

*Public Education:*

The Vitamin E Society holds public meetings at which it discusses the vitamin E treatment of cardiovascular disease. It has been pointed out to the public at such meetings that this is of more concern to Canada now than the atom bomb because heart disease is actually, not just potentially, the greatest killer. It is of enormous interest to the public generally. It is of enormous interest to the gentlemen of this committee because it is safe to predict that in the ordinary way about 60 per cent of the members of this committee will die from cardiovascular disease. And doctors are so powerless to do anything about this. The best way in which I can emphasize that, perhaps, is to read in your hearing this editorial from the *Texas Medical Association Journal*, published last year, in which the President, Dr. George Parsons, of the Texas Heart Association tells what medical men cannot do in the management of heart disease. Such an admission is a dreadful thing in 1951. The article reads.

*The Challenge of Cardiovascular Disease:*

More than 637,000 deaths annually in the United States from cardiovascular disease account for about 44 per cent of all deaths. Approximately 9,000,000 Americans have heart disease; of these 500,000 are elementary and high school children. An estimated 152,100,000 work days are lost each year because of diseases of the heart and blood vessels. This is the challenge of cardiovascular disease.

Equally as challenging is the individual patient. When a physician makes a diagnosis of organic heart disease, he realizes that in the care of the patient he has begun a losing fight. In the earliest stages he offers general advice; 'avoid strenuous activities; live sensibly, watch your weight, don't worry, the heart is a wonderful organ.' Before too long symptoms develop and the doctor braces the patient with digitalis or other drugs, restriction of usual activities, some rest and more encouragement. Again, before long, more urgent symptoms force a retreat. Bed-rest, low sodium diet, diuretics, and other well known measures are brought to the front and the line is stabilized. But not for long. All too soon increasing pressure bends the line and retreat begins again. Now, there are left no more reserves—no more in the heart and no more in the hands of the one trying to help the heart. Then only surrender remains. Not infrequently the enemy strikes suddenly with overwhelming power, and surrender occurs before the doctor can mobilize his forces.

This is not to minimize our present efforts. Our forces are better trained and more efficient than they ever have been, and we are able to hold the line longer than ever before. But present day efforts are not enough. Much more education and research will be needed before the course of cardiovascular disease can be reversed or its development prevented. The control of heart disease is a great challenge to every physician and layman.

If the public faced with this situation may not hear about heart disease through the Vitamin E Society, where can it learn? Through what it can learn from the Metropolitan Insurance Company broadcasts in the morning or in the current telecasts from the American Medical Association meeting at Denver being sent all over North America and sponsored by a pharmaceutical house located in Philadelphia and Montreal? Do you think there will be any discussion of heart disease or obesity or diabetes or arteriosclerosis at that session? Can a man learn about heart disease and vitamin E through his doctor, who may not know about vitamin E or may decry its use or may refuse to use it? Has that individual with heart disease no rights? Shall a man die because his doctor