

to the editor

Vitamin E: Who needs it?

It would be difficult to find a more flagrant example of biased writing than the article "Vitamin E: Who needs it?" (SN: 1/15/72, p. 206). The tone is clearly one of ridicule and is well established as early as the front cover! The subtitle is obviously meant to imply that all the persons advocating its use are not only "food faddists," but also excluded from the community of scientists. The quotations from a staff member of NIH is a classical example of citing the "establishment" as the final authority on these matters.

K. Neville
Biochemist
San Diego, Calif.

Anyone who tries to write on the nutritional aspects of vitamin E without even mentioning the work of Wilfrid Shute, M.D., and the Shute Institute of London, Ontario, is either seriously uneducated or deliberately deceiving! Dr. Shute now has 30,000 cardiac patients who have been treated basically with vitamin E with an enviable record of lives saved and cardiac cripples returned to normal living. Many people consider him the world's foremost expert on vitamin E in relation to the heart and circulatory system.

H. R. Lefever
Spring Grove, Pa.

I think Robert J. Trotter is to be congratulated for doing a very good job of summarizing the vitamin E conference at the New York Academy of Sciences in December.

John G. Bieri, Ph.D.
Chief, Nutritional Biochemistry Section
National Institute of Arthritis
and Metabolic Diseases
Bethesda, Md.

Great job.

Samuel Gross, M.D.
University Hospitals of Cleveland
Cleveland, Ohio

Near the end of the article on vitamin E there was the statement, "But as Bieri says, the vitamin will probably do no harm—and probably no good. . . ."

The repeated experience of a friend of mine and myself is that even very small amounts of vitamin E if taken alone result in very uncomfortably high blood pressure for about a day. We concluded that in the unwanted event of a stroke vitamin E given therapeutically might be fatal.

It's very likely that not many people have so drastic a reaction to vitamin E. I understand, however, that the "health food faddists" maintain that vitamin E isn't safe to ingest alone, that it must be accompanied by unsaturated fatty acids. Perhaps other vitamins and food substances are necessary for vitamin E's proper assimilation and function.

J. Ashley
Manlius, N.Y.

I very much enjoyed reading the article on vitamin E, in which some of our work was quoted. I equally enjoyed the cover design, which was credited to E. Cherry Doyle. I wonder whether it would be possible to obtain a silk screen reproduction of this cover, as our laboratory, active as it is in vitamin E research, is also active in collecting and displaying vitamin E memorabilia.

David K. Melhorn
University Hospitals of Cleveland
Cleveland, Ohio

"Scientists" interested in vitamin E can be divided into two groups, and rarely the twain do meet. One group is interested in treatment of the largest lot of diseased persons on earth, the great pool of pain lumped under the term cardiovascular disease. They realize that in large doses (600 i.u. or more daily), "big E" is the "angiophilic vitamin." It was so designated by Prof. Comel as early as 1955, although both Mason and Shute had laid the groundwork for such recognition in 1942. This group collects clinical data year by year and does not intrude on the activities of the other group, the biochemists, nutritionists and nuclear investigators studying vitamin E. It's a pity this restraint is not mutual, for biochemists seem unable to leave clinicians alone. I suppose they get tired of being excluded from all the excitement we share. They even have press conferences after their little meetings in places like New York where they bedazzle reporters with their clinical knowledge. All the Ph.D.'s who never see a patient come out of the bushes in full cry to tell what the clinical use of "big E" cannot do, with a jolly indifference to fact that only top scientists can afford.

SCIENCE NEWS' snide article points out that vitamin E is nontoxic. We have repeatedly warned that its overdose can throw chronic rheumatic hearts into failure. Who should know? Tongue in cheek, the article lists a long string of disease states one can alleviate with "big E." The people who have used "big E" for these items include many of the greatest names in current medicine. They are brave laddies who can throw stones at such top hats—Boyd, Ochsner, Ayers, del Giudice, Cheraskin, Butturini, to name but six of more than 600. Our critics must continually be puzzled by the number of good workers who over the years, have fallen into the same childish errors the Shutes have. How could so many people make the same mistake?

The laboratory men keep on talking of their specialty, studies on little "e," the 3 to 30 i.u. daily "requirement." What they say is of some interest, but is not very helpful to the clinicians who have long ago passed them by. We wait for the explanation of our indubitable results as diabetic specialists still wait for final explanations of the aetiology of diabetes. Should we let every diabetic die of coma or gangrene during the time it takes for thoroughgoing answers on these causes to appear? Think of the centuries of courteous inertia this would have demanded in the case of quinine or vitamin C!

Meantime, the laboratory workers talk on and on of psychological freaks, faddists, health nuts—daring and revolting language if it should turn out that "big E" was as good for disease states as those who try it widely have found. Say what you like, "big E" is here to stay. Nothing can turn it back.

Evan V. Shute, F.R.C.S. (c)
The Shute Institute
for Clinical and Laboratory Medicine
London, Ontario, Canada

I see that vitamin E is on the way out as a "universal panacea" for such diverse conditions as "menopause, . . . chronic constipation, . . . cirrhosis, . . . colds, . . . leprosy, . . . muscular dystrophy, . . . and varicose veins," to mention but a few of those listed by SCIENCE NEWS. Is it about to be replaced by prostaglandins, which "show a variety of therapeutic promises—as an abortive, as a post-coital contraceptive," as well as for "asthma, emphysema and high blood pressure," to say nothing of "arthritis" (SCIENCE NEWS, Dec. 25, 1971)? Or perhaps we'll have to settle for Skinnerian behavioral modification.

Patricia Kariel
Calgary, Alberta, Canada

Lunar models

Your coverage of the orbital experiments reported at the Lunar Science Conference (SN: 1/22/72, p. 53) was accurate and gratifying. The only comment I would make is that I think your impression of chaos on the interpretive side, or at any rate, a lack of progress since 1969, is a little overdrawn. There is no question that advocates remain for all the positions held two years ago and some new ones. On the other hand it was my own judgment that the models proposed by Gast, by John Wood, by Urey and Marti, and several others were in fact converging in a rather satisfactory way. I think in particular that the formulations presented by Gast and his co-workers Charles Meyer and Ernest Schonfeld in separate papers attracted very widespread and favorable attention. It may not be too much to speak of them as the orthodox view.

James R. Arnold
Department of Chemistry
Revelle College
University of California
at San Diego
La Jolla, Calif.

Islamic months

In the article on man and his calendars (SN: 1/22/72, p. 62) the author uses the word "Mohammedans." I should like to call to your attention, that Mohammedans means the people who worship Mohammed, the prophet of Muslims. The correct name of our religion is Islam or Muslim. Therefore it should also be Islamic or Muslim months.

Muhammad I. Khera
Clarkson College
Potsdam, N.Y.