

discuss our mutual problems with Mr. Whelan and open new lines of communications," he said. "Through greater co-operation and consultation, I am convinced we can discover mutually beneficial solutions."

Agriculture Minister Whelan agreed. "As farmers and as government officials, we can recognize unlimited opportunities for producers on both sides of the border as we continue to work closely together," he said.

"I am extremely pleased with the progress we've made today," he continued. "I am firmly convinced that it is only through continued co-operation and dialogue that Canada and the U.S.A. will be able to realize their agricultural potential. I look forward to working closely with Mr. Bergland and his Department."

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anxiously about the future; (b) a tendency to use rationalization to avoid emotional ties; (c) a need for active denigration of others; (d) frequent tension at work related to the above traits and also to perfectionism and a need for mastery of time; and (e) occasional depressive episodes when ego defence mechanisms fail. Dr. Dongier points out that some of these traits are common in the general population as well, so they must be of above-average intensity to mean a person is prone to CHD.

Another important fact that must be kept in mind is that the psyche by itself is never the cause of coronary illness; it merely plays a role along with a number of other precipitating factors.

Dr. Dongier found, in addition, that different types of CHD are often associated with different character traits within the above description. Patients suffering from angina pectoris (chest pain) with little or no observable damage to the heart tissue were more prone to anxiety, hypochondria and lack of emotional control. (However, angina pectoris is not a symptom of anxiety — many people suffer from anxiety without ever having angina pectoris and *vice versa*.) Patients who have myocardial infarction (heart attacks) with little or no pain are those more apt to repress anxiety and emotion, to be hard on themselves and others, and to have an authoritarian personality and a strong urge to compete.

Dongier further subdivides CHD patients into six categories: those with angina pectoris but with no detectable damage to the coronary artery; those with angina pectoris accompanied by damage to the coronary artery; those with angina pectoris preceding myocardial infarction; those with myocardial infarction preceding angina pectoris; those with myocardial infarction which is clinically detectable but without angina pectoris; those who have had "silent infarct" — a heart attack with absolutely no pain, that is not even detected until the damage to the heart is revealed by a routine examination. (This may sound unusual, but it happens quite often.)

It is important that these gradations not be seen as a progression of symptoms in one patient, but as categories into which patients may be loosely divided.

The reason for proposing such gradations, says Dr. Dongier, is to facilitate patient management. Since the different types of CHD patients exhibit different personality traits and symptoms, their treatment will vary, as will the factors likely to precipitate further illness.

Depression cause

For instance, to the typical patient prone to myocardial infarction preceding, or in the absence of, pain — the rigid personality, obsessed with dead-

lines — depression may contribute to further attacks and should be avoided. Dr. Dongier explains, "It has been shown that the highest proportion of heart attacks in these patients occurred in widowers during the six months following bereavement. It's two to three times higher after the death of a spouse. Of course, you can't prevent that. But you can prevent other causes of depression."

Accordingly, therapists working with such patients will be on the lookout for dangerous trends in the patient's job, family or lifestyle which could bring on bouts of depression.

Analogously, other types of psychotherapy, including relaxation techniques or yoga, may be in order for patients towards the other end of the scale, who are prone to anxiety and lack of emotional control.

Tranquilizer warning

For all CHD patients, Dr. Dongier cautions against the over-use of tranquilizers. These can prevent the function of anxiety as a useful signal, contribute to an increase in the pain threshold and reduce the occurrence of angina pectoris without decreasing the risk of the much more dangerous myocardial infarction. He believes that, if his sub-categories of CHD are kept in mind, they may make psychological evaluations of patients more useful in the prediction — and thus prevention — of further coronary illness.

Winnipeg has lowest food costs west of Ottawa

A "nutritious diet" costs less each week in Winnipeg, Manitoba, than in any city west of the Ottawa-Hull region, according to the latest report of the Anti-Inflation Board.

As well, it rose to fifth spot from seventh between April 1976 and April 1977, the same 12-city report shows.

The AIB report, using the example of a four-person family, states that the average weekly cost of a nutritious diet in Winnipeg in April was \$47.02, compared to that of Quebec City, the lowest at \$45.13, and St. John's, Newfoundland, the highest of the 12 cities, at \$52.10.

The three other cities lower than Winnipeg, based on the April 15, 1977, survey, are Montreal (\$46.29), Halifax, Nova Scotia (\$46.31) and Ottawa-Hull (\$46.92).

Cities higher than fifth-place Winnipeg are Toronto (\$47.09), Charlottetown, (\$48.55), Edmonton, Alberta (\$48.66); Regina, Saskatchewan (\$49.31); Saint John, New Brunswick (\$49.65), Vancouver (\$50.35) and St. John's.

Weighted average for the 12 cities was \$47.32, up almost \$5 from that of the previous April; the Winnipeg average only increased by \$3.42. Two communities excluded from the weighted average, because of special costs, were Yellowknife, Northwest Territories (\$63.46); and Whitehorse, Yukon Territory (\$60.74).

In April 1976, both Toronto and Regina ranked ahead of Winnipeg. In the past year Regina showed the largest jump of any city (from \$42.80 in 1976 to \$49.31).