

## INTRODUCTION

Chronic diseases account for the overwhelming majority of hospitalizations and deaths in contemporary western society. Although the public and the medical profession have received much gratification from the advances in medical knowledge that have taken place during the past several decades, the startling fact remains that in most areas of chronic disease progress has been distressingly slow, and the path ahead will be difficult. Although extensive efforts have been undertaken and should be continued to deal more effectively with acute complications of chronic disease, it is evident that many such efforts will have but limited return in terms of extension of life or provision of comfort. This is simply because most complications arise after a chronic disease has reached a more-or-less irreversible stage.

It seems likely that prevention of chronic disease will be more useful to society than will be management of complications. However, effective preventive action generally requires precise identification of population at risk, reasonable demonstrations of effectiveness and economy of specific preventive measures, and the provision of systems of medical care that can be responsive to these demonstrations. Certainly no justification for the need for research can be more telling than the fact that in few major areas of chronic disease are there known or operative preventive programs of proven effectiveness.

The purpose in designing the present conference was to sift through the evidence concerning the present status of three major

areas of chronic disease: chronic renal disease, hypertension and chronic respiratory disease. These areas were chosen because they represented areas of national and international concern and because they were areas of specific interest to investigators in the Channing Laboratory, Thorndike Memorial Laboratory and the Harvard Medical Unit of the Boston City Hospital. These areas are representative of the entire problem of chronic disease, but have the additional feature that, in each, enough knowledge has accumulated in recent years to raise the possibility that action can be considered. The resources required to institute large-scale preventive action are great. Therefore, it was one function of this conference to separate emotionally satisfying conclusions from the hard currency of controlled clinical trial and critical analysis of the data, and to indicate major directions for future investigation.

The conference provided an informal setting in which experts in the three fields could meet to discuss critically and freely the state of knowledge in their respective areas of interest. It was necessary to determine in which fields the data warranted extensive and carefully controlled large-scale trials, those in which more critical information was needed before such trials could be undertaken, and those in which the present state of knowledge is so tentative that much more research is needed in the laboratory and in the appropriate population before preventive action can even be contemplated. The conference, therefore, brought together clinical investigators, epidemiologists, workers in public health and representatives of many other related fields. The furthering of effective communication among the representatives of these various fields of interest was one of the important returns from the conference.

In the planning of the conference, helpful advice and encouragement came from many sources. The splendid cooperation of the administration and medical staff of the Boston City Hospital and of the Harvard Medical School is gratefully acknowledged. The sponsors and the chairmen of the sessions made many important suggestions, and particularly helpful advice came from the staff of the Milbank Memorial Fund. Without the continuous counsel, encouragement and occasional prodding of Dr. Donald P. Conwell, co-chairman of the conference, the conference could not possibly

have taken its final form. The devoted efforts of Misses Phyllis Cohen, Emily Donovan, Suzanne Light and Suzanne Whitney were felt at innumerable points in the planning and conduct of the conference and are particularly appreciated. Mr. Harry Tyson and Mr. James Calzetta provided valuable services during the meeting. Misses Anne H. Bartlett and Jane Benedict applied editorial skills to the proceedings of the conference, and this expression of appreciation cannot do justice to their contribution.

In the last analysis, whatever benefits have derived from the conference must be ascribed primarily to the participants, who were willing to take time from their busy and productive lives to share their thinking and capacity for critical analysis. To them we owe a special debt of gratitude.

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