

Lieut.-Gen. C. Foulkes, C.B., C.B.E., D.S.O., Chief of the General Staff (Army), in his capacity of Chairman of the Chiefs of Staff Committee, addressed the meeting at the Friday afternoon session giving a general picture of the present state of organization of Canada's defence and the planning for the future. These are under constant review in the light of international developments and envisage the possibility of an accidental war. Civil defence in the event of attack by presently considered feasible weapons is presently being planned on a nation-wide basis.

At the Annual Dinner, Friday evening, Dr. O. M. Solandt, O.B.E., Chairman of the Defence Research Board, in an excellent address as guest speaker, gave a very comprehensive exposé of the important rôle played by medical research in the complex organization of the defence against modern warfare. These researches are very widespread and cover the field of psychology and public health as well as that of diagnosis and treatment of diseases and injury.

The recruit must be properly assessed as to his physical and mental capabilities and possibilities to avoid training wastage and to ensure efficiency when trained. Throughout his service he should be considered as a human being and research should be directed towards his welfare. The weapons and machines he uses should fit him, his clothing whether in the tropics or in the Arctic, on the ground, under water or at high altitude, should be comfortable, his nutrition must be adequate, his defensive equipment must not hamper the execution of his task.

Medical research for defence also includes the study of training methods, accommodation problems, adaption to strange climate and environments. The field is very wide indeed.

Much has been done already and more is being done in this country and there is constant interchange of pertinent information with the British and American scientists.

There were 26 resolutions submitted and discussed. It was resolved to recommend to the Government that a nationally representative medical body be formed immediately to compile the present medical manpower resources and plan their assignment to the civilian population and industry as well as to the armed forces in the event of a national emergency to ensure proportionate distribution and prevent any wastage.

The following officers were elected for 1949: *Honorary President*—Brig. A. E. McCusker, C.B.E., M.C., E.D., Regina; *Honorary First Vice-President*—Colonel P. J. Goldsmith, C.B.E., Toronto; *Honorary Second Vice-President*—Colonel F. S. Patch, D.S.O., Montreal; *President*—Brig. H. M. Elder, C.B.E., Montreal; *First Vice-President*—Surg. Capt. D. R. Webster, O.B.E., Montreal; *Second Vice-President*—Group Captain A. D. Kelly, Toronto; *Third Vice-President*—Lieut.-Col. E. F. Ross, Halifax; *Honorary Secretary-Treasurer*—Colonel J. Paul Laplante, O.B.E., Ste. Anne de Bellevue, Que.

Executive: *Chairman*—Colonel H. G. Young, D.S.O., M.C., Moose Jaw, Sask.; *Members*—Wing Comdr. D. R. Easton, Edmonton, Colonel C. Gossage, O.B.E., Toronto, Surg. Cmdr. W. MacKenzie, Edmonton, Lieut.-Col. J. A. Melanson, Fredericton, Brig. G. A. Sinclair, C.B.E., Toronto.

It was brought out that defence forces, nuclear in peacetime, would require rapid expansion. The reserve forces aim at preparing material for such expansion. All ex-service medical officers should contribute their experience and support to the reserve force in some capacity. The D.M.A. lends support to the reserve force and contributes towards efficient medical services by bringing the proper authorities constructive ideas from the members. Membership in the Defence Medical Association is an important avenue towards good medical services. All ex-service and presently serving medical officers are earnestly urged to become members of their respective Provincial branch.

CORRESPONDENCE

Vitamin E

To the Editor:

We were pleased to notice in the September issue of the *Journal*, the paper by Burgess and Pritchard describing the successful treatment of ulcers of the leg with Vitamin E.

The authors use in their article the terms "vitamin E complex" and "mixed tocopherols", both of which we would like to see deleted, at least from clinical literature. Indeed we have called the attention of the Federal Ministry of Health to the confusion that is widespread in the profession caused by such labels as "mixed tocopherols" on commercial Vitamin E preparations. We have contended from the first that such labels should speak only in terms of alpha tocopherol values as determined by rat bio-assay. Until some such standard is accepted generally physicians everywhere will remain dismayed by an unfortunate nomenclature.

There are two further points of importance we could mention. Quicker and better results in the management of leg ulcers are achieved with doses of 200 to 400 mgm. of alpha tocopherol per day taken orally. Even such results may be improved in many instances by the concomitant use of the same substance in ointment form. In this latter case there are, occasionally, unpleasant but mild local erythematous skin reactions which disappear quickly when the ointment is discontinued.

This paper is, of course, just one more in the series^{1 to 10} that has appeared to confirm our extensive and much earlier work upon the value of alpha tocopherol in cardiac and vascular conditions since our original announcement before the St. Thomas and East Elgin Medical Society in May, 1945. Indeed, in our paper read at Kansas City in April, 1947 we mentioned eight such cases as those described by Drs. Burgess and Pritchard in the paper published by you. We note with interest that the first case in their series began treatment in June, 1947 — some two months after that announcement. The first actual reference to the influence of E on the vascular system, of course, is ours of 1942.

We were amazed, therefore, to notice no reference in the Burgess-Pritchard article to our pioneer work in the field, particularly since we know that Dr. Burgess has been aware of it through our mutual contacts with Hickman, Harris and Mason, to whose writings he made reference, had seen the article in *Surgery, Gynaecology and Obstetrics* that appeared 8 months ago, long before he corrected proof on your article, an article which showed coloured photographs of our results in leg ulcers. He was, indeed, Chairman of the meeting in Montreal on May 15, last, at which we showed numerous colour slides illustrating what we had achieved in this field. This looks like another area of the net of silence that has been cast over us.

We must protest, therefore, against the omission in this paper of courteous reference to our work. In honesty your *Journal* should make acknowledgment of our priority. And we protest the more vigorously since your *Journal* had previously refused to publish reports either on our studies on Heart Disease or Diabetes, the first within six hours after you first saw it! Surely it is futile for anyone to attempt any longer to ignore or suppress discoveries of this magnitude, and it is stating the obvious to say that no one today can write on the clinical use of Vitamin E without mentioning our work which dates back to 1933.

Official Canadian medicine is making itself ridiculous in the eyes of the world by its ostrich reaction to our discoveries. Already the public is beginning to feel a lively distrust of the reaction of medical men to them. This must rapidly increase as things now stand, for the use of Vitamin E is snowballing. Could there be any more potent factor in upsetting the whole

structure of medical practice in this country, which is based on public confidence, than to have the appalling record of the effort to suppress all mention of our work and to blackball us become generally known? For example why should the public not hear that discoveries incomparably more significant to the general weal than Banting's, have been unable to get a hearing before any medical group or society in Canada at any time in the last 2 years, and still cannot? Or that a reputable pharmaceutical house selling vitamin E is unable to buy advertising space in your *Journal*—although some curious products are described there? And so on *ad nauseam*. How long, in the effort to maintain the dignity and honourable reputation of the Profession, are we to submit to such treatment? If we were mistaken would it not be the easiest thing in the world to put us up before a medical audience, listen to our feeble efforts, then tear us to pieces? But surely it is obvious that we are not wrong and that no one can now take our work apart.

After all, the senior member of this group served an internship 20 years ago in the Montreal General Hospital at the same time as your brother, and married a Montreal General nurse well known to you. How dare any of you there lend support to any intrigue against us? How can our personal or professional integrity be challenged?

And we are not paranoids. What has happened to us is not coincidence, for coincidence applies to the rarity, not the rule. We have not forgotten that previous to our work on Heart Disease the senior of us had twice been asked to address the Canadian Medical Association, twice the Ontario Medical Association, and very many county societies. He was one of the few Canadian practitioners ever asked to present his work to an English Medical Meeting.

So much has been done by our critics on the assumptions that we were totally wrong and that we would run. We were not wrong and we will not run. These same critics would have been a great deal wiser and more discreet to have left themselves some way out. Now it is almost too late for them to recant, unfortunately for the reputation of many cardiologists and the Profession as a whole.

We have become a sort of test case of the rights of the "little man" in medicine even when such men have at least as stout equipment as the "giants" and are as unimpressed by the latter as were Caleb and Joshua. Can only the "right people" or university group make major discoveries and publish them? What scientific rights have private practitioners in Canada? What are the rights of the Canadian people?

The crux of all this is that the conscience of our Nation's medicine is at issue here. This is not condemnation without trial, but something much less defensible, what seems like boycott after acquittal by the governing body of medicine in Ontario. You will remember that it called us before Council on the most absurd series of charges as long ago as November, 1946, and had *not a word* to say to us after we had finished presenting the story of our discovery and how we had handled it. Unhappily, the representative of the College was a good deal less reticent with the Press and Radio and in the columns of the Annual Bulletin.

Another comment that comes to mind, of course, is that you objected to our Heart paper as being "not sufficiently authenticated", at least when speaking to the Press. What other adjectives would you apply to the paper by Burgess and Pritchard — or to 90 per cent or more of those you publish? Please bear in mind, sir, that you are responsible not only to contemporary Canadian Medicine, but that you stand at the bar of medical history. Would it not be unpleasant to find your company there was that Wakley, the younger, of *The Lancet* who opposed Lister so long?

As this letter has probably made clear, we are completely aware of the tightly woven blanket of silence thrown over our studies. But please believe that not all the cardiologists or medical editors in Christendom can suppress them. We would be recreant in our duty to Canada and to mankind if we permitted such injustice to triumph. Our penicillin will not wait 14 years for medical acceptance while thousands die, nor our B.C.G. wait over 40 years for its trial on over 7,000,000 persons! You will pardon us, therefore, if we pursue the only course left open to us by the Canadian profession, bearing in mind that its ethical standard is understood to be based on the Golden Rule and the wish to withhold neither help nor healing from patients.

This is the atom bomb of modern medicine. If it is difficult to handle it is still more difficult to stand in its way. We wonder this has not already become apparent.

You may recall an old bit of Aristophanes: "Let not a lion enter the city, but if he enter, see thou bend thee to his ways".

Yours Indignantly,

A. VOGELSANG
W. E. SHUTE
E. V. SHUTE

REFERENCES

1. PIN, L.: Contribution a l'Etude des Propriétés Physiologiques et thérapeutiques de la Vitamine E. M. Lavergne, Paris, France, 1947.
2. AGADJANIAN, N.: *J. de Med. de Paris*, 68: 29, 1948.
3. GATZ, A. J. AND HOUCHEIN, O. B.: *Anat. Rec.*, 97: 337, 1947.
4. BUTTURINI, U.: *Gio. di Clin. Med.*, 27: 400, 1946.
5. MARTIN, G. V. AND FAUST, F. B.: *J. Exp. Med. Surg.*, 5: 505, 1947.
6. GULLICKSON, T. W. AND CALVERLEY, C. E.: *Science*, June 28, 1946.
7. LAMBERT, S. H.: *Veterinary Record*, July 19, 1947.
8. MOLOTHICK, M. B.: *Med. Rec.*, 106: 667, 1947.
9. GOVIER, W. M., GANZ, N. AND GRELLA, M. E.: *J. Pharmacol. & Exp. Therap.*, 88: 373, 1946.
10. SPAULDING, M. E. AND GRAHAM, W. O.: *J. Biol. Chem.*, 170: 711, 1947.

[We have not published Dr. Shute's work because it was felt that his conclusions were not supported by the evidence adduced. Nothing has happened to change this point of view, unless it be to confirm it: witness the statement at a recent section meeting of the American Medical Association¹ that vitamin E had been found to be valueless in the treatment of cardiac disease and that the original claim that it is of benefit can be attributed to ceremonial therapy. Reports are also available^{2 to 5} which reach the conclusion that vitamin E has no effective place in the treatment of cardiac disease.

So far as the use of vitamin E in the treatment of diabetes is concerned, it is tragic that the boon of insulin should be interfered with by the attempted introduction of a method for which there exists little clinical justification or experimental support. Insulin beautifully and convincingly demonstrates the value that lies in the co-ordination of sound experimental research and thorough clinical trial. No such conviction attends these particular claims for vitamin E. Our great concern is lest patients may abandon the established treatment—diet and insulin—and embrace the unknown. Serious difficulties of this kind have already arisen.—EDITOR.]

REFERENCES

1. Discussion, *J. Am. M. Ass.*, 136: 1031, 1948.
2. MAKINSON, D. H., OLESKY, S. AND STONE, R. V.: *The Lancet*, 1: 89, 1948.
3. GRAM, N. J. AND SCHMIDT, V.: *Nordisk Medicin, Göteborg*, 37: 51, 1948.
4. BAER, S., HEINE, W. I. AND GELFORD, D. B.: *Am. J. Med. Sc.*, 215: 542, 1948.
5. LEVY, H. AND BOAS, E. P.: *Ann. Int. Med.*, 28: 1117, 1948.