supervision, use of insulin, and better adherence to the advice of physicians. It is estimated that there are 250,000 diabetics in Canada, with many others not yet detected. Those who are aware of their disease and treat it with respect have an increasingly favourable outlook, but when the disease goes undetected it is the fore-runner of many injurious conditions in the heart, blood vessels and liver.

**The great killer**

We have an altogether illogical approach to the great killing diseases. Every automobile accident death is printed in the newspapers, and if two or three people are killed that makes it television news also. But no public notice is taken of the 70,000 people killed every year by heart disease. Many of these deaths are just as avoidable as are deaths by automobile.

Heart disease is a group of illnesses of which arteriosclerosis, which is hardening and narrowing of the body’s arteries, is by far the leading type and the most deadly killer.

Protection against development of arteriosclerosis cannot be taken until the situation has been discovered, and this is one of the very good reasons for periodical medical examination. If hardening of the arteries is developing, it can be detected early, and the physician can take it under his experienced management. The greater part of his therapy will be directed toward enabling his patient to live with his condition, to pursue life at a walk instead of a run, to avoid fatiguing situations and to beware of emotional upsets.

Heart disease is not something to be taken for granted, but something we should do something about. That is why the Heart Foundations of Canada were organized: to reduce death and disability in view of the occurrence of the disease in 1,400,000 Canadians, with 350,000 of them seriously disabled, and 72,000 dying in a year.

The heart has enormous powers of recuperation. It can stage a come-back better than most organs in the body. No one need be made despondent by the statement: “You have a heart disease.” In fact, the great Sir William Osler once said that the life of many a man had been saved by a heart attack. What he meant was that the man who had thus been warned of a weak heart might live for many years, providing he took care of his health and confined his activities within the range permitted by his condition.

**Second most deadly**

The second most deadly disease is cancer. This name is a general term for abnormal and destructive growths which attack organs or tissues of the body.
Although the scientific fight against cancer is the greatest single project in medical history, the cause or causes of cancer are not yet known. In recent years it has been possible to speak of the prevention of cancer, directly by the avoidance of over-exposure to sunlight and radiation and to noxious agents such as fumes and tobacco smoke; and indirectly by maintaining one's maximum health by regular physical examination.

The Canadian Cancer Society reports that the present survival rate for all cancer is about fifty per cent, which is an increase of some seven to ten per cent in the past ten years. Part of this increase is the result of improved treatment techniques, says the Society, but the major part is due to an ever-increasing proportion of cases being detected early.

Deaths from cancer in Canada over the past twenty years show an increase in males and a decrease in females. The increase in males, reports the Society, is almost entirely due to lung cancer, which ranks first as a cancer killer.

**T.B. is still with us**

Tuberculosis, which in 1900 led the list of causes of death but was pushed down to seventh or eighth place, is not yet under control in Canada. There are still 6,000 new cases of tuberculosis being diagnosed every year and there were 785 deaths in 1962.

The World Health Organization standard of control is that not more than one child in one hundred of school leaving age reacts to the tuberculin test. With hard work and reasonably good luck Canada can hope to reach this intermediate goal by 1967. Then the Canadian Tuberculosis Association and the ten affiliated provincial associations will rally Canadians for a final effort to push tuberculosis completely off the “causes of death” tabulation.

Another campaign for health seems to be overdue—the effort to have all milk pasteurized. Millions of quarts of raw milk are consumed annually in Canada, and each sip of it can carry the germs of undulant fever, bovine tuberculosis, septic sore throat, scarlet fever, dysentery, and acute diarrhoea of infancy.

The physician-in-chief of the Hospital for Sick Children, Toronto, issued a statement which shows that, between 1914 and 1917, bovine tuberculosis was eliminated in Toronto by the use of pasteurization. “The evidence is incontestable,” he declared, “where careful studies have been made, that from 15 to 20 per cent of bone, gland and abdominal tuberculosis in children is of bovine origin, and that scientific pasteurization absolutely prevents tuberculosis of this nature, and in addition prevents all milk-borne epidemics.”

**Rheumatism**

Rheumatism is the very broad term commonly applied to a group of diseases that are characterized by pain, stiffness of joints, muscles and related structures.

Rheumatism, and arthritis comes under this general head, affects more than a million Canadians, of whom 285,000 are disabled, 63,000 being totally or severely so. These diseases are responsible for nine million days' lost work and more than $75 million in lost wages annually.

To some degree, practically everyone sooner or later makes personal acquaintance with arthritis. But the victim is not in a helpless condition. Every sufferer can be helped in some way, and the chance is good of being able to maintain a normal life with only mild limitations. Early diagnosis and proper treatment will prevent serious disability in about four out of five patients.

An ultimate medical solution of the rheumatic diseases is a matter of scientific probability. The remarkable achievements of scientific medicine in this century create confidence in eventual success. The principal agency in leading this concerted attack upon arthritis and other rheumatic diseases in Canada is the Canadian Arthritis and Rheumatism Society.

An excellent example of co-operative voluntary work in a blitz upon disease is given by the Firefighters of Canada in their campaign to help sufferers from muscular dystrophy. In 1954 they assumed sole responsibility for raising funds for the Muscular Dystrophy Association, and since then they have brought in more than fifty per cent of the campaign receipts.

This money enables the Association to conduct major research projects to solve the problem of this “creeping paralysis” which claims about 20,000 victims in Canada. Two-thirds of these are children between the ages of three and thirteen; few of these will reach adolescence and almost all will die before reaching maturity.

At least one out of every twenty persons over 65 years of age has symptoms of Parkinson’s Disease, a slowly progressive malady characterized by stiffness of muscles, slowness of movement, and tremor.

If the illness is discovered early and treated intensively, the prospects are good that the sufferer will be enabled to continue as a useful, functioning member of society for many years. Public support for a co-ordinated attack is being sought by the Canadian Parkinsonian Foundation.

It is an irony of nature that our teeth, which decay so painfully while we live, stop decaying at our death and outlast all the rest of us. Dental bills run over $100 million yearly in Canada, but this can be reduced materially by following a three-phase programme put forward by the Health League: (1) The addition of one part of fluoride per million parts of water to public water supplies can reduce tooth decay in children by 60 per cent or more; (2) Brushing the teeth within ten to fifteen minutes after eating any
food, beginning at the age of two years, and having a dental check-up every six months; (3) Eating meals rich in proteins, vitamins and minerals, and avoiding candy between meals.

Accountable to nature

There are many ailments which we can, in some measure, avoid by thought and care. Nature holds us accountable for our involuntary as well as our voluntary behaviour. The poison we take by mistake, the germ we pick up through carelessness, the injury we brush off without treatment: these kill just as certainly as the things we do deliberately.

Some illnesses are treated far too casually. Take measles, for example. The sign of measles is a rash on the skin, and that is what most people think of measles as being. But the victim has a similar type of rash throughout his whole bronchial tree, and if not cared for he may develop bronchial pneumonia. In November 1963 it was announced by doctors at Montreal Children's Hospital that a new vaccine is nearly 100 per cent effective in preventing measles.

There are uncommon illnesses about which we seldom hear. Take hemophilia as an instance. This is a miserable affliction, causing excruciating pain, affecting some 2,000 persons in Canada. Mortality a few decades ago was ninety per cent in childhood, but through efforts of the Canadian Hemophilia Society and scientists this has been materially reduced. In addition to helping sufferers to stay alive, the Society is helping them to adjust to society, obtain an education, find suitable work, and establish families. The development of blood banks has been an important feature of the treatment, because the average victim receives 45 transfusions a year. The Canadian Red Cross is making a distinguished contribution in supplying this need.

The chances are that you have never heard of the disease Myasthenia Gravis, a serious muscular disorder which afflicts about 6,000 persons in Canada. It was not until 1961 that the Myasthenia Gravis Foundation of Ontario was organized, but before October 1963 it had found 200 sufferers in eight provinces. The majority of patients with mild, moderate or even serious symptoms can be restored to 80 per cent of normal.

Mental disease is not a great killer, but through its disabling effects it takes up more hospital beds than all other types of illness together. Donald Sinclair, executive director of the Ontario division of the Canadian Mental Health Association, told a community services conference in October 1963: "If Canada had as many physically ill as there are mentally ill the government would declare a national emergency."

What is to be done?

Some progress is being made on every disease front by dedicated research people. More can be done when greater intensity of research is made possible. That is why every association and society is campaigning for funds to support the scientists and extend their work.

But we cannot, in our own interests, sit back waiting for miracle-working drugs. We have to take such measures as are open to us at this moment.

First of all comes care of our general health so as to build up a strong constitution that will be able to cope with particular onslaughts. Next is to avail ourselves of all the immunizations available at present. Then we must learn to pay intelligent attention to the alarm bells of pain, and find out what is wrong. Let the first symptom of any kind of illness bring home to you the warning that some part of your body is being abused. Even a simple headache is nature trying to tell you something. Obey your common sense impulse to take precautions, and give your doctor a chance to apply his knowledge.

This is certain: we cannot take high-level wellness casually out of a bottle. It will come only to those who work at following its precepts. We smile at the ancient Egyptians for their fantastic magical prescriptions, but many of us are equally credulous. We consume great quantities of pills in an effort to deaden pain we should attend to, and to tranquilize us over the rough road of personal problems.

We should take our ailments to the physician and listen intelligently to what he says, and then put into practice in health the resolutions we made when we were ill.

About putting off

We are in danger of putting off until some tomorrow the very thing that will make that tomorrow worth living.

All the hints about preserving general health and detecting diseases in their early stages are useless unless we act on what we learn. We cannot hope to escape all danger, but we can see to it that we put right what goes wrong. Life is a constant process of renewal.

Being half alive isn't good enough, but the second half leading to top level wellness is something that demands more than lip service. We must earn it.

That is why the Health League of Canada gives us a reminder every year through National Health Week, starting this year on March 8th.

Perhaps, in addition to looking more intelligently to our personal health, we might press for a century of science and technology dedicated to mankind along the lines of the highly successful Geophysical Year. It could develop into a really effective worldwide blitz on illness.