THE FIGHT OVER VITAMIN E

Dr. Evan Shute, left, and Dr. Wilfrid Shute leaving Victoria Hospital, London, Ont.

These two doctors claim that a vegetable extract called Vitamin E helps many heart cases and in seven years they've treated ten thousand patients. But the official medical view is that the substance has not been proved of value in treating heart disease. A layman examines the bitter controversy behind this stalemate

Reprinted from Maclean's Magazine, June 15, 1953

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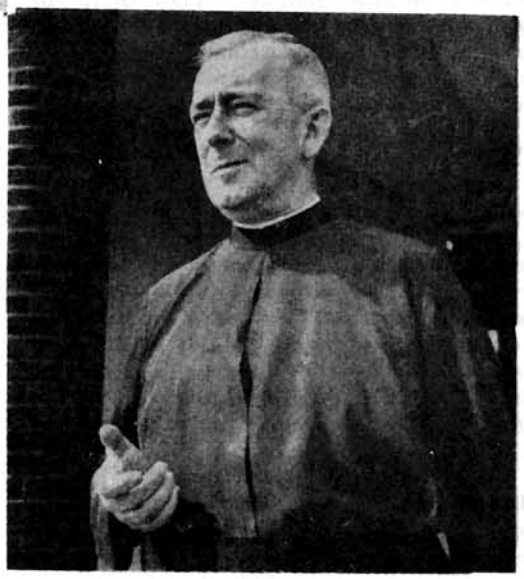
Although many heart doctors say it's useless, these people are convinced that Vitamin E helped them

Mrs. R. J. Shute, 78, mother of the two "Vitamin E doctors": "My heart was so bad I couldn't walk across a room. I was gardening four weeks after I started taking Vitamin E.

Harold Magnan, engineer: "An attack of heart trouble made me go straight to bed after work each day. I could feel improvement after three months on Vitamin E. Now I golf."

Peter Bauslaugh's mother: "At fifteen months Peter, a 'blue baby,' couldn't play without fainting. Vitamin E cured that and built him up for an operation. Now he is quite an average normal schoolboy."

Mary Salmond: "Coronary thrombosis put me on my back for four months and I was told never to work again. After Vitamin E treatment I've been back at my job in a Toronto carpet plant for five years."



Father C. A. MacKinnon: "Phlebitis in my legs made me a bed case. The Shutes treated me with Vitamin E and now I find that I can put in an average priest's day comfortably."

BY ERIC HUTTON

PHOTOS BY KEN BELL

FOR THREE YEARS now a Huntsville, Ont., lumber wholesaler named Patrick McIlroy has been keeping a grim box score. In that time thirty-three of his friends—local residents and summer home owners in that Muskoka resort area—have suffered heart attacks. Twenty of them have recovered, thirteen have died. "The twenty who are alive," McIlroy told me, "were treated with Vitamin E. The thirteen who are dead were not treated with Vitamin E."

McIlroy takes more than the average layman's interest in the fate of his friends because he credits Vitamin E with saving his own life, and he has become an enthusiastic missionary for Vitamin E. "I was as near death as a man can be," he said. "My doctor said there was nothing more he could do for me. I had about twenty-four hours to live when Dr. Wilfrid Shute, vacationing nearby, was called. That was three years ago. Today I'm not only alive, but pretty spry for a man of sixty-four."

By believing that Vitamin E saved his life, and by saying so to others, McIlroy has taken sides in one of the most violent and baffling controversies in the history of Canadian medicine. The basic battle lines of the controversy are well defined:

On the one hand, Dr. Evan Shute and Dr. Wilfrid Shute of the Shute Institute for Clinical and Laboratory Medicine, London, Ont., claim that Vitamin E administered according to their procedures is an effective treatment for diseases of the heart and blood vessels. They claim that in the last seven years they have treated ten thousand persons with "excellent" to "satisfactory" results in more than three out of four cases. They say they have collected one hundred and twenty-eight papers published in medical and scientific journals in the United States, Britain, Italy and other countries describing clinical and laboratory tests of Vitamin E which partly or wholly support their findings. The Shutes claim that they offer the full documentation of their methods, experiences and case histories to any doctor or medical group as well as offering for examination and interview all their patients who agree to be examined and questioned.

Many other Canadian doctors, eminently qualified and eminently reputable, either discount the Shutes' claims for Vitamin E entirely or maintain that the claims have not yet been scientifically proved.

Seven months after the Shutes started to use Vitamin E on their heart patients, they were summoned before the Council of the College of Physicians and Surgeons of Ontario, the governing body of all physicians practicing in Ontario. The Shutes submitted briefs, case histories and a diary of their experiences with Vitamin E. These documents the council turned over to a committee of six medical professors, two each from the Universities of Western Ontario, Toronto and Queen's. On the same day the committee made its report:

"On evidence submitted the committee is convinced that Vitamin E has no place in the treatment of cardiovascular (heart and blood vessel) disease."

Two years later a test was conducted at Toronto

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General Hospital. Of fifty consecutive patients admitted with various conditions resulting in heart failure, half were given a daily dosage of three hundred international units of Vitamin E. The other half were given capsules similar in appearance but containing no active ingredient. When the test had proceeded for seven months a report was issued stating that there was no significant difference in the death rate (five in one group, six in the other), or process of recovery between the group treated with Vitamin E and the group not so treated.

The Shutes regard the report of the professors to the College of Physicians and Surgeons of Ontario, and the Toronto General Hospital report, as the reasons why the majority of Canadian doctors do not prescribe Vitamin E, why Vitamin E therapy is not taught in Canadian medical schools, and why little research is being done on the effects of Vitamin E in this country. They deny the validity of both reports but meanwhile they claim to be treating more cardiovascular patients every year, with "living proof" of success in more than three out of four cases.

Dr. W. F. Greenwood, who conducted the hospital test, recently stated that he had followed up the patients involved in the test for several months after the report was made public and had "found no reason to modify the original findings."

Perhaps the strangest fact about the Vitamin E controversy is that seven years after it started it remains current and hot. As this is written, two groups of English doctors are politely calling each other names in the austere columns of The Lancet, the widely known British medical journal, over the question of whether Vitamin E is good for intermittent claudication.

This disease belongs in the vascular branch of cardiovascular diseases. It results in severe crippling pain and weakness in the legs, caused by arteriosclerosis or by spasm of the blood vessels, due to an inadequate supply of blood to the muscles. Dr. A. M. Boyd, professor of surgery of Manchester University, checking a claim made by the Shutes that Vitamin E helped intermittent claudication, formed a team with three medical associates, Dr. R. P. Jepson, Dr. A. H. Ratcliffe and Dr. G. W. H. James, to put Vitamin E to the test. They published in the Journal of Bone and Joint Surgery their finding that Vitamin E "is the only substance that has given consistently good results . . . of seventy-two patients, twenty-seven were completely relieved and thirty-two were markedly improved."

Next, Dr. M. Hamilton of St. Mary's Hospital, London, Dr. G. M. Wilson of the University of Sheffield, and two members of the statistical unit of the Medical Research Council, divided forty-one patients with intermittent claudication into treatment and control groups. One group was given "blank" capsules containing peanut oil, the other got Vitamin E in similar capsules. This medical team reported in The Lancet:

"No appreciable difference was found between the response of the two groups. It is concluded that Vitamin E is of no value in the treatment of intermittent claudication."

Since then both groups have written to The Lancet, Professor Boyd and Co. (a) defending Vitamin E's efficacy and (b) attacking Dr. Hamilton's "negative methods"; Dr. Hamilton and his associates (a) attacking Vitamin E and (b) defending their clinical methods.

On the layman's level, however, it is difficult for a man like Cyril Ford, of 83 Laws Street, Toronto, to agree that "Vitamin E is of no value in the treatment of intermittent claudication." Ford is a postman, a strapping six feet three inches tall and weighing more than two hundred pounds. Last Christmas was anything but a festive season for Ford; at the time when his bag was heaviest, his legs gave out from intermittent claudication. He was in imminent danger of having to quit his job, since he could scarcely hobble three blocks.

"It was torture," Ford told me. "I was like a man with one leg three inches shorter than the other. In fact, I was completely crippled."

Mrs. Ford, a former nurse, heard from her sister, a Windsor, Ont., nurse, of cases of intermittent claudication she had seen relieved by Vitamin E. Ford visited the Shutes and was put on Vitamin E, he told me. "Two weeks later the pain was gone," he added. I spoke to Ford on April 17, a few minutes after his return from an early vacation. "Day before yesterday," he told me, "I climbed seven miles up and down through Mammoth Cave, Kentucky—without so much as a twinge of pain."

Again from the layman's viewpoint, it might seem a fairly simple matter to determine, once and for all, whether a specific substance checks certain diseases. But hundreds of laboratory and clinical experiments still leave Vitamin E a controversial subject. Recently Distillation Products Industries, manufacturers of basic vitamin materials and a division of Eastman Kodak Co., of Rochester, N.Y., issued a compilation of all known Vitamin E research throughout the world during 1950 and 1951—some six hundred medical, chemical, pharmacological and veterinary findings. There were forty-five reports on cardiovascular diseases by researchers other than the Shutes, thirty-eight of them wholly or partly favorable to Vitamin E, seven of them derogatory.

It was typical of these reports that while Dr. V. R. O'Connor felt called upon to report in Medical World "twenty-five case histories, illustrative of many others, showing the invariable and sometimes dramatic beneficial effects of Vitamin E treatment of various types of heart disease," Dr. S. H. Rinzler and his associates, after testing nineteen pairs of patients with chest pains from heart disease, found that "the results fail to indicate benefits of Vitamin E."

There the baffled layman might well let the matter lie as just another case of "the doctors disagree"—if the dispute were over some rare or obscure disease. But it happens that the diseases which the Shutes claim to combat, by methods they say any general practitioner could master in a very short time, are the diseases which today kill more people than any other single cause of death. This year forty thousand Canadians will die of cardiovascular diseases. In the past fifteen years cardiovascular diseases have killed, on the average, a thousand more Canadians each year than during the previous year.

Getting By on Less Oxygen

Vitamin E, the subject of this life-or-death controversy, is a highly concentrated vegetable product made by distillation from wheat germ, soy beans, margarine byproducts and other vegetable sources. One carload of raw material is converted into two and one fifth pounds of Vitamin E.

It has one noncontroversial use: It is a fertility

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agent—in fact, it was first known as the fertility vitamin. It is also used by a number of obstetricians against pre-natal complications.

The Shutes' theory about Vitamin E is this: It is not specifically a heart medication; that is, Vitamin E has no affinity for the heart as insulin has for the pancreas or iodine for the thyroid gland. The chief effect of Vitamin E is to reduce the amount of oxygen which the cells and tissues of the body and its organs require for efficient, healthy functioning. Heart diseases happen to be the most dramatic example of the result of oxygen deprivation, and Vitamin E's effect, simply stated, is to condition the tissues involved so that they are able to function normally, or at any rate to survive, on the greatly reduced amount of oxygen available to them when a coronary clot cuts down the oxygen-bearing blood supply reaching them.

Even more simply stated, it is as though a man suddenly found himself able to obtain only one meal a month. Normally, he would quickly die of starvation. But if he could find a pill which reduced his body's need for food to one meal a month, then his extremely limited food supply would not cause disaster.

In keeping with their theory that Vitamin E enables body cells to survive and function on a reduced oxygen supply, the Shutes and other investigators claim it is effective in a wide variety of other conditions: burns, wounds, radiation damage, gangrene, ulceration, phlebitis, Buerger's disease (which afflicted King George VI before his fatal illness), diabetes and its complications, nephritis, eye diseases, psychoses, dementias, post-surgical shock, plastic surgery and post-poliomyelitis. Many other doctors—some of whom have spent a lifetime in heart research—are extremely doubtful that any single substance has such wide "cure-all" values.

In the nonmedical field, Lloyd Percival, well-known Canadian athletic coach, investigator of physical performance factors and lay expert on nutrition, has carried out extensive tests of Vitamin E with results he describes as "quite amazing."

In spite of official medical disapproval, use of Vitamin E in Canada represents a million-dollar business. Allan A. Webber, the president of Webber Pharmaceuticals Ltd., Toronto, told me that last year's sales of all brands of Vitamin E capsules were estimated at one million two hundred thousand dollars. This represents three million to five million doses of the size usually given daily by the Shutes to patients under full treatment for cardiovascular diseases. Before 1946, when the Shutes announced successful treatment of heart cases with Vitamin E, the vitamin was not readily available, Webber said, and sales were negligible. In the past five years sales of Vitamin E capsules have increased an average of fifteen percent each year. There was no way of determining, he added, how much of the vitamin was bought for heart medication.

Since the Shutes had said that they knew of only one doctor in Toronto who publicly approved of Vitamin E therapy, I told Webber that his sales figures sounded as though wholesale self-dosing was being carried out by the public.

"That's not so," he answered. "The doctors may not speak out about Vitamin E, but we know that in Toronto twenty-eight percent of the doctors in general practice approve of it and prescribe it." He showed me a survey of eight hundred Toronto doctors, made for the company's own information, in which two hundred and twenty-eight made comments on Vitamin E ranging from "spectacular" to "it seems to give some heart patients a lift." A few years ago, Webber added, some of the doctors who now spoke favorably of Vitamin E to the man who made the survey "had thrown him out of their offices when he mentioned Vitamin E."

I also examined a file of fifteen hundred orders from doctors in all parts of Canada for Vitamin E in quantities ranging from three hundred to six thousand capsules. But most doctors do not buy their supplies direct from the manufacturer, Webber said. They order from drug wholesalers or surgical supply houses.

There is evidence that a substantial number of Canadian doctors have not accepted the verdict issued by the committee of medical professors appointed by the College of Physicians and Surgeons of Ontario—the only verdict from an official medical body in this country—that "Vitamin E has no place in the treatment of cardiovascular disease."

But there is also evidence that the verdict, whether right or wrong, has had the effect of driving Vitamin E "underground." I spoke to some doctors on the survey list who were willing to confirm their success with Vitamin E—but only on a promise that their names would not be used.

I spoke to an eminent physicist, a man largely responsible for a major Canadian contribution to the secret armament of World War II. He had personally found in Vitamin E such a source of physical and mental endurance and efficiency that he had expressed the opinion that in a close war Vitamin E supplied to key personnel might actually make the difference between victory and defeat. I asked him if he would tell his story. He thought the matter over and then replied:

"No. I would like to, because it is truly remarkable. But somehow the medical profession has managed to give the impression that anyone who believes in Vitamin E is . . . well, slightly in the screwball class. I just don't feel that I should expose myself to the inevitable comments if I speak openly."

A London manufacturer told me that after long treatment for coronary thrombosis by his own doctor he had collapsed last August. He said that after his doctor had told him Vitamin E would not help he called in the Shutes. "I find it hard to describe the result," he said. "A person would have to come back from death to understand. All I can say is that I'm alive, I walk, I drive my car. I've got a long way to go yet, but what has happened already is wonderful, wonderful."

Then he and his wife asked me not to use his name. "There are two doctors in the family connection," she explained, "and it would distress them very much."

Senator Arthur W. Roebuck commented last December in the Senate on a personal experience with this aspect of what he described as "the row in the medical profession over Vitamin E."

"There was a case of heart attack in my own family," Senator Roebuck said, "and two separate people told me that their doctors had told them to use Vitamin E, but not to tell anybody that a medical person had advised it. Well, Vitamin E was used in my house and I saw a marked and immediate response to it. The individual I have in mind has as a result of it been working for the past year."

The occasion of Senator Roebuck's comment was a sitting of the Senate Committee on Public Health and Welfare. The matter under review did not directly concern Vitamin E, but Evan Shute was among those who testified, and under questioning by the senators the sitting developed into the nearest approach to a legislative hearing on the subject yet held. Senator McGuire asked Shute: "Can you give me any idea of the cause of the prejudice existing among physicians in respect of Vitamin E?"

"You are asking one of the most dreadful questions you could ask," answered Shute. "I am frank enough to give you some of the answers but not all. I think that many men spoke too soon, and speaking too soon they can never retract. If a great man or group of men makes a pontifical statement it can hardly retract without losing face."

"Hear, hear," said Senator Haig, "we all know that."

"Even politicians," commented Senator Euler drily.

Only One Invitation

Shute told the Senate Committee that before 1946 he had often been invited to address county medical societies, but since the announcement of Vitamin E heart therapy they had received only one such invitation, from the Lambton County Society of Sarnia, Ont. "When this society sent in the usual request for a ten-dollar subsidy

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for visiting speakers' expenses to the Ontario Medical Association," said Shute, "its secretary was told by the secretary of the association that they disapproved of the county society hearing the Shutes and that this grant would not be forthcoming. The secretary of the Lambton County Society asked that this denial be put in writing and intimated that the Shutes would be asked to appear in any case. The grant was promptly forthcoming, but no letter."

Dr. Shute gave the Senate Committee his version of some of the points in what he described as "the impasse": Vitamin E advertising was not accepted by the Canadian Medical Association Journal, although The Lancet, a conservative British medical periodical, published it. Shute articles on the use of Vitamin E for heart disease were rejected by the CMA Journal "within six hours of being read by the editor."

(An independent statement from the CMA published as a supplement to this article contends that the paper was rejected because it was accompanied by a demand for "immediate publication.")

When an unofficial Canadian medical publication printed an article by the Shutes, they say that the section describing clinical use and dosage of Vitamin E was deleted. On the other hand, Shute said, opinions favorable to Vitamin E therapy had appeared in the Journal of the American Medical Association, the Journal of Obstetrics and Gynaecology of the British Empire, the official organs of the American College of Physicians and the American College of Surgeons, "and in many other leading journals in the English language."

Shute told the senators that he and his brother had difficulty in getting other doctors to look at interesting hospital cases. On one occasion a woman developed a phlebitis in the thigh after an operation. Evan Shute put her on Vitamin E and posted a memo on the hospital notice board: "Mrs. ——— of ward five has consented to permit any physician to watch the progress of her case. She developed a phlebitis in the right thigh this morning and she is getting nothing except Vitamin E."

Two doctors of the one hundred and fifty or so in London came to see her in the five days it took to clear up her condition, said Shute. He added: "Everyone knows that ordinarily phlebitis cannot be cured in that time."

The first time the Shutes got an audience of five hundred Canadian doctors before them, at a CMA convention at Ottawa a few years ago, they did not confine themselves to the clinical aspects of Vitamin E therapy. Evan Shute told the doctors: "Some of our loudest critics are taking Vitamin E themselves. Many dispense Vitamin E, but will not sign a prescription for it. Many doctors, returned to practice on Vitamin E after coronaries disabled them, are ashamed to admit the source of their help, even to their closest friends."

The Shutes say they have a number of examples of what they call "the private friends but public enemies of Vitamin E." They say that a doctor who is friendly to them told of sharing a room at a medical convention with a noted Montreal internist who is a bitter critic of the Shutes.

One day the Shutes' friend entered the bathroom, not knowing that his roommate, the internist, was there. The latter hastily slipped something into his pocket, but not before it was recognized as a container of Vitamin E capsules by the other, who said: "Think nothing of it—I use the same brand."

The Shutes said they learned recently that enough Vitamin E was being regularly supplied to a certain hospital to provide full doses for sixteen persons daily. Thinking that a test might be under way, and being interested in the outcome, they made discreet enquiries. A member of the hospital staff reported to them: "No patients are getting Vitamin E—that's the doctors' personal supply."

Wilfrid Shute said that a representative of a Windsor, Ont., drug supply house asked him recently: "How is it that although London is supposed to be the world capital of Vitamin E, it's not sold in the city?" Wilfrid said he answered that of course Vitamin E was sold in every London drugstore.

"Then why is it," demanded the other, "that so many London doctors send to Windsor to have their orders filled?"

The Shutes say that approximately one hundred and eighty doctors and their families, about half of them Canadian, are under the care of the brothers and receiving Vitamin E therapy. But they add that they can practically count on the fingers of one hand the number of Canadian doctors who have seen fit to support the Shutes and Vitamin E publicly.

A clue to this situation was hinted at by a Toronto doctor who told me: "If it were possible to separate the Shutes and Vitamin E, there would probably be no controversy over its use." Strangely enough, the Shutes agree with that view.

"Perhaps," said Evan Shute, "the discovery was never to blame—just the discoverers."

It is true that the Shutes are probably not the easiest people for medical dignitaries to deal with. Both were wrestling and boxing champions during their student days at the University of Toronto, and they are outspoken, emphatic men. They have been known to raise their voices, to pound tables, to speak somewhat less than diplomatically to unconvinced colleagues.

"As a matter of fact," Wilfrid Shute says, "we used to be as meek and naive as anybody could wish. But we found out what we were up against, when we recovered from the immediate blast which greeted our first announcement that we had found Vitamin E good for heart disease, we just had to toughen up. If we hadn't Vitamin E would have been dead and buried long ago. As it is we feel that if we live to be ninety and keep fighting every minute we may yet live to see Vitamin E therapy accepted in Canada for what it is: Canada's greatest single contribution to medicine, not excluding insulin."

The private lives of the Shutes are the reverse of their stormy professional careers. Evan, forty-seven, is an ordained minister of the Reorganized Church of Jesus Christ of Latter-day Saints. This is not the Mormon church, he is careful to point out, but the original group which remained in the east when the pioneers who were to become the Mormons headed for Utah.

Evan not only preaches regularly, but is a poet and essayist who has published seven volumes under the name Vere Jameson. He was something of an infant prodigy. He had his high-school entrance at nine, and his medical degree at twenty-one.

Wilfrid Shute is forty-five, and is married to Dot Prior, a former swimming champion who represented Canada in two Olympic Games. In conversation with him, the surest way to change the topic from Vitamin E is to mention dogs. He breeds Doberman pinschers, and claims to have one of the three best Doberman kennels on the continent.

The Shutes resent the effect the Vitamin E controversy has had on the private lives of their families. "I have not been called in for consultation on my specialty, obstetrics, since 1946, although I was frequently called before," said Evan Shute. "I can take that—but it hurts me that my wife has not been invited to a medical tea in six years. Seldom does a day pass when Wilfrid or I are not subjected to some sort of insulting remark by other doctors at the hospitals where we have patients. Frankly, the whole thing baffles us. We honestly believe we have something very valuable, and we're doing our best to give it away to the whole medical profession. We just can't understand why that makes so many doctors mad at us."

Evan Shute said that he first encountered Vitamin E in 1933 when he went to London, Ont., to practice. Dr. Earl Watson of Victoria Hospital had read a paper in The Lancet by the Danish researcher, Vogt-Moller, suggesting the use of Vitamin E for the treatment of habitual abortion. Watson prepared an extract of E-rich oil and gave samples to a number of obstetricians, including Shute, to test its efficiency. Shortly afterward Shute was given a Banting Fellowship to investigate what was responsible for poor anchorage of the afterbirth in abortion and miscarriage. He concluded that the condition was due to excess of female sex hormone in the blood, and discovered that Vitamin E appeared to neutralize the action of the hormone.

The next step, said Shute, was his finding that a high hormone content appeared to delay normal clotting of blood. He suggested to a medical student, Floyd Skelton, that he try to produce bleeding through the tissues

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and capillaries of dogs by injecting female sex hormone. When bleeding was produced, Vitamin E was used in an attempt to correct it, following the previous finding of E's effect on the hormone. "Vitamin E both cured and prevented bleeding in experimental animals," said Shute.

Shute and Skelton then sought a human subject with purpura, or bleeding of the skin, mucous membranes and body cavities. They found a patient of Dr. Arthur Vogelsang with a purpura, and with Vogelsang's cooperation treated him with Vitamin E. The man had not been operated on because he had a severe heart condition.

"A week later," related Shute, "Dr. Vogelsang made his regular call on the patient and found his bed empty. He complained to the nurse that he should be told immediately when a patient of his died. The nurse pointed to the other end of the ward, where the man was helping nurses carry bedpans. It turned out that the patient's heart condition had been helped more than his purpura."

Dr. Vogelsang, who says he is "no longer associated with the Shutes or with any institute, clinic, foundation or drug company," may now be described as a "conservative advocate" of Vitamin E. "As the person who first noted the beneficial effect of Vitamin E on heart disease and Buerger's disease," he said, "I can state that many cases of certain types of heart and arterial disorders will respond to proper treatment with E, often in combination with conventional agents. But this treatment is a form of chemotherapy—the use of a chemical to obtain a therapeutic effect. There is no logical reason to believe that heart or arterial diseases are caused by a dietary deficiency of Vitamin E, and therefore I prefer to call the stuff by its chemical name, alphatocopherol. It can be dangerous in inexperienced hands, and therefore I deplore publicity which might tempt laymen to start self-treatment with Vitamin E."

The next patient on whom Vitamin E was tried was Evan Shute's barber, Roy Bickness, who was also a member of Shute's church. "He had nothing to lose from a trial of Vitamin E," recalled Shute, "since his cardiologist had stopped coming to see him and had left some morphine tablets to take when the pain became too severe. His legs were as swollen as they could be. His distress was so great that he could scarcely tolerate the weight of his pyjama top on his chest. He could not lie down but sat up night after night gasping for breath. Twenty-three days after I started him on Vitamin E he was back playing in the London Little Theatre orchestra, working in his shop, and going fishing. When he died in the following year after yet another coronary, the autopsy showed such widespread original damage to his heart that it seemed incredible he could have lived a day."

Dr. Skelton, who worked with the Shutes as an undergraduate, is now practicing in the United States. Dr. Vogelsang remained in private practice when the Shutes formed the institute.

A frequent criticism lodged against the Shutes is that they are probably making a good thing of Vitamin E. The Shutes say that the first step they took after launching Vitamin E therapy was to disqualify themselves from any chance of profiting by it. They organized the Shute Foundation for Medical Research, a nonprofit organization accepted by the federal government as eligible for income-tax rebate for donors of funds. They asked Rev. Canon Quintin Warner, for thirty-five years rector of London's Cronyn Memorial Anglican Church, to head the foundation. The treasurer is W. S. J. Saunders, retired city treasurer of London.

Canon Warner, who said he suffered two heart attacks last year and attributes his recovery "to God and the Shutes," told me that Evan and Wilfrid Shute are "just two of the twenty-five salaried employees" of the foundation. "They haven't even got a contract with us as employees," he added. "We could fire them tomorrow. Instead of Vitamin E being 'a good thing' for them, it has cost them a lot of money. Evan gave up one of the biggest obstetrical practices in western Ontario to work for the foundation. What's more, he donated all his outstanding fees, amounting to ten thousand dollars, to the foundation. Wilfrid worked for months without salary until the new foundation was on its feet. If there's one thing the Shutes have, it is complete sincerity and belief in their work. If I were not convinced of that, I wouldn't be chairman of the foundation."

Other laymen who have supported the Shutes have found themselves in unexpected personal controversy. Gordon L. Cohoon, a Montreal businessman, suffered a coronary attack in 1949 and has not yet recovered from its nonmedical aftermath.

"In April 1949, I had a heart attack," Cohoon related. "I was rushed to hospital in an ambulance and I mentally said farewell to my home. Two of my best friends, Frank Calder, president of the National Hockey League, and Hon. J. L. Ralston had died of coronaries, and I did not expect to live. At the hospital I was put under twenty-four-hour nursing, and blood tests and electrocardiagrams were taken repeatedly.

"My bill was five hundred and fifty dollars a week, and the only thing I was getting was rest. I remembered reading something about the work of the Shute brothers and Vitamin E, and asked my doctors to give me the treatment. They told me it would not do me any good. Then I decided to go home. Presently I read an item describing good results obtained at Johns Hopkins Hospital with the Shute dosage of Vitamin E. I insisted that my doctor give me Vitamin E, and in a week I started to improve. A few weeks later I was able to go to my office occasionally."

Cohoon next went to London. The Shutes examined him and increased the dose of Vitamin E. He returned home, and in a month, he said, was well enough to resume business activities where he had left off before the heart attack.

Cohoon said he felt so strongly about what the Shutes had done for him that, as a member of the Montreal Rotary Club, he suggested to the program committee that Dr. Wilfrid Shute be invited to address the club.

"At that time the chairman of the committee was a doctor, a professor of anatomy," Cohoon related. "He turned the suggestion down flatly. He said the Shute Institute was not recognized by the Canadian Medical Association. In January 1952 I went before the committee once more. There was a new chairman, and the committee voted unanimously to invite Dr. Shute to speak on March 25. The Rotary publication with that announcement reached members on March 21. There was a photograph of Dr. Shute, and an announcement that he would speak, in a Montreal newspaper of Saturday, March 22."

The Doctors Protested

Immediately, Cohoon said, a number of doctor members of Rotary telephoned Rotary President Earl Moore or Harry Pearson, the vice-president, and demanded a special meeting of the board of management. The meeting was attended by a bare quorum of the committee, and the doctors insisted that Shute's talk be canceled. The committee compromised by agreeing not to allow the speech to be broadcast, as was the usual practice.

"I had been asked to introduce Dr. Shute," said Cohoon. "On the day before the meeting, some of the Shute opponents put pressure on me not to do so. It was even suggested to my sister that I might have another heart attack. When I had returned from London after visiting the Shutes, the doctor who had been treating me expressed himself as amazed at my improvement. He said he was sold on Vitamin E, and would go on any platform and say so. So now I asked him to sit at the head table at the Shute luncheon. He answered: 'Heavens, don't ask me to do that . . . you don't know medical politics!'

"When Dr. Shute rose to speak, four of the doctors in the Rotary audience pointedly rose and left the room. To their credit, three others remained —and two went up to congratulate Dr. Shute on his speech. Having kept the speech off the air, the doctors tried to keep it out of the papers. They telephoned editors of the Montreal Star, then tried to go over their heads to business associates of John McConnell, the publisher. What the doctors did not know was that Mr. McConnell and a number of his staff had benefited from Shute Vitamin E treatments That fact undoubtedly would not have influenced the Star's coverage of Dr. Shute's speech, but in view of the brazen attempt of these doctors to dictate first to a nonpartisan service club and next to a newspaper, the Star ran every word of Dr. Shute's address."

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A few days later the Star published the following editorial:

> Montreal's reputation as a hospitable, courteous and open-minded city suffered, we fear, some damage as a result of the controversy inside the Rotary Club and now outside of it as well over the speech made this week by Dr. Wilfrid Shute. It is not a suitable thing — putting the case mildly—to invite a reputable man to Montreal to make a speech and then to take such steps as can be taken to restrict his audience and subject him to discourtesy. Far better to cancel the invitation altogether.
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> Dr. Shute's address was the use of Vitamin E in the treatment of heart disease. This is a topic of great medical controversy, one upon which there are legitimate differences of opinion. But for some lamentable reason certain medical men feel so strongly that they are prepared to go to great lengths to prevent public discussion of it. This is not only unscientific, it also does no credit to a great and honorable profession which has done so much to push back the frontiers of medical knowledge. The advocates of the treatment in question are neither quacks nor charlatans, and, in a free society, they are entitled to have their say.
>
> The Shute incident here is, unfortunately, not an isolated one in the record and history of medicine. Again and again the restless and enquiring mind has suffered slights and indignities at the hands of men who have refused to open new doors or even to walk through them when they have been opened by others. The life and experience of Pasteur is a striking instance of this form of obscurantism and many other examples of this same kind could be cited. How strange it is that servants of science can so easily forget the basic principles of freedom.

The Shutes do, in fact, say they derive some small comfort from the "slights and indignities" other medical pioneers have suffered. They point to William Harvey, who discovered circulation of the blood but delayed publishing his findings for twelve years because "I not only fear injury to myself from the envy of the few, but I tremble lest mankind at large become my enemy." They also point to William Jenner who was threatened with expulsion from his medical club because he bored fellow members with talk of a method of immunizing humans against smallpox. They recall that colleagues called the man who discovered that mosquitoes carry malaria "Mosquito Manson" and tapped their foreheads significantly.

Referring to what they consider the most enduring of the condemnations of Vitamin E, the committee report to the College of Physicians and Surgeons, Wilfrid Shute now says: "The committee took our papers out to lunch and returned to say that Vitamin E was no good."

A spokesman of the College told me that the council "considered that the committee had given ample consideration to the Shutes' documents." He added that "a lot of propaganda is coming out of the Shute Institute."

The minutes of the meeting of the council of the College of Physicians and Surgeons of Ontario, issued by that body's registration office at 566 University Avenue, Toronto, give the following account of the meeting on November 13, 1946, as far as it concerns the Shute enquiry:

> Council having reconvened at 11 a.m., the following visiting doctors answered the roll call: Dr. Evan V. Shute, London; Dr. W. E. Shute, Guelph; Dr. E. A. Bartram and Dr. F. S. Brien of the University of Western Ontario; Dr. John Hepburn and Dr. H. K. Detweiler of the University of Toronto and Dr. W. F. Connell and Dr. G. Malcolm Brown of Queen's University.
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> After a brief introduction by the president, Dr. Evan Shute of London presented certain papers regarding the usefulness of Vitamin E in the treatment of cardiovascular disease. The various papers presented and also a personal diary were left with the College . . . the representatives from the three medical schools retired to consider the papers presented by Dr. Evan Shute . . . Council adjourned at 12 a.m.
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> Council reconvened at 2 p.m. . . . the committee under the chairmanship of Dr. Cameron presented its report which was read by Dr. Bartram as follows:
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> 1. In the papers submitted, Exhibits 9 to 15 inclusive, sufficient evidence to substantiate the given diagnosis is not provided in any of the reported cases.
>
> 2. Such evidence as is submitted in many cases would indicate diagnosis to be inaccurate.
>
> 3. On evidence submitted the committee is convinced that Vitamin E has no place in the treatment of cardiovascular disease.
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> 4. In view of the publicity aroused by this problem we consider it advisable that an impartial clinical investigation should be conducted.

In regard to diagnosis, the Shutes maintain that in ninety percent of their cases they do not make the first diagnosis, that patients usually come to them after seeing one, two or three other doctors, often specialists. In one case a woman passed through the hands of seventeen doctors before reaching the Shutes. All patients seen by the Shutes, they said, are given all recognized diagnostic and treatment procedures—plus Vitamin E.

"We particularly object to the 'inaccurate diagnosis' charge," said Wilfrid Shute, "if only on the ground that two of the cases we cited to the committee had previously been diagnosed by members of the committee, and a third had been diagnosed by a university colleague of one of the professors." Whether those three specific cases were included in the doctors' finding reported in Item No. 2 is not stated.

There was, however, one point in the report which pleased the Shutes: the recommendation that an impartial test be conducted. At the next day's meeting, the College council voted to forward the Shutes' documents to the Ontario Department of Health with the request that the question be the subject of an enquiry as to its value.

What happened next, the Shutes say, was this: they were informed by the late Hon. Russell Kelley, Ontario Minister of Health, that he had arranged with a prominent Toronto doctor to meet the Shutes at Queen's Park to arrange the tests. The Shutes came to Toronto and waited with Kelley for the other doctor to arrive. When he did not arrive half an hour after the appointed time, the Minister started telephoning. According to the Shutes, the doctor could not be located at home, at his office, at any hospital or at the university. Nobody at any of those places knew where he was, where he could be reached, or when he was expected.

"He had," said Wilfrid Shute shortly, "disappeared."

The next time the Shutes were in Toronto they called on Kelley to enquire into the progress of the proposed test. This time, they say, Kelley replied:

"Two medical officers have warned me that if I went through with the idea of a test there would be a line-up of doctors stretching from Queen's Park to the Toronto waterfront—all demanding my resignation."

The Shutes question the Toronto General Hospital test on several grounds. In the first place, they maintain, if it was meant to be a test of the Shute method, the Shutes' method should have been used, or, preferably, the Shutes should have been asked to participate in the test. They maintain that the Toronto General Hospital death rate in these heart-failure cases was higher than the normal death rate, with or without Vitamin E, suggesting "that people in the last stages of the disease were used in the test." They claim that, in comparison with the hospital's loss of eleven out of fifty heart-failure patients in seven months, the Shute Institute lost thirteen heart-failure cases out of one hundred and ninety-eight in twenty-seven months.

In a test of the Shute Vitamin E method, Dr. Wilfrid Shute suggests, at least half the patients should be "walking cases." Since more than half the patients in average stages of the disease are able to get around, this would still test Vitamin E on worse-than-average patients. The Shutes should be allowed to examine the patients and prescribe the initial dose, re-examine them in four weeks and adjust the dose if necessary, he adds.

Both Shutes say these conditions are necessary because a number of factors affect dosage and procedures in individual patients. For example, iron intake reduces the efficiency of Vitamin E; a patient receiving insulin might be in danger of insulin shock if Vitamin E were administered without warning and supervision, since Vitamin E often greatly reduces the patient's insulin requirements. Blood pressure is elevated by Vitamin E at first, and patients with high blood pressure must be launched on Vitamin E gradually. A number of other conditions affect the Shutes' Vitamin E therapy, and none of these were taken into consideration, they say, in the

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Toronto test. Moreover, the patients in that series were given a flat three hundred international units of the vitamin daily, while in the Shutes' own practice the prescribed amount, depending on individual requirements, might vary from one hundred to six hundred units per day.

One of the criticisms made of the Shutes is that Vitamin E is too much like Old Doc Wampum's Snake Oil —good for too many diseases. The Shutes admit with a smile that it is almost embarrassing when a research scientist somewhere in the world comes up with a new disease or condition on which he has got good results with Vitamin E. But they point out that they have no control over the effects of Vitamin E that they did not, for that matter, even discover the stuff themselves —and that they can only follow where Vitamin E leads.

The Shutes' theory of the action of Vitamin E on coronary thrombosis, the most lethal member of the heart disease family, is this: A clot forms in an artery near the heart, partially or wholly cutting off the ingredient which all muscles need for continued operation, blood oxygen. Deprived of oxygen, the top layer of cells in the area which depends wholly on the blood supply from that artery dies and scar tissue is formed to replace them. The poisons generated by the cells in dying "choke" the next underlying layer of cells, and its oxygen supply becomes inadequate for the carrying out of normal or near-normal functions.

The extent of the damage is in direct relationship to the tissues' requirement of oxygen. And that is where Vitamin E enters, the Shutes claim. By reducing, through some unknown means, the amount of oxygen a cell requires for normal function, Vitamin E minimizes the damage caused by oxygen deprivation. It enables cells to carry on with a smaller supply of oxygen than a Vitamin E-deprived cell needs, say the Shutes.

But Vitamin E is credited by them with at least two other virtues of interest to the potential heart victim: It hastens the formation of supplementary blood supply to deprived areas —the magical process by which the body rushes the construction of emergency blood vessels to a danger spot; and Vitamin E dissolves blood clots.

To thousands of Canadians who have no intention of thinking about their hearts for years to come, another aspect of Vitamin E will be of absorbing interest. Vitamin E, according to at least one noted coach and lay expert on health, seems to have a quite remarkable effect on athletic performance. Three years ago Lloyd Percival, director of Canada's nationwide Sports College and adviser on condition and nutrition to the Detroit Red Wings hockey club, put the club on Vitamin E. It was three years ago that the Red Wings, admittedly an assortment of very good hockey players, started to make a shambles of the National Hockey League.

Percival considers his most remarkable test of Vitamin E was that carried out on a young would-be athlete, Pat Galasso. The boy was rated in general condition as "poor—extremely low endurance, recovery from effort very poor, strength low." This was after three years of athletic training, during which he had reached the high level of his extremely modest capacities. After running four hundred and forty yards it took him three hours and twenty minutes to regain his normal pulse rate. He could do nineteen feet two and a half inches in running broad jump, averaged 6.3 seconds for the fifty-yard sprint, and had to quit a distance run at three quarters of a mile.

He was then put on three hundred international units of Vitamin E per day. In two weeks he recovered normal pulse after exertion six times as fast, added seven and three quarter inches to his broad jump, cut his fifty-yard time to 5.7 seconds, and ran one and two-third miles. Instead of his previous reaction of pallor, nausea, headache, and extreme discomfort in chest, Galasso declared he felt "real good, better than I ever have."

In his next test he improved again in every department, and the pattern continued for four more tests. Then Vitamin E was withdrawn. To prevent any chance of a psychological let-down, he was given capsules which looked the same, but contained no active ingredient. His performance immediately dropped. Back on Vitamin E, it went up again. The next time he was deprived of Vitamin E, his performance took a month to deteriorate. When Vitamin E was restored for two more months, the youth actually went out and won the eastern Canada broad jump with a leap of twenty-one feet ten and three-quarter inches—the best broad jump made in Canada in 1951. He ran second in the eastern Canada fifty-yard championship, in the fastest race he had ever run in his life. Last year Galasso, now a student at Queen's University, again won the eastern Canada broad jump.

Tobias Won the Mile

Another case that Percival considers remarkable is that of Charlie Tobias, a member of Percival's track team. "At the 1951 interscholastic track meet at New York Tobias couldn't do a thing," said Percival. "He worked hard, tried hard, but he lost weight and his legs became heavy. I can only describe his performance as dismal. In preparation for the 1952 meeting, Tobias didn't look any better. Three weeks before we left for New York I started him on Vitamin E. The result was nothing short of amazing—Tobias won the mile."

The patient of whom the Shutes are proudest is their own mother. At seventy-two Mrs. Shute senior had severe heart trouble, was unable to walk across a room. She became only the second patient to be treated with Vitamin E—and according to them one of the most spectacular. "It was," she said, "like a miracle. I was so much better that I could do things I hadn't done for years—even tend the furnace."

Now seventy-eight, Mrs. Shute is spry and active. "If," says Evan Shute, "giving our mother those additional years of happy and useful life were the only results of all that we have gone through—then it has been fully worth it."

Meanwhile the controversy continues unabated. The only thing a layman can be certain of is that the opponents of Vitamin E still far outnumber its advocates. A group of heart specialists, asked for their opinions on Vitamin E, declined to comment for publication on the grounds, as two of them put it, that it was "better to let the claims die down than to answer them." Medical advisers to the Heart Foundation of Ontario also had no statement to make on Vitamin E. "The foundation," said one, "was not incorporated for that purpose." ★

Lee Foundation for Nutritional Research
2023 W. Wisconsin Avenue
Milwaukee 3, Wisconsin
Special Reprint 4-54

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Not taking sides, says Medical Association

Because Drs. Evan and Wilfrid Shute and their supporters have been quoted extensively in Eric Hutton's article, and because of the controversial nature of their statements, Maclean's asked the Canadian Medical Association if it would care to comment on the article. The association's comment follows.

THE Canadian Medical Association welcomes the opportunity to comment on Mr. Hutton's provocative article. The assessment of new medical products is a complex and difficult undertaking which for its proper discharge requires extensive laboratory and clinical facilities. As such facilities are not maintained by the association, we do not undertake to evaluate remedies or methods of treatment. In conformity with this policy no declaration on the merits of alpha-tocopherol in the treatment of heart disease or any other condition has been made and hence it is axiomatic that the Canadian Medical Association does not endorse or condemn the use of this substance in the hands of the medical profession.

It follows that the suggestion is unfounded that pressure has been brought to bear on doctors to prevent their use of Vitamin E in their practices. Canadian physicians are free agents in deciding for themselves what medicine best suits the particular needs of their patients and any infringement of this right would be rigorously resisted.

The history of recent discoveries of new drugs and other agents for the treatment of disease shows clearly the pattern of medical reaction and the manner in which a new treatment eventually finds its true place in established practice. Some new drugs are accepted universally and rapidly by the medical profession, particularly if they prove useful in treating a common disease. Penicillin and insulin are examples of immediate acceptance and both have proved invaluable. Some are accepted immediately and with enthusiasm only to prove eventually to be of limited use. Cortisone, or Compound E, is such a one. The medical profession and lay public were led to believe that a cure for certain forms of chronic arthritis was at hand. It has now been found that it is an aid but does not cure rheumatoid arthritis; there are very definite limitations to its use and it is finding its proper level in the treatment of a variety of conditions.

Although most worthwhile discoveries are accepted rapidly, occasionally the acceptance is slow and it may take several years to arrive in common use. There may be many factors causing this and one must not believe that prejudice, if it exists, is going to deter a doctor for very long from using a drug which makes a patient well. Actually when one reviews the history of inoculations and the pasteurization of milk one finds the public is quite capable of developing its own strong prejudices.

This process of investigation and assessment of new therapeutic substances is the method by which their true worth is established. Divergent views are commonly expressed and this may convey to lay observers the impression that doctors are resistant sceptics since it contrasts so markedly with their own enthusiastic reception of new treatments in which their experience is limited. Endorsement by testimonial is no substitute for objective appraisal at the hands of individual doctors in their own practices.

The psychological lift which many patients experience when a new substance is prescribed with assurance is a well-known phenomenon. All investigators are aware of it and they rely on longer periods of observation and on the analysis of end results to determine whether the original improvement is sustained. In so stating it is not the intention to belittle the importance of psychogenic factors in the treatment of disease, but to emphasize that any testing procedure must rest on objective rather than subjective findings.

Your readers may be assured that there is no conspiracy on the part of the organized medical profession to discredit the advocates of Vitamin E. It is true that in 1946 an article submitted to the Canadian Medical Association Journal was not accepted, but in this instance the manuscript was accompanied by a demand for immediate publication and, in the opinion of the editor, the paper did not warrant this priority. Two recent annual meetings of the Ontario Division have provided the opportunity for proponents of Vitamin E therapy to present their findings. No branch society has been denied the right to hear the topic discussed.

It is our hope that this statement will serve to correct the impression that the Canadian Medical Association has taken sides in a controversy so graphically and emotionally portrayed in this article.

Vitamin E will find its true place in the realm of therapeutic agents when the physicians of the world have made a careful appraisal in their own practices based on their own observations. ★

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