INTERPRETATION OF RESULTS OF QUESTIONNAIRE

The questionnaire focuses upon the history of respiratory and chest illness, lifelong and recent, as recalled by the subject. Every attempt was made by the interviewing physicians to elicit true information, as far as possible without the use of leading questions. Obviously the answers to some of the more objective questions are more reliable than those to the subjective questions. Very little reliance can be placed on the numerical estimates in smoking histories, for example. However, by definition, symptoms are entirely subjective and I believe that much useful and valid information lies in this area. As will be appreciated from the approximate estimates of exposure category, as outlined, the immediate object of this survey is to try to discern gross relationships, if any exist, between exposure and effects on the respiratory system. It is expected that these studies will be followed in the near future by a more detailed investigation in a smaller group. It is proposed to subject half of age group 3 with the lowest exposure and half of the same age group with the highest exposure, to CO diffusion studies in a well equipped Cardiopulmonary Laboratory of a nearby hospital. Subjects will receive a general medical evaluation and any further additional studies which may be indicated by clinical findings.

THE RESULTS

It may be stated in general that so far in this survey, no clear relationships have emerged between degree of exposure as herein defined, and any of the disease parameters studied. Advancing age alone does appear to be related to chest illness, or symptoms, and impairment of ventilatory capacity, which is, of course, entirely anticipated. These statements are perhaps best illustrated by showing several tables of the distribution of symptoms of respiratory illness among the 9 age/exposure groups. In all cases the figures shown are percentages rather than absolute numbers, in view of the inequality of the populations in the cells. Table 2 shows the distribution pattern of significant cough. If you follow the percentage figures from left to right you will see a fairly consistent progression with advancing age. However, if you follow them vertically there is little evidence of progression with increasing exposure, except in the 30-49 year column. This may be offset by columns 1 and 3.

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