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American Heart Association, 1949-1963.

November 16, 1949

Mr. James Whipple
Radio Director
American Heart Assn., Inc.
1775 Broadway
New York 19, New York

My dear Mr. Whipple:

Thank you for your letter of November 15th. I shall be very pleased to have the one-minute appeal for the American Heart Association recorded. Please have your Cleveland representative contact me so that we can arrange for a convenient time.

With best wishes, I remain

Very cordially yours,

ABBA HILLEL SILVER

AHS:er

American Heart Association inc.

1775 BROADWAY, NEW YORK 19 • PLAZA 7-2045

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November 15, 1949

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Public Health Director

Rabbi Abba Hillel Silver
Temple
East 105th & Ansel Road
Cleveland, Ohio

Dear Rabbi Silver:

The enclosed data will give you the information you requested about the American Heart Association, and a list of those sponsoring last year's Heart Campaign.

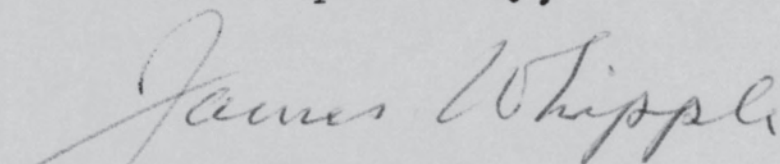
Among those who are sponsoring the 1950 Heart Campaign are the following nationally-known persons: Mr. R. G. Follis, Vice-Chairman, Standard Oil Co. of California; Mr. D. V. Fraser, President, Missouri-Kansas-Texas R.R. Co.; Mr. Gardner Cowles, President and Editor of "Look"; Mr. Harry A. Bullis, Chairman of General Mills, Inc.; Mr. James B. Conant, President, Harvard University; Mr. Frank Stanton, President, Columbia Broadcasting System; General Dwight D. Eisenhower, President of Columbia University; Mr. Robert M. Hutchins, Chancellor of The University of Chicago; Mr. Arthur H. Sulzberger, President, New York Times; Mr. Niles Trammel, President of National Broadcasting Co.; Mr. Thomas J. Watson, President of International Business Machines Corp.; Mr. Robert G. Sproul, President, University of California; and Mr. B. F. Fairless, President of U. S. Steel Corp. of Delaware.

Supporting the 1950 Heart Campaign with one-minute transcribed appeals for funds are D. Cardinal Dougherty, and Dr. Norman Vincent Peale, and a suggested appeal for your use. Of course, you may wish to word this message yourself. If so, may I request that it does not exceed one minute and that the last sentence, "Send your contribution to HEART--H-E-A-R-T--heart, care of your local post office.", be retained verbatim in your message?

Upon your acceptance of this request we will arrange with our Cleveland representative to have this recorded at your convenience. If possible, I would appreciate an early recording date as it takes some time to process, package and ship these records to our heart associations and to every station in this country.

I feel sure that when you acquaint yourself with the really great need for public support of this all-out attack on the heart diseases you will grant our request.

Most respectfully,



James Whipple
Radio Director

JW:m

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ANNOUNCER: We now bring you a message from Dr. Norman Vincent Peale:

Dr. Peale: Science has made tremendous strides, but this nation's leading cause of death, heart disease, is far from being conquered. 90% of all heart diseases occur from rheumatic fever, high blood pressure and hardening of the arteries. The cause or causes of these afflictions of the heart are still unknown. Through the efforts of the doctors and scientists of the American Heart Association and its affiliates, there is great hope that the heart diseases will be controlled. But our contributions to this great fight--our gifts to the Heart Campaign-- are vitally necessary. For the sake of those you love won't you open your heart and give as generously as you can? Send your contribution to HEART--H-E-A-R-T-- heart, care of your local post office.

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We bring you now a message from His Eminence, D. Cardinal Dougherty:

Cardinal D: The collective effort of Man to alleviate suffering and save lives is nowhere better evidenced than in medical science's fight against the heart diseases. Much has already been accomplished, but far more remains to be done. Eventual control of heart disease, however, does not depend solely upon our doctors and scientists; it depends upon our citizens. Individual contributions are needed to convert to reality the hope of eventual control of heart disease. Financial support of the Heart Campaign of the affiliates of the American Heart Association will help safeguard the hearts of America. This safeguard is scientific research, broader dissemination of facts about the heart diseases, and community heart programs. May I urge that you do your share in safeguarding your own heart and the hearts of those you love? Send your contribution to HEART -- H - E - A - R - T, heart, care of your local post office.



foreword

WRHS AMERICAN JEWISH ARCHIVES

a plan of action against heart disease
presented by the american heart association

There is no more urgent health problem than protecting the heart of America — the hearts of the American people. For, as the record shows, heart and circulatory diseases continue to strike on a vast scale, killing and disabling millions. The fight against cardiovascular disease has become the inescapable responsibility of all who value health, happiness and the nation's future.

Circumstances were never more favorable for a successful outcome of the fight to control the menace of heart disease.

Years of scientific investigation have accurately defined the problem. It is now recognized that there are no less than 21 distinct types of heart disease. Of these, 3 are by far the most important, together accounting for about 90 per cent of all damaged hearts.

The basic causes of these three — namely, rheumatic, hypertensive and coronary heart disease — have not yet been discovered. This is a challenge to scientific research. It is also a challenge, and a serious one, to the public, on whose support the scientist must depend.

The American Heart Association has developed a plan of action geared to the precise nature of the problem. In this it gives high priority to research. As the history of medicine shows, prolonged, stubborn research has always preceded the conquest of disease.

Rounding out its plan, it seeks to apply the new knowledge to be obtained, as well as existing knowledge, through a nation-wide program of education and community service.

In the past, fear and fatalism have inhibited action. Today, such fear is giving way to new hope and determination.

The movement forward must be hastened. This booklet not only outlines a plan of action. It is a call to action. It is an invitation to learn the facts, and to give wholehearted support to the fight against this most serious health problem of our time.

the problem

the nation's leading cause of death

Today, heart disease is the leading cause of death in the United States.

One out of every three deaths is due to diseases of the heart and blood vessels. It is estimated that one out of every twenty persons suffers from some form of heart or blood vessel disease.

There are few people who have not lost friends or relatives as a result of the heart diseases. The obituary page of the daily press further emphasizes the seriousness and extent of heart disease.

how it compares with other diseases

Heart disease takes a greater toll than the next five leading causes of death *combined*.

In 1947, the last year for which complete figures are available, more than 626,000 persons died of diseases of the heart and blood vessels. During the same year, fatality figures for the next five highest causes of death were: cancer, 190,000; accidents, 100,000; nephritis (kidney disease), 80,000; pneumonia, 62,000; tuberculosis, 48,000.

Mortality from diseases of the heart and blood vessels is three times as high as cancer, six times as high as accidents, ten times as high as pneumonia, and thirteen times as high as tuberculosis.

heart disease attacks all age groups

Heart disease is no respecter of age.

There are congenital malformations of the heart which are evidenced at birth, but these are comparatively few.

Rheumatic fever and the resulting rheumatic heart disease together constitute the leading fatal disease among young people between the ages of 5 and 19.

Over the age of 35, diseases of the heart and blood vessels lead all causes of death. Nearly one out of every two deaths after the age of 45 is caused by heart diseases.



tremendous social and economic loss

Heart disease takes a heavy toll in sickness and disability as well as death. It strikes down thousands of men and women in the prime of life, when they are beginning to make their richest contribution to society.

The economic cost of heart disease is staggering in terms of loss of life, absenteeism, disability, loss of gainful employment, and care and treatment programs.

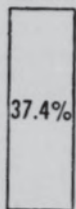
An estimated 152,100,000 work days, or billions of dollars in productivity, are lost each year because of heart and blood vessel disorders.

Heart disease is a leading occupational disease of business executives. It drains business of brain power, training and leadership.

the facts

5-19 YEARS

ACCIDENTS



DISEASES
OF THE HEART
AND BLOOD VESSELS

8.4%

TUBERCULOSIS

8.2%

PNEUMONIA

5.4%

CANCER

3.7%

20-34 YEARS

ACCIDENTAL
CAUSES

25.0%

TUBERCULOSIS

17.4%

DISEASES
OF THE HEART
AND BLOOD VESSELS

10.8%

CANCER

6.1%

HOMICIDE

5.1%

DISEASES
OF THE HEART
AND BLOOD VESSELS

50.2%

55-74 YEARS

CANCER

17.4%

NEPHRITIS

6.4%

ACCIDENTAL
CAUSES

3.9%

DIABETES

3.8%

35-54 YEARS

DISEASES
OF THE HEART
AND BLOOD VESSELS

33.8%

CANCER

16.9%

ACCIDENTAL
CAUSES

8.3%

TUBERCULOSIS

7.7%

NEPHRITIS

5.3%

DISEASES
OF THE HEART
AND BLOOD VESSELS

58.2%

75 YEARS & OVER

CANCER

10.6%

NEPHRITIS

8.2%

ACCIDENTAL
CAUSES

4.9%

PNEUMONIA

4.8%

**leading causes of death by age groups—United States 1946
(percent of deaths from all causes)**

Latest available figures from the National Office of Vital Statistics.

what is "heart disease?"

The term "heart disease" covers a broad variety of different diseases.

Most of these diseases are unrelated. But all involve the circulation including the heart and blood vessels.

The three most important forms together account for about 90% of all heart disease. They are rheumatic heart disease, which is caused by rheumatic fever; coronary heart disease, caused by hardening and narrowing of the coronary arteries (arteriosclerosis); and hypertensive heart disease, resulting from high blood pressure (hypertension).

Congenital malformations of the heart, present at birth, are estimated to account for about two per cent of all heart disease.

Syphilitic cardiovascular disease, which appears as a late result of syphilis, is now among the less frequent types.

rheumatic fever attacks the young heart

Rheumatic fever frequently attacks the heart, resulting in rheumatic heart disease. It causes a large percentage of all heart disease at all ages, and 90% of heart disease in children.

Rheumatic fever and rheumatic heart disease are responsible for almost five times as many deaths as infantile paralysis, whooping cough, diphtheria, scarlet fever, measles and cerebrospinal meningitis *combined*.

It is estimated that more than 1,000,000 people in the United States today are suffering from rheumatic fever and rheumatic heart disease.

—the facts

Rheumatic fever usually starts in childhood, after the age of five. It may recur one or more times. Rheumatic heart disease is the result of scars which may develop on the heart valves and in the heart muscle as a result of rheumatic fever.

Because of advances in preventive treatment, the average rheumatic heart disease patient, under good medical care, can lead a normal life for many years. Some victims of rheumatic fever and rheumatic heart disease must struggle through life as family or community dependents. Rheumatic fever immobilized more than 40,000 young men in the armed forces during World War II. The cost for compensation and care of these veterans will soar into millions of dollars.

high blood pressure—a problem of the middle-aged

In adult life, the problems of heart disease become even more important. High blood pressure, or hypertension, is the most common cause of heart disease in middle age.

Hypertension throws an additional load on the heart, causing it to dilate and enlarge, leading at times to heart failure and death. The heart and arteries wear out sooner than they would if the blood pressure were normal.

Hypertension is not always serious. Many people who have it do not grow progressively worse, but live to a normal old age.

hardening of the arteries—most common after 50

Hardening of the arteries (arteriosclerosis) is most common in old age, but also occurs in middle age. The walls of the arteries become hardened and thickened, usually with narrowing of the channel and a consequent decrease in the size of the blood stream which flows through it. These changes result in an inadequate supply of blood to the tissues fed by the thickened blood vessel. When a clot (thrombus) forms in the thickened blood vessel, blocking the channel, the blood supply to a portion of the body is cut off completely.

In the case of the coronary arteries (the vessels which supply blood to the heart muscle), damage due to arteriosclerosis may reduce the blood supply to the heart muscle, resulting in coronary heart disease. This reduction in the blood supply to the heart muscle frequently results in the symptom commonly known as "angina pectoris"—pain in the center of the chest brought on by effort and relieved by rest. Coronary thrombosis, popularly known as a "heart attack," is usually caused by sudden closing of a coronary artery by the formation of a blood clot within it.

Coronary heart disease is not necessarily fatal. By taking proper precautions, many people who have it are able to live happy and productive lives.

the progress

organization for attack

The formation of the American Heart Association as a voluntary national agency marked a significant step forward by providing the leadership and the national program for the fight against heart disease. The establishment by Act of Congress of the National Heart Institute in the United States Public Health Service reflects the growing interest and concern of the government with this major health problem.

A great amount of research in the causes and treatment of the heart diseases has been done during the past quarter of a century, despite the handicaps of insufficient funds and the shortage of trained research personnel. In fact, it can be said that the progress in the development of knowledge in the cardiovascular field during this period has been at least as much as that achieved in all the preceding centuries.

As a result of scientific progress against the heart diseases, some forms can now be cured by drugs or surgery. In most instances, however, all that can be done is to reduce the strain on the damaged heart, thus prolonging useful, productive life.

scientific advances

Among the important scientific advances made against heart disease are the prevention of recurrences of attacks of acute rheumatic fever by the use of penicillin or sulfa drugs — the surgical treatment of certain congenital heart defects — the relief of symptoms by better methods of managing individual patients with high blood pressure — the use of anticoagulants such as dicumarol in reducing mortality and preventing complications following attacks of coronary thrombosis.

Another outstanding recent development is the use of penicillin or other antibiotics in the prevention and treatment of a type of heart disease known as subacute bacterial endocarditis. Prior to the use of such antibiotics, this disease caused death in almost every case.

There have been many advances in the medical and surgical treatment of diseases affecting the blood vessels in the arms and legs.

These accomplishments are small, however, in comparison with the job that remains to be done. Personnel and facilities must be provided for research and for the development of community cardiac programs.

the need

greater scientific knowledge

Lack of knowledge is the greatest obstacle in the fight against heart disease.

The primary need is for scientific research to discover the unknown causes of rheumatic fever, high blood pressure, and hardening of the arteries. Research can lead to new methods of care and treatment, and possibly to cures and preventive measures.

Authorities in the field are agreed that if any really significant steps are to be taken in conquering or controlling the heart diseases, such progress must be achieved through wide, intensive, and prolonged research by competent investigators who can devote all their time and energies to the task.

broader public understanding

It is the responsibility of every citizen to see that these research needs are adequately fulfilled. This calls for public education to develop a broad understanding of the seriousness of heart disease and the need for public support of the fight against this leading cause of death.

employment and heart disease

One of the major unsolved problems in the field of heart disease is the maintenance of those suffering from cardiovascular disorders as useful, productive members of society. The great majority of cardiac patients are employable. They may be placed in jobs for which an experienced physician believes them suited.

To meet this special problem, it is necessary to institute cardiac placement and vocational training programs in the community, to conduct studies on the performance of cardiacs in industry, and to educate employer groups on the economic soundness of employing capable workers with heart disease.

local cardiac programs

There is urgent need for community cardiac programs in many major areas of the nation. It is imperative that such programs be established if latest knowledge relating to the prevention, care and treatment of heart disease is to be brought directly to all citizens.

Community cardiac programs will assure that facilities for the overall care of the patient are available, and that these facilities conform to the standards set by the American Heart Association. Such programs are needed to foster and develop local rehabilitation, vocational guidance and employment services. They will help to coordinate all agencies and services in the community which can assist in the patient's recovery. They will provide information centers where the public can receive accurate data concerning all phases of cardiovascular disease.

the answer

the american heart association

The American Heart Association was formed in 1922 by a group of America's foremost cardiologists to fight heart disease with planned scientific and educational work. Recently reorganized into a national voluntary health agency, with local affiliates in major areas of the United States, its membership is composed of laymen, physicians and scientists interested in reducing disease, disability and death resulting from disorders of the heart and blood vessels.

The Scientific Council has been formed within the American Heart Association to maintain its scientific objectives. Functioning administratively under the Association are:

The American Council on Rheumatic Fever composed of representatives of twelve national voluntary health agencies. It is concerned with all phases of the American Heart Association's program which relate specifically to rheumatic fever and rheumatic heart disease.

The Section on the Circulation composed of physician members who are interested in all problems concerning the circulation of blood and lymph.

The Council for High Blood Pressure Research composed of laymen and physicians who are interested in high blood pressure and related problems.

the program of the american heart association

The Association carries forward the following broad and comprehensive program of research, education and community service in the field of cardiovascular disease, and is the only national voluntary agency exclusively devoted to this task.

research

The first objective of the American Heart Association is to sponsor and finance research in the heart diseases. At least half the funds allotted to the national office will be utilized primarily to support individuals who are interested in making a career in cardiovascular research, and secondarily to support research projects.

The policy of the Association is to develop a continuing program of productive research within the broad field of cardiovascular diseases over the country as a whole. The program provides for the support of career investigators, various types of fellowships, and grants-in-aid for research projects recommended by the Research Committee of the Association's Scientific Council.

education

Existing knowledge and new scientific discoveries in the cardiovascular field are brought to the medical profession and the public through the expanding educational program of the American Heart Association.

the answer

Typical of the services rendered to the medical profession is the publication of *CIRCULATION*, a monthly medical journal exclusively devoted to diseases of the heart and circulation. The Annual Scientific Sessions of the American Heart Association also provide a medium for reviewing the latest advances in the cardiovascular field.

General practitioners and specialists are kept informed of advances in the diagnosis and treatment of the major aspects of the heart diseases through the medium of postgraduate courses, summaries of recent developments such as those provided in the Association's publication, *MODERN CONCEPTS OF CARDIOVASCULAR DISEASE*, medical meetings, the wide publication of standards established by experts, pamphlets on various aspects of heart disease, motion picture films and slides, as well as other instructive aids.

Educational facilities are being developed for the training of nurses, medical social workers and other professional groups in their responsibilities relating to the care, treatment, and follow-up of heart patients.

The general public is being informed about the causes of heart disease and the significance of such factors as high blood pressure, infections, obesity, and rheumatic fever. Through the continuous educational program of the Association, in cooperation with its local affiliates, the public is encouraged to seek early diagnosis and adequate therapy, and to lend its full support to the development of necessary community cardiac programs.

community service

To provide the necessary services for the individual suffering from heart disease, there are local heart associations in major areas throughout the United States, affiliated with the American Heart Association. The effectiveness and success of the national heart disease program is measured in terms of what is accomplished in local communities.

These associations are engaged in furthering community programs for the prevention, care, and treatment of heart diseases; in educating physicians and other professional groups, and the lay public; and in establishing and maintaining high standards of medical and other services.

The fact that diseases of the heart and circulation are chronic in nature and require long-term care necessitates a high degree of coordination of many medical and non-medical community agencies and facilities. Among the facilities to be integrated into an effective community cardiac program are medical, nursing, and social services; health and welfare agencies; cardiac clinics and hospitals; convalescent homes; educational departments; rehabilitation, vocational training and employment programs.

The national office provides the stimulus and plan of organization for the creation of new local heart associations where they are needed. The American Heart Association maintains a professional staff to assist local groups in determining the needs of their communities, in creating or fostering required facilities, and in coordinating their programs with those of other voluntary and official agencies in their areas.

the appeal

The program of the American Heart Association provides the essentials for a national public health campaign for the "Heart of America."

Medical science cannot do the job alone. The success of the program depends on financial support by the public.

It is only recently that the appropriate organization and facilities have been obtained to conduct the heart disease fight on a major national scale. However, if the efforts against heart disease are to be comparable with those made against other serious diseases, citizens throughout the nation must be aroused to the full magnitude of the problem and the necessity for generous public support of such efforts. The financial means of the American Heart Association are *not* adequate to meet the continuous challenge of this menace to our national health.

Greater financial resources are needed.

Only an informed and responsive citizenry can assure hopeful and effective action.



AMERICAN HEART ASSOCIATION • 1775 BROADWAY, NEW YORK 19, N. Y.

American Heart Association



Policies Adopted by the Assembly

June 20, 1948

FOREWORD

The following statements do not attempt to express *all* the policies of the American Heart Association, but only those recently approved by the Assembly to indicate the nature of the relationships that should be established between the national Association and its local affiliates. Certain of these policies require amendments to the by-laws which are being prepared and are expected to be adopted at the next meeting of the Board of Directors. A set of proposed policies was originally presented in greater length and with much explanatory discussion in a report termed "A Planning Survey for the American Heart Association." This survey was discussed in detail for several days, modified in many respects, and much of it approved unanimously by the Assembly. The pages that follow set forth the approved policies with respect to affiliation, financial relationship, organization, research and other matters in the briefest form compatible with clarity, and without explanatory notes or an expression of the underlying philosophy.

I. STANDARDS FOR AFFILIATION WITH LOCAL HEART ASSOCIATIONS

With the development of numerous local associations two types of relationships will be established: (1) direct affiliation with the American Heart Association and (2) indirect affiliation with the American Heart Association as a chapter of a larger association. Those larger associations which conduct their activities through chapters or subdivisions will be designated by the term "state or intermediate associations."

The following are the standards for affiliation:

1. Affiliates will be admitted preferably as chapters of the American Heart Association, without separate incorporation.

Regardless of their corporate status, all chapters and other local heart associations will be affiliated under a charter granted by the American Heart Association which is renewable each year.

2. Each affiliate shall set forth in its policies whether it is to be a service agency or a state or intermediate association.

A state or intermediate association is one which coordinates service agencies which in turn are its chapters or affiliates. A service agency is defined as one which finances or conducts a community service program designed to contribute to the relief or prevention of cardiovascular disease throughout a specified locality.

Associations representing local or state areas will be considered for affiliation on the basis of the status of their development. Differences in function or authority are matters for consideration by joint study on the part of the local association, state or intermediate association, and the national association.

3. Each affiliate shall assume responsibility for a defined area which does not overlap the areas of other affiliates.

No affiliate will be accepted until it has been determined that its area of interest does not conflict with that of already

established heart associations or chapters. Wherever a conflict exists it shall be resolved by negotiation.

4. The area of an affiliate shall not cross state, city or county lines unless it assumes responsibility for the total areas of such states, cities or counties.

Affiliates in certain borderline states logically may be expected to serve the neighboring areas but this should be arranged through local negotiation.

5. In most instances, affiliates should be state-wide or chapters of state-wide associations, now or as soon as possible.

6. Each affiliate shall use a name which indicates responsibility for the area actually serviced.

7. The governing body of each affiliate shall be substantially representative of the areas, populations and interests served, both in medical and lay membership.

8. The program of each affiliate shall embrace the entire cardiovascular field and shall not be restricted to one or several special fields (e.g. hypertension, rheumatic fever, etc.).

9. Each affiliate shall endeavor to coordinate its community service program with those of related official and voluntary agencies.

10. Each affiliate shall indicate its affiliation with the American Heart Association in all official and public communications and on all suitable occasions.

11. Each affiliate shall agree to conduct its activities in accordance with policies and procedures approved by the American Heart Association.

(For relations between affiliates and other voluntary health agencies see Section VI.)

II. FINANCIAL RELATIONSHIP

The formula set forth under this heading for the classification and division of funds between the affiliates and the American Heart Association recognizes the importance of a reasonable and satisfactory arrangement which will assure maximum benefit to both.

Any funds raised from the public of a given territory, whether they are raised by the local or by the national organization, should be considered as one fund and as if they had been raised solely by and through the local heart associations. They would all, therefore, be subject to the same formula for division agreed upon between the American Heart Association and its affiliates. The general principle followed here would require a few exceptions, however, as in the case of contributions made by business organizations with branch offices in several localities or throughout the nation. Regardless of where they are made, these contributions should be divided equitably among all the heart associations which have claims upon them.

Obviously the American Heart Association cannot enter into arrangements for fund raising with one affiliate which would not be available to all affiliates or which would benefit one affiliate to the disadvantage of another.

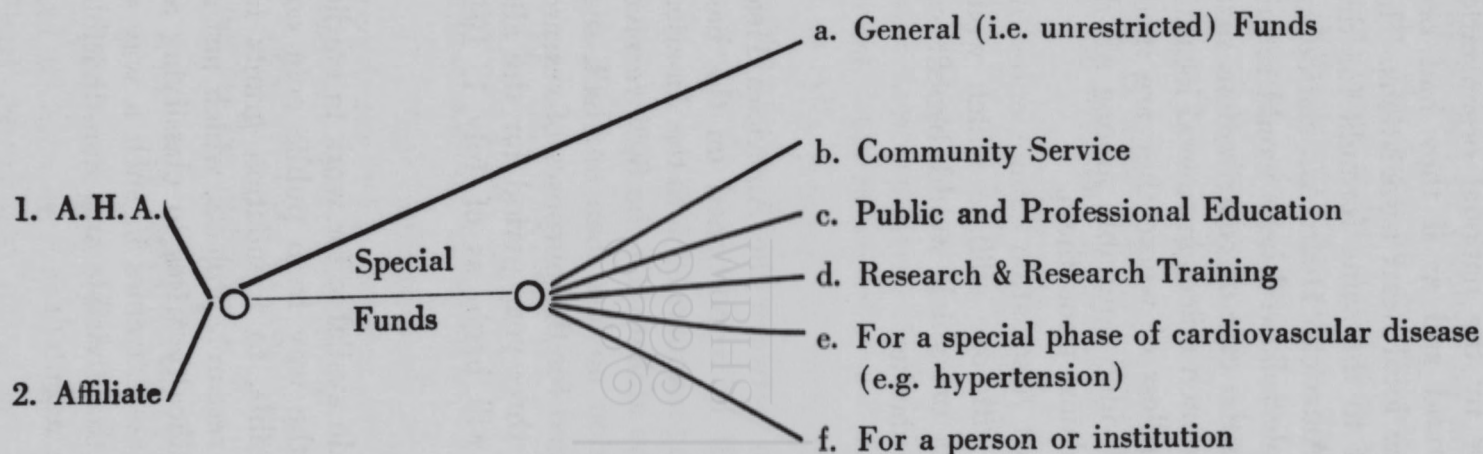
Division of Funds

All funds subject to division between the American Heart Association and its affiliates will be apportioned on the basis of gross proceeds* in the following manner: 30% to the American Heart Association and 70% to the affiliate. Of the 30% received by the American Heart Association no less than one-half, over a three-year period, will be utilized for the purposes of research and research training. The first three-year period for the allocation of such research funds will begin as of July 1, 1948.

Classification of Funds

The types of funds to be made available for work in cardiovascular disease will range all the way from public coin collections, which clearly are divisible, to foundation grants for specifically outlined institutional research projects, which just as clearly are not divisible. The difficulty arises in classifying all the types which fall between these extremes in such a way as to find a cutting point between the divisible and non-divisible. The following method has been adopted:

* A local heart association may deduct its campaign expenses, but the deduction shall not be in excess of 10% of campaign collections.

Recipient**Purpose**

The resultant 12 classes of funds may be indicated by combinations of their numbers and letters:

1a, 1b, 1c, 2a

These are divisible between the American Heart Association and its affiliates.

2b, 2c, 2d, 2e

These are also divisible unless earmarked specifically for local use.

1d, 1e

These are not divisible.

1f, 2f

These are not true receipts of heart associations, although they may be channeled through them for purposes of administration.

All funds collected by the American Heart Association or its affiliates through general appeals to the public in the interest of diseases of the heart and circulation, or collected without commitment as to time, place, agent or specific purpose of expenditure, are termed "general funds." All other funds collected are termed "special funds."

On the basis of these definitions, and of the classification set forth, the following plan for division of funds has been approved:

1. All general funds collected from any area which is encompassed in the specified territory of an affiliate, whether collected by the American Heart Association or by the affiliate, shall be regarded as one fund and divided between the American Heart Association and its affiliates according to the accepted formula for division of funds. (1a, 2a)

2. All funds, whether general or special, collected by the American Heart Association in any territory where it has no affiliate, may be expended by the American Heart Association wherever it may determine. If these funds are not earmarked and if no responsible agency exists in the territory, the American Heart Association may utilize them to foster the establishment of such an agency, or attempt to provide training for physicians or other professional workers in cardiovascular disease in the area.

3. All special funds collected by the American Heart Association for community services, or public or professional education, unless earmarked by the donor, will be divided between the American Heart Association and its affiliates according to the accepted formula for the division of funds. (1b, 1c)

4. All special funds collected directly by the American Heart Association and earmarked by donors for research or research training purposes will not be divided with local heart associations but will be allocated through the national research program of the American Heart Association. (1d)

5. All special funds received by the American Heart Association which are earmarked for a special phase of cardiovascular disease (e.g. rheumatic fever, hypertension, vascular diseases), but are not otherwise restricted as to use, will be allocated by

the American Heart Association to those persons, projects, or institutions which promise the most effective utilization regardless of their location. (1e)

6. All special funds collected by affiliates and earmarked by donors for community services, public or professional education, research or research training, or for a special phase of cardiovascular disease, but which are not specifically restricted by donors to local utilization, will be divided between the American Heart Association and such affiliates according to the terms of affiliation and with the understanding that the American Heart Association will likewise honor the donor's restrictions. If such funds are restricted by donors as to locality of expenditure as well as to purposes, such restriction will of course be honored. (2b, 2c, 2d, 2e)

7. All special funds earmarked by the donors for utilization by specified persons or institutions are not to be regarded as receipts of the American Heart Association or of its affiliates, but donors of such funds should be encouraged to let them pass through these constituted agencies for purposes of administration. In such cases a handling charge of 3% has been assessed in certain instances and is considered reasonable. (1f, 2f)

8. All other funds not provided for in paragraphs 1 to 7 above, unless earmarked by the donor, will be regarded as divisible.

Financial Help to Local Heart Associations

Where responsible groups exist and have formed a sound plan for a local heart association the American Heart Association upon application may advance pump-priming funds on a loan basis. Requests for such funds will be referred to the Finance Committee of the American Heart Association.

III. ORGANIZATIONAL STRUCTURE

The structure of the American Heart Association provides for an Assembly and Board of Directors, which constitute the

governing bodies of the Association. They are composed as follows:

ASSEMBLY

To provide representation, each affiliate with fewer than one million residents in its territory will be entitled to two delegates (who shall be members of the Association) to the Assembly. Those affiliates with more than a million residents are entitled to two delegates for each additional million or major fraction of a million. The population of areas shall be determined by reference to the last official figures published by the Bureau of the Census.

Each of the six geographic regions in the United States and Canada, as defined in the By-Laws, shall be allowed ten delegates at large to the Assembly until such time as the Board of Directors shall consider that all areas are adequately represented by affiliated heart associations. These delegates shall be selected from among the members of the Association by the Nominating Committee of the American Heart Association on the basis of recommendations made by members and affiliates in each region.

In addition there shall be five representatives from each of the following: the Scientific Council, the Section on the Circulation, and the American Council on Rheumatic Fever.

BOARD OF DIRECTORS

The Board of Directors includes:

a. 4 members: the President, the President-Elect, the First Vice-President, and the Treasurer, all to be elected by the members of the Assembly.

b. 12 regional delegate members: The members of the Assembly who reside in each of the six geographical regions shall elect two members of the region to represent it on the Board of Directors.

c. 12 members-at-large: elected by the full Assembly. To represent an influence that is essential in any voluntary agency, a maximum number of these should have an interest in the public health field as shown by volunteer work or other experience. Each region should have at least one member in this group.

d. 12 Scientific Council members: The American Council on Rheumatic Fever and the Section on the Circulation will elect two members each. The other eight members of the Board are to be elected by the Scientific Council unless specifically assigned for election by other special interest groups which may be created in the future.

This Board contains 40 members, the number allowed under present by-laws. At least two other officers, namely the Chairman of the Board and the Secretary, will be elected by the Board from its own membership.

IV. THE NATIONAL CONFERENCE OF EXECUTIVE SECRETARIES

The National Conference of Executive Secretaries has been created to serve in an advisory capacity concerning the needs and requirements of local affiliates and also the implementation of policies of the American Heart Association with reference to community programs.

V. RESEARCH

A Research Allocations Committee is to be initially elected by the members of the Scientific Council to develop a continuing program of productive research within the broad field of cardiovascular disease, and to recommend the allocation of all funds of the American Heart Association approved for research and research training.

The composition of the Research Allocations Committee will be as follows:

1. This Committee shall consist of eleven members. They shall elect annually a chairman, who shall appoint from among the personnel of the Committee such sub-Committees as may be needed.
2. The term of service on the Committee shall eventually be five years, but the initial membership shall be staggered so that three members serve for three years, and two

members serve for one, two, four, and five years, respectively. Any member who has served a full period of five years shall be permanently ineligible for reappointment. However, an individual whose initial appointment was for less than a full term is subject to reappointment for five years. Thus, the personnel of the Committee will have changed completely at the end of nine years, and eventually the personnel will change completely every five years.

3. All recommendations made by this Committee must be approved by the appropriate governing bodies of the American Heart Association before becoming effective.
4. The Committee shall be selected on a wide geographic basis.
5. There shall be on the Committee individuals with research experience and interest in (a) arteriosclerosis; (b) hypertension; (c) rheumatic fever; (d) peripheral vascular disease, including vascular surgery; (e) pathological physiology; (f) basic scientific disciplines, and (g) at least one individual engaged in the practice of medicine in the cardiovascular field.

VI. RELATIONS WITH OTHER VOLUNTARY AGENCIES

It is recognized that there is a serious objection to multiple appeals to the public for financial support by voluntary health organizations. Theoretically, it may be desirable ultimately to combine these appeals. The economies and efficiencies which might follow the utilization of joint local and national staffs constitute an important consideration.

The American Heart Association will continue to explore the feasibility of consolidating its efforts with those of other voluntary health organizations, specifically including the National Tuberculosis Association, but not excluding others. In the meantime, the American Heart Association will plan its program as an unaffiliated independent agency.

New affiliates may establish relationships with local community chests and other voluntary health agencies provided such relationships permit them to conform with the policies established for all affiliates by the American Heart Association, including financial obligations. Present affiliates should eventually conform with these policies.

VII. DIVISION OF PRINCIPAL RESPONSIBILITIES BETWEEN THE AMERICAN HEART ASSOCIATION AND ITS AFFILIATES

1. *Research*—The American Heart Association will allocate funds to support a substantial and continuing program of research in problems relating to the cardiovascular system. A coordination and information service will be available for those conducting research in local communities, and arrangements will be made for review of such local programs by the American Heart Association. When feasible, such coordinated service should be applied to nation-wide statistical and other studies.

In many cases the state or intermediate associations or local association will not have sufficient personnel or facilities in their communities which would justify independent research. Notable exceptions exist in certain large cities and teaching centers. The affiliates located in these larger communities would necessarily have to finance their own independent research programs after having contributed the agreed share of their fund collections to the American Heart Association, but such communities are also eligible for grants from the American Heart Association. In the interest of a well integrated total program and for the exchange of important knowledge, it is recommended that projects under consideration be submitted to the Research Allocations Committee of the American Heart Association for review and advice.

2. *Professional Training*—The American Heart Association expects ultimately to assume the primary responsibility for providing opportunities for research training of medical investi-

gators, chemists, physicists, or other professional workers who need further preparation for research. Where no local responsible agency exists, the American Heart Association hopes to assume the responsibility for special training in the fields of nursing, medical social work, and clinical medicine.

The state or intermediate and local associations should be responsible for professional training in their areas. The American Heart Association will provide guidance to these associations in professional training, as well as materials and speakers, and will establish standards and encourage their maintenance.

3. *Cardiac, Peripheral Vascular, and Related Clinics*—The American Heart Association will establish criteria and standards for these clinics.

It will be the responsibility of the state or intermediate association to approve these clinics and encourage the maintenance of such standards. If a local association is affiliated directly with the American Heart Association, and not affiliated through an intermediate association, it should assume these functions.

4. *Legislation Information Service*—This function is divided between the various levels of associations. The American Heart Association will be responsible for keeping its affiliates advised as to legislative developments and departmental regulations in Congress, federal departments or other national offices, while the state or intermediate association will assume the corresponding responsibility at the state or regional level. A local association may receive guidance and assistance from the state or intermediate association or the American Heart Association concerning local legislative developments. It is, of course, understood that these activities will not include carrying on propaganda or otherwise attempting to influence legislation.

5. *Public Education*—This function should be carried out by state or intermediate and local associations as well as by the American Heart Association in accordance with such sound administrative principles as are applied by other voluntary agencies.

6. *Fund Raising*—As indicated earlier, this function should be carried on by all associations, and should be designed to minimize the danger of duplicate or competitive drives.

7. *Community Service Programs*—Responsibility for these programs rests entirely in the local heart association. The American Heart Association and state or intermediate associations will play an important part in guiding and assisting local heart associations in their service programs but, except in areas where no local heart associations exist or in areas where extensive demonstrations are advisable, they will not themselves organize or direct community services.



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1775 Broadway New York 19, N. Y.

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ANNOUNCER: We bring you now a message from Rabbi Abba Hillel Silver

RABBI SILVER: The unselfish, collective effort of medical scientists to control and eradicate disease is living proof of Mankind's spiritual growth. Many diseases have been conquered through research./ The heart diseases, however, remain largely unconquered, and they constitute this nation's leading cause of death. The collective effort of our doctors and scientists is not enough to defeat this common enemy • Our help -- yours and mine -- is needed -- needed to support continued research, education and community heart programs. These are the goals of the Heart Campaign now being conducted by the affiliates of the American Heart Association. Collective effort on our part can defeat ~~any~~ ^{the} enemy. So let us open our hearts and give generously. Send your contribution to HEART--H-E-A-R-T--heart, care of your local post office.

*Sgt Snyder Recording Co.
1514 Prospect Ave.*

2³⁰ Tues., 11/22

1950 *HEART* Campaign



FEBRUARY 1-28

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TELEPHONE: PLAZA 7-2045

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National Campaign Treasurer

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November 22, 1949

Rabbi Abba Hillel Silver
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My dear Rabbi Silver:

Your willingness to make an appeal for our 1950 Heart Campaign has delighted all of us connected with this crusade, and you have our sincere thanks.

Mrs. Jerry Bruner, Executive Secretary of the Cleveland Heart Society, an affiliate of the American Heart Association, will call upon you and make the necessary arrangements for recording your appeal.

With kindest wishes and our thanks,

Most cordially yours,

James Whipple
Radio Director

JW:m

THE CHALLENGE OF HEART DISEASE

BY H. M. MARVIN



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THE CHALLENGE OF HEART DISEASE

By H. M. MARVIN

A NUMBER of important health conditions have received wide publicity in this country, but until the last few years one heard very little about heart disease as a public health problem. Occasionally the question was raised as to why efforts were not being made in this field comparable to those in the fields of tuberculosis, infantile paralysis, and cancer, but the majority of doctors and lay people seemed to assume that heart disease was a matter of private rather than public interest or that nothing could be done to meet its growing threat. Many thoughtful observers who were aware of the situation became gravely concerned at the pitifully small funds available for use against diseases of the heart while those for some other diseases were growing rapidly. Public interest began to awaken when figures for the selective service draft of the Second World War were released, showing that 10% of all rejections were for diseases of the heart and circulation, and that one-half of these were for rheumatic heart disease.

But behind this apparent inactivity significant movements were taking place quietly. Before the last war plans had been made for the national organization in this field to widen its activities to include public health measures and broad education of the public and the profession. An extensive program was carefully prepared, but had to be abandoned because of the entry of this country into the war. As soon as the war had ended and doctors were once more available, the plans were extended and activated; certain details of these will be mentioned later.

During the last three or four years there has been a great increase in the public interest in this subject, and some of the reasons for this are clear. The rising mortality rate from heart disease is mentioned frequently in newspapers and magazines,

and the advertisements of life insurance companies indicate beyond question the predominant role of this disease as a cause of death. The obituaries in each day's newspaper and the sad personal experiences of almost every family further emphasize its importance. Moreover, during the past two years there has been a national campaign of public education carried on through magazines, newspapers, radio, and the distribution of appropriate literature, in an effort to awaken the American public to the seriousness of the situation and the necessity for vigorous action. To anyone familiar with the gigantic educational power of national radio broadcasts it could not be surprising to hear that this great health program was brought more forcibly to millions of Americans by a radio contest early this year than by any other means.

There can be little question that this growing awareness of the situation is a hopeful and healthy sign. Intelligent understanding of a problem must precede its solution, and a broad comprehension of this greatest of all health problems is essential if its challenge is to be met. The average intelligent citizen of this country has at least some knowledge of the importance of tuberculosis, infantile paralysis, and cancer; it is to the great credit of our people that many thousands of them are devoting their energies and their money to the effort to control or conquer these diseases. If similar efforts are to be made in the field of heart diseases, the people throughout the nation must be educated to the seriousness of the problem and the necessity for generous public support of such efforts.

Many readers have doubtless thought of heart disease as a single process with one underlying cause, similar to diabetes, diphtheria, or typhoid fever. This is not the case. There are actually five common types of heart disease, and a brief identification of each may help to clarify the situation. There is the type present at birth, due to failure of the heart to develop normally in the prenatal period; while there are many anatomical defects that may occur, they are usually grouped under the term "congenital malformations of the heart." These malformations are estimated to be responsible for about 1%—2% of

all heart disease. The other four types are acquired in childhood or adult life as a direct result of some infection or degenerative process. They are: syphilitic heart disease, which appears as a late result of syphilitic infection; rheumatic heart disease, which occurs during or shortly after one or more attacks of rheumatic fever; arteriosclerotic (or coronary) heart disease, caused by hardening and narrowing of the coronary arteries, which nourish the heart and provide its energy; hypertensive heart disease, resulting from high blood pressure, which is known technically as hypertension. Instead of having a single problem to solve, we actually have five!

It is widely and correctly stated that heart disease has increased in recent years, but this statement takes on a different significance if the increase is analyzed in terms of the different types. There appears to be no good evidence that congenital malformations have increased in incidence lately, with one possible exception that will be mentioned later. Rheumatic heart disease was apparently stationary or decreasing slightly until mobilization for the Second World War, when the crowding of young and susceptible men into military barracks resulted in the occurrence of an estimated 40,000 cases of rheumatic fever and a consequent rise above the usual incidence of this type of heart disease. There are no reliable figures upon the present or past incidence of high blood pressure, but the impression of the best authorities is that it has increased only slightly, if at all. Syphilitic heart disease has apparently decreased measurably in the past twenty years. It becomes clear, therefore, that the increase in diseases of the heart is chiefly an increase in only one type of the five types—the type caused by narrowing of those arteries upon which the heart depends for its proper functioning. This process is associated with, even if not due to, ageing of the body; in some form it is present in all people who have reached the later decades of life. It is to be expected, therefore—indeed, it is inevitable—that this form of heart disease will increase in direct proportion with an increase in the number of older people in the population. The portion of the population of the United States over

the age of 65 years has risen from approximately 4.1% in 1900 to approximately 7.2% in 1945, and if present trends continue, it is estimated that by 1975 the percentage will be approximately 10.7. Consequently, from one defensible standpoint it may even be argued that an increase in the arteriosclerotic form of heart disease is an encouraging phenomenon, since it indicates that a larger percentage of people are living to the age of 65, 70, or 80 years. If this form of disease were confined to these ages, it might indeed allay much of the anxiety now felt by thoughtful doctors and students of public health, but unfortunately it is not. The personal experiences of many readers and a casual perusal of the death notices in the daily papers indicate clearly that thousands of men succumb to hypertensive or arteriosclerotic heart disease between the ages of 35 and 50, many of them just as they are beginning to make their richest contribution to society. It remains true, nevertheless, that the great bulk of the increase in diseases of the heart is to be ascribed to the increasing age of our population, and to that extent it appears less alarming.

Lest the reader tend to become complacent at this broad and incomplete analysis, it may be well to indicate the size and importance of the problem presented by heart diseases as a whole. It has been estimated by the Children's Bureau of the Federal Security Agency that there are not less than a half-million children of school age (5 to 15 years) in this country who have rheumatic heart disease, and other estimates indicate that at least that number of adults are suffering from the same condition. The number of those who have syphilitic heart disease is unknown, but there is general agreement that this type accounts for less than 10% of all heart disease. It has already been stated that there are no reliable figures for hypertensive and arteriosclerotic heart disease, but the importance of these types can be deduced with depressing certainty from the official list of causes of death. In 1946, according to government reports, diseases of the heart and blood vessels caused 588,000 deaths in the United States, and the great majority of these were due to the two forms just mentioned. For the sake of com-

parison, it may be stated that in the same year cancer caused 182,000 deaths, accidents 98,000, diseases of the kidneys 82,000, pneumonia 62,000, and tuberculosis 51,000. Thus the mortality from diseases of the heart and blood vessels was greater than that from the next five leading causes combined; it was three times as high as cancer and eleven times that of tuberculosis.

Furthermore, it is time for every thinking citizen to realize that rheumatic fever and the resulting rheumatic heart disease is the leading cause of death in the United States between the ages of 5 and 19 years, and stands second (excluding accidents) between 20 and 25 years. Rheumatic fever causes about 90% of all heart disease in children of school age. In a careful survey of deaths in New York City a few years ago, it was found that those due to rheumatic fever and heart disease were almost five times as many as those from infantile paralysis, whooping cough, diphtheria, scarlet fever, measles, and meningitis combined. These figures may be surprising to many, and are surely disturbing, but they become even more significant when one realizes that for every death from rheumatic heart disease there are many children and young adults who are slightly or greatly handicapped by reason of the heart disease to which they may eventually succumb. Approximately one in every five children who develop rheumatic fever dies within ten years. It would be impossible to express adequately the tragedy of the prolonged and progressive crippling during the middle years of life that results from this dreadful disease, which should be recognized by all as the greatest enemy of childhood and early adult life. The economic loss resulting from inefficiency or absences due to illness (to consider one of the least important aspects) is almost beyond computation.

A great deal more might be said about the magnitude and importance of heart disease, but perhaps even the foregoing brief statement is sufficient to indicate that it is indeed our most serious public health problem. Despite the gravity of the situation, however, it would be misleading and unforgivable to leave the impression that the picture is wholly black, for there

are many high lights that deserve emphasis. The recent discovery of the relationship between German measles and congenital anomalies (of the heart, eyes, limbs, and other parts of the body) will almost certainly lead in time to preventive measures. Several of the most common and most serious malformations of the heart are now subject to correction by surgical operation, and hundreds of children formerly doomed to probable invalidism or early death have been made normal or nearly so by such procedures. More is now known about a number of factors closely related to rheumatic fever than ever before, and many careful students of this disease believe that there is a reasonable probability of discovering the cause in the foreseeable future. Besides, there is considerable evidence that the routine administration of sulfa drugs for long periods after the initial attack of rheumatic fever will prevent subsequent attacks, and it is often the later attacks that cause serious injury to the heart. An infection of the lining of the heart, known as bacterial endocarditis, which was formerly fatal in about 99% of all cases can now be cured in 70%–75% by administration of large amounts of penicillin. Of perhaps even greater importance, it now seems probable that this infection can be prevented in many instances by the routine administration of penicillin before and for several days after the extraction of teeth and operations about the mouth or throat. With respect to high blood pressure, it is currently believed that the reduction of sodium in the diet to very minute quantities will often result in temporary or prolonged reduction of the pressure. Surgical operation has also proved of value in a certain proportion of those subjected to such a procedure, but cannot be regarded as a cure.

Even in the grim field of arteriosclerosis of the coronary arteries some progress may be reported. Obesity has long been recognized by doctors and life insurance actuaries as a lethal factor, even if the public chooses to ignore it, but recently it has been found that a fatty substance known as cholesterol is apparently intimately related to the development of progressive changes in the coronary arteries. It has been shown that a high

percentage of young subjects who have advanced changes in these arteries, or who die of such changes before the age of 30 years, have abnormally large quantities of cholesterol in the blood serum. It is not yet possible to control this factor adequately in all such people, but a great deal can be done for many of them, and the road to further progress seems clearly marked.

It is particularly gratifying to point out a more recent advance in this same field. Several years ago there was discovered a substance known as dicumarol which, when administered by mouth, retards the clotting of the blood. There were reasons for believing that if this were given immediately after a "heart attack" (the common name for the closure of a branch of the coronary artery by the formation of a blood clot within it), the immediate outlook and the incidence of complications might be favorably affected. At least three doctors had the same idea independently at about the same moment, and almost simultaneous studies were begun in Miami, Baltimore, and New York. The results in small groups of patients seemed encouraging. Then, under the auspices and guidance of the American Heart Association and with the financial support of the U. S. Public Health Service, a co-operative study was begun in sixteen hospitals in 10 cities scattered from Boston to San Francisco. One thousand patients admitted to these hospitals several hours to several days after coronary thrombosis were treated according to the same general plan, with the significant exception that half of them received dicumarol daily, while the other half received none. Extensive and careful records were kept of each patient upon forms prepared, and subsequently analyzed, by trained bio-statisticians. The results of the study were clear and conclusive and were practically identical in all sixteen hospitals. The answer to an urgent question was thus obtained in about eighteen months by a co-operative study, whereas any one of the participating teams working alone would have required perhaps ten years to secure the same information.

And now, with this rather sketchy outline of some of the discouraging and encouraging aspects of the situation as a background, let us consider briefly our present knowledge, the ur-

gent need of remedying its deficiencies, the possibilities of controlling or conquering the heart diseases, and the efforts and plans that are now being made.

What do we know of the fundamental causes of the various types of heart disease? Until recent years, practically nothing was known as to the causes of congenital malformations of the heart, but recent evidence strongly indicates that certain virus infections of the mother during the first several months of pregnancy are especially likely to result in malformations of the baby born of that pregnancy. Thus far, German measles is the one disease that seems most likely to have this drastic effect, but studies now in progress may disclose that other virus infections are almost equally dangerous. In 1946 Aycock and Ingalls published a careful and critical review of all cases reported up to that time. They state: "Thus on the basis of admittedly incomplete data, it would appear that the risk of anomalies in the infant may be upwards of 25% following rubella (German measles) during the first three months of pregnancy. . . . Many authors have gone so far as to accept the available evidence as sufficient grounds for termination of pregnancy. Such a far-reaching question can be approached with wisdom only when there are adequate statistical studies to establish the specific risks of infection at all stages of pregnancy. Knowledge from such studies would have to be interpreted not only in terms of actual risk of congenital anomalies, but as well in terms of the health of the mother in continuing a pregnancy with such a known risk, and finally in terms of an informed public opinion." Studies relating to this matter are now going forward, and it is probable that conclusive evidence will be available within a short time. Meanwhile one can note that a path has been found which may well lead to a great reduction in the incidence of congenital anomalies of the heart and other organs.

The cause of syphilitic heart disease has long been known with certainty; it is the syphilitic infection acquired in most cases ten to twenty years earlier. If syphilis could be eradicated by means of education and public health measures, the syphi-

litic form of heart disease would likewise disappear. But it should be remembered that this is numerically the least important of all the types of acquired heart disease, and its eradication would reduce the mortality figures only slightly.

There remain the three important forms which together account for perhaps 90% of all heart disease; the rheumatic, the hypertensive, and the arteriosclerotic. It is easy to state that these are due respectively to rheumatic fever, high blood pressure, and gradual narrowing of the heart's nutrient arteries, but to say this is merely to push the inquiry one step nearer the desired answer. What causes rheumatic fever, what causes hypertension, and what is responsible for arteriosclerosis? Until we know why an individual develops the condition which itself damages the heart or blood vessels, we cannot confidently hope to conquer it. The history of medicine's brilliant advances towards the conquest of disease is very largely a story of the discovery of specific or contributory causes. One thinks immediately of the thrilling results that followed the discovery of the cause of yellow fever, of tetanus, of typhoid fever, of diphtheria, and scarlet fever, and meningitis—the full list is far too long to record here. In most instances when the cause of a disease has been found, measures have been developed to eliminate it, to provide immunity against it, or to prepare curative medicines or sera. Briefly stated, prevention or cure waits upon the discovery of the fundamental cause. And it is saddening to report that we are as yet almost wholly ignorant of the cause of rheumatic fever, of hypertension, and of arteriosclerosis in younger people. It is not even certain that there is a single cause responsible for each of these conditions; there may be several or many factors, closely related to each other or operating independently.

It is, therefore, clear that our first attempt should be to uncover the causes of these insidious conditions which injure the heart in childhood or in the years of adult life that should be most productive. And this attempt may be summarized in the one word: research. There is complete agreement among the authorities in the field that if this country is to make any sig-

nificant advance in conquering its leading cause of death, it must be in the first place through wide, intensive, prolonged research by competent investigators who can devote all their time and energies to the task. It is no answer to point out that many are already engaged in research. Frequently the investigator is unable, for financial reasons, to devote his full time and thought to his problem. In other instances, promising young men, after only a year or two, reluctantly abandon the career in research of which they have long dreamed, in order to earn a livelihood in the private practice of medicine or in some form of industrial medicine. In still other cases, the uncertainty about continued support of the project, or lack of funds with which to procure essential tools for the work, has rendered a piece of research barren or far less productive than it might have been. Perhaps the greatest handicap of all in such efforts has been the widespread custom among American medical schools of employing young men because they have shown great ability in investigative work, and then literally loading them down with routine teaching and administrative tasks which take most of their time and energy. Too often men of vision, creative imagination, and proved research ability have been largely wasted in this fashion. So long as we remain ignorant of the causes of rheumatic fever, hypertension, and premature arteriosclerosis it is clear that we must have more extensive and more intensive research to discover these causes.

But a word of caution is essential in this connection. Results cannot be guaranteed in medical research, and all who support such research by their guidance, participation, or financial contributions should recognize this fact. The development of the atom bomb is often cited as proof that *any* problem can be solved if only enough people and money are provided to work upon it. But in that spectacular development the chief necessity apparently was not the acquisition of wholly new knowledge, but rather, the application upon a large scale of knowledge already available. What was needed, so far as a non-physicist may judge, was facilities, whereas the effort to conquer heart disease will require knowledge not now in existence.

One must acknowledge also the possibility that some of the most helpful discoveries may be made in modest, ill-equipped laboratories by a single worker who has, through high intelligence, dogged perseverance, or pure chance, lighted upon the one fruitful idea for which hundreds of others were seeking. Miracles of this kind have occurred, and one prays fervently for many more. There are, however, reasons for believing that significant additions to our already great and complex knowledge may be made more quickly and with greater certainty if large numbers of workers can be allowed to concentrate their efforts upon related phases of a problem. Rugged individualists and those who work most effectively alone must be encouraged and supported, but facilities should also be provided for broad co-ordinated investigations by teams of workers in different institutions.

Research, as the term is now understood, is an expensive process. In the world of business and industry, millions of dollars are spent upon it without hesitation, for the business man has learned that such investment will be repaid many times over. In the world of medicine, funds for research have always been very small, and only in the last few years have they begun to show a moderate increase. Until 1947 they were derived chiefly from three sources—medical schools and universities, large foundations, and the Life Insurance Medical Research Fund. For universities and foundations it has been increasingly difficult to continue large grants because of the rising expenses of equipment, maintenance, and salaries of personnel.

To some extent, this difficulty has been offset by the creation of new foundations in response to the widening recognition of the needs in this field of health. Several years ago 148 of the country's life insurance companies acknowledged their interest and responsibility by forming the Life Insurance Medical Research Fund, to which each participating company contributes. This Fund has approximately \$600,000 to allocate annually for research. Its directors decided at the outset that research sponsored by the Fund would be largely of a basic nature, as distinguished from purely clinical studies, and that

for the first five years it would be exclusively in the field of cardiovascular diseases, that is, diseases of the heart and blood vessels. Soon afterward there was created the Helen Hay Whitney Foundation, which plans to devote its entire income to research in rheumatic fever and rheumatic heart disease. Under the able medical direction of Dr. T. Duckett Jones, one of the nation's leading experts, this Foundation in a period of less than two years has started work of a fundamental nature which should speed our progress towards the conquest of this great scourge of childhood. In 1947 the Masonic Order in New York State established the Masonic Foundation for Medical Research and Human Welfare for the purpose of raising money within the State for use in the field of rheumatic fever and chronic arthritis. Within the past several months it has announced grants to seven medical schools totalling \$200,000, to be used for research into the causes and treatment of such diseases. The American Rheumatism Association, which for many years has been a scientific group interested in all the rheumatic diseases, including chronic arthritis, has recently indicated its intention of participating more actively in research into rheumatic fever. All these recent developments, which speak eloquently of the rapid increase in public interest, are in addition to the rheumatic fever programs sponsored for some time by the U. S. Children's Bureau of the Federal Security Agency. At present the Bureau is expending slightly more than a million dollars a year in support of such programs in 23 States, and has funds in reserve sufficient to start three additional programs. There are also a number of smaller foundations, some of them of recent origin, devoted to research in some special field of cardiovascular disease; in many instances these are purely local in their interests and are supported by a single family or one person.

Finally, there are two new developments that one may view with pride and great hopefulness. One is the recent rapid development of the American Heart Association as a national voluntary health agency. After many years of existence as a small scientific organization, it has been completely reorgan-

ized to include a large number of lay people in its membership and on its governing bodies, has embarked upon a vigorous campaign of public education, and has enlisted the help of scores of experts in all related fields to prepare detailed plans for activities throughout the nation which will have as their one main purpose the reduction of disability and death caused by heart disease. It will soon make its appeal to the public for funds to support research, public education, post-graduate education of doctors and nurses, and an extensive program of community service through local heart associations. More than two-thirds of all funds collected from the public will remain in the communities, to be expended by the local associations. The national association, recognizing that the primary need is for research, has pledged itself to give not less than half of its income each year for this purpose. Its present policies include the provision of "careers in research" for a certain number of those who have shown themselves peculiarly qualified and who wish to devote their lives to such work. As the public becomes more aware of the great need, the sums available should increase annually until they become more nearly comparable with the amounts spent upon research by business and industry.

Perhaps something should be said here about the natural response of most people to the announcement that a new appeal is to be launched for funds. The average citizen is already solicited so frequently for the support of worthy causes that he is likely to groan in despair when asked to contribute to still another. Often one hears such questions as these: "Why does each separate disease require a national organization and a separate campaign for funds? Why can't these groups join in a single drive each year for all health causes, in the same manner that most cities now have one annual Community Chest campaign for all local health needs?" A detailed answer to these questions would require too many pages, but it should be stated briefly here that careful consideration has recently been given to the possibility of such federated fund-raising. The arguments in favor of such a plan are too obvious to require mention. What, then, are the arguments against it? Here the fol-

lowing points are worthy of consideration. It appears to be the consensus of those who have studied the matter most closely, both those favoring a unified appeal and those opposing it, that the time has not yet come when the public will support it adequately. Apparently most people who contribute to these campaigns do so because of a strong special interest in one particular disease rather than in the broad field of health. Often this interest is based upon personal suffering or the loss of relatives or friends, and finds expression in the natural and humane desire to prevent similar tragedies in the lives of others. If their gifts are activated by such motives they are likely to resent the suggestion that a large part of their contributions might be allocated to a disease in which they have no special interest. There is general agreement that the amount of money raised by a single campaign for multiple health causes would be far less than the total now raised by separate campaigns, in which case there would be an unfortunate, perhaps disastrous, reduction in the research and services now established. There would certainly be serious, and perhaps insurmountable, difficulties in the equitable distribution of a general fund among many national organizations, each convinced of the urgency of its own need. Where should we find a Solomon whose wisdom could evolve a formula for division of the fund that would ensure justice to each organization, to all those suffering from the diseases represented, and to the desires and special interests of the contributors? Fear has been expressed that a unified campaign might lead to the establishment of autocratic centralized control which would be independent of public guidance.

A recent statement prepared by representatives of six of the largest national health organizations which now conduct annual campaigns for funds contains this paragraph: "The very number and variety of appeals which achieve wide public support, instead of being regarded as an irritation, should be considered to be a measure of the diversity of interests of our citizens in humanitarian and non-material needs. These needs are not simple. They are infinitely complex. Putting them all in one basket makes them neither simple nor understandable.

If a person is approached once a year and told that the moment has come for him to make his annual humanitarian contribution to health and welfare, and that it will cost him so much, he may be relieved of the trouble of appraising a variety of appeals, but year after year he will come closer to regarding this payment as a tax rather than as a privilege, and year after year he will be less alive to the nature of the human needs which it is his duty as a citizen not only to aid, but also to *understand*, and to sympathize with."

These are but a few of the considerations that enter into this complex subject; this brief statement is intended only to indicate that it has received, and will continue to receive, the earnest thought of a great many wise and experienced people, both inside and outside the large national health organizations. There are many who hope and believe that federated fund raising will ultimately come in response to the demand of the American public, but there appear to be relatively few who think the time has now arrived.

The second, and perhaps even more encouraging, recent development was the decision of Congress to make federal funds available for the fight against diseases of the heart. At its last session, Congress created the National Heart Institute as one of the Institutes of Health within the framework of the U. S. Public Health Service. The administrative headquarters will be in Bethesda, Maryland, where there will also be unsurpassed facilities for the care and study of patients and for research. But research sponsored and supported by the National Heart Institute will go forward in many hospitals, medical schools, and research institutions in different parts of the country. Congress has thus far voted only enough funds to establish the Institute and start its functioning, but the need for large grants in the immediate future is so obvious that they cannot easily be denied. A distinguished group of public-spirited citizens, both medical and non-medical, has been chosen as the National Advisory Heart Council, which will take an active part in the determination of policies and the allocation of funds by the Institute. There will be the closest

possible co-operation between this Advisory Council, the Director of the Institute, Dr. C. J. Van Slyke, and the American Heart Association. This marks the beginning of an ideal arrangement which has long been the cherished dream of many students of public health—a strong government body and a vigorous voluntary agency working hand in hand towards the same goal. The two agencies will supplement and complement each other, and it is the belief of those now directing them that the entire field of cardiovascular disease can soon be adequately covered through close and constant co-operation.

Even these brief and inadequate comments should provide some basis for hopefulness. Encouraging progress has already been made, as the reader knows, in the correction and treatment of certain types of heart disease. There are signs that increasing public awareness of the problem is leading to a growing eagerness to do something about its solution through organization. The revitalized national Association through its affiliated local associations will take the leadership in the effort to enlighten the public and direct its efforts. Post-graduate training of doctors and nurses will be more intensive and extensive than ever before. Widespread research, adequately supported over long periods of time, should soon become a reality through the co-ordinated planning of the National Heart Institute and the American Heart Association. With an educated and aroused citizenry, with an enlightened Congress to finance some of the necessary activities, with fine and unselfish leadership in the two national groups and in local associations all over the country, it is unthinkable that we shall fail in this vital effort.

Finally, a word more might be said about the possibility of preventing some of the conditions that lead to heart disease, several of which have been indicated or implied in the foregoing pages. It seems likely that congenital malformations which may be confidently ascribed to German measles or other virus infections in the mother during the early months of pregnancy can be greatly reduced, preferably by perfecting a vaccine that will give immunity to women against such infections. Experience with other virus diseases makes this appear

not merely possible but even distinctly probable. Rheumatic fever can almost certainly be reduced, even with our present incomplete knowledge of its cause and methods of spread, by means of public education leading to demand for comprehensive community plans of registration, examination, and supervision of school children. The development of specific measures that will provide complete protection to all children must await the discovery of the cause of the disease, but meanwhile much can be done. It has already been said that the syphilitic form of heart disease can be prevented either by public health measures to prevent the spread of syphilis or by adequate early treatment of this disease since involvement of the heart and blood vessels is usually a late complication. Dietary factors should also prove a fruitful field for research. There are indications at present, not wholly conclusive, that sodium (taken chiefly in the form of table salt, or sodium chloride) may be an important factor in the cause or maintenance of high blood pressure. People with this condition may live on a virtually saltless diet, as many are now doing, or may look forward to the use of a substance already announced—a resin or plastic which, when taken with meals, will absorb all the sodium from the food and prevent its absorption by the body. Recent studies appear to reinforce a belief long held that in many people there is a close parallelism between obesity and hypertension; curtailment of diet leading to reduction in weight may bring about a reduction in the blood pressure of such persons. Premature thickening and narrowing of the coronary arteries is probably beyond the reach of specific preventive measures at the moment. In some instances this is probably a genetic problem, a matter of direct inheritance; in others it appears to be a direct consequence of hypertension or diabetes, and in certain cases cholesterol in excessive quantities is probably one of the decisive factors. To some extent, these last are controllable.

Thus the outlook for preventive measures is far from hopeless. In a few years, ignorance has been dispelled over large areas of this vast territory. The new work going forward will not only increase knowledge but also speed its acquisition.

THE YALE REVIEW

A National Quarterly

WINTER 1949

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PUBLISHED BY YALE UNIVERSITY PRESS

Address: 143 Elm Street, New Haven 7, Conn. \$1. a Copy; \$3.50 a Year

Printed by E. L. Hildreth & Co.

FACTS ABOUT THE AMERICAN HEART ASSOCIATION'S 1950 HEART CAMPAIGN

The Name of the nation-wide educational and fund raising campaign of the American Heart Association and its affiliates is the 1950 HEART campaign.

The date of the Campaign is February 1-28. American Heart Week - focal period for promotional activity - will be February 13 - 20 ... which includes Valentine's Day, February 14th.

Campaign officers include: A. W. Robertson, National Campaign Chairman; Winthrop Aldrich, Treasurer.

The national goal is \$6,000,000, of which 70% goes to the local affiliated heart associations, 30% to the national association. It is the minimum amount needed to expand the Association's year-round attack on cardiovascular disease through:

(1) Research: 50% of the funds received by the national office of the Association will be allocated to research. Many affiliates will increase the amount spent on research through their own allocations. Last year, a total of \$700,000 was allotted to scientific research by the Association and its affiliates.

(2) Education: The Association and its affiliates conducts an informational program to give the public the facts about the heart diseases and to encourage early diagnosis and treatment. It also provides for postgraduate education of physicians in the latest scientific findings in the cardiovascular field.

(3) Community Service: A steadily growing number of local affiliates - there are now 44 in all - have the central aim of helping to develop and coordinate various community services - medical, nursing, welfare and others - into integrated cardiac programs directly serving the public.

There is still a tremendous job to be done in finding, through scientific research, new knowledge about the causes, prevention and cure of heart and circulatory diseases. The causes of rheumatic fever, high blood pressure and hardening of the arteries - which account for 90 per cent of all heart disease - are still unknown.

The magnitude of the cardiovascular disease problem as it stands today has been described this way by Dr. Leonard A. Scheele, Surgeon General of the United States Public Health Service: "Heart disease is the most challenging problem in public health today. Ten out of 23 deaths are due to a disease of the heart or circulation and about one out of every 20 persons in the United States suffers from some form of cardiovascular disease. In 1947, over 625,000 persons died from diseases of the heart. More than 6 million Americans now alive will die of these diseases -- unless fully effective control measures are developed in the near future."

The American Heart Association, 1775 Broadway, New York 19, N.Y., is the only national voluntary health agency working exclusively in the heart field. Its membership includes leading cardiologists and prominent representatives of business and the professions.



AMERICAN HEART ASSOCIATION, INC.

44 EAST 23RD STREET, NEW YORK 10

November 25, 1953

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My dear Rabbi:

The American Heart Association is the only national voluntary health agency which is engaged in finding the causes and possible cures for diseases of the heart and circulation. The principal support of the Association is the annual Heart Fund drive which takes place in February.

During this coming February, the highlight of the drive will be known as Heart Sunday (February 14th). During the afternoon of that day, thousands of Heart Association volunteers in all parts of the country will visit neighbors on their own blocks to receive donations for the Heart Fund.

A reply to this letter indicating your support and endorsement of Heart Sunday will be of substantial assistance to the American Heart Association and its nation-wide affiliated heart associations.

We are asking nationally respected leaders of all faiths for like statements. It is our conviction that the words of such leaders will be of great inspiration to the many volunteer workers who will go out to aid in the attack against one of our nation's greatest health enemies.

We feel, too, that statements from religious leaders are particularly appropriate in the case of a quest to aid sufferers from heart diseases because it would seem that the peace of mind so necessary in the treatment of most heart ailments can come best through religious faith.

Two sheets listing facts about the American Heart Association and some additional materials are enclosed for your reference, if desired.

Sincerely yours,

Bruce Barton

Dr. Abba Hillel Silver
The Temple
East 105th Street and Ansel Road
Cleveland, Ohio

FACTS ABOUT DISEASES OF THE HEART AND BLOOD VESSELS

- MORTALITY:** In 1952, latest year for which figures are available from the National Office of Vital Statistics, heart and circulatory diseases caused 771,000 deaths, or 51.6% of all deaths.
- COMPARISON:** Same year, the next five highest causes of death were: Cancer, 224,000; accidents, 95,000; pneumonia, 47,000; tuberculosis, 25,000 and diabetes, 25,000 -- a total of 416,000 for the five.
- INCIDENCE:** About 10,000,000 persons, or 1 out of every 16, suffer from some form of heart or blood vessel disease. Of these, about 500,000 are elementary and high school children.
- AGE LEVELS:** Heart diseases affect people in all age levels and economic groups. After the age of 45, they cause one of every two deaths.
- PRINCIPAL TYPES:** There are twenty forms of heart disease. The three that account for about 90% of all heart disease are:
1. Coronary heart disease, resulting from hardening and narrowing of the coronary arteries (arteriosclerosis).
 2. Hypertensive heart disease, resulting from high blood pressure (hypertension). Together, coronary heart disease and hypertensive heart disease account for about 90% of all cardiovascular deaths.
 3. Rheumatic heart disease, which follows rheumatic fever, a leading fatal disease among those aged 5 to 19, affecting some 1,000,000 Americans.
- PROGRESS:** Unknown to medical science are the causes of rheumatic fever, high blood pressure and arteriosclerosis. However, the outlook is hopeful that both causes and controls will ultimately be discovered. It is now known that prompt and efficient medical treatment of streptococcal sore throat with penicillin may prevent development of rheumatic fever. Notable surgical procedures have been perfected, remarkable tools have been developed for the diagnosis and study of these diseases, and many new drugs have been formulated that are effective in the care and treatment of diseases of the heart.
- ECONOMIC COST:** Each year at least 152,100,000 man-days are lost as a result of heart and circulatory diseases. The cost is even more staggering in terms of loss of life, human suffering and treatment programs.
- HOPEFUL FACTS:** Today, hearts are being saved because heart research is making vital new discoveries, and because people are beginning to know these five hopeful facts:
1. Some forms of heart disease can be prevented...a few can be cured.
 2. All heart cases can be cared for best if diagnosed early.
 3. Almost every heart condition can be helped by proper treatment.
 4. Most heart patients can keep on working -- often at the same job.
 5. Your "symptoms" may or may not mean heart disease. Don't guess -- don't worry. See your doctor and be sure.

FACTS ABOUT THE 1954 HEART FUND

- SPONSORSHIP:** The 1954 Heart Fund is sponsored by the American Heart Association through its 56 directly affiliated Heart Associations, constituted for the most part on a statewide basis. More than 3000 community and county-wide Heart Fund committees are conducting campaigns in 1954.
- DATE:** The Heart Fund campaign is conducted through the month of February.
- SLOGAN:** The campaign slogan is: "Help Your Heart Fund -- Help Your Heart."
- OBJECTIVE:** The objective of the Heart Fund is to provide the American Heart Association and its affiliates with funds needed to conduct research, education and community heart programs for the purpose of reducing disability and death from diseases of the heart and blood vessels.
- DISTRIBUTION:** The greater portion of funds raised will be retained by state and local heart associations to support research, education and needed community cardiac programs.
- NATIONAL PROGRAMS:**
1. **RESEARCH.** The national research support program of the American Heart Association is a joint undertaking of the National Office and affiliated state and local Heart Associations. Since 1948 they have channeled more than \$6,500,000 into research projects (largely looking toward discovery of the causes and controls of rheumatic fever, high blood pressure and hardening of the arteries, which, together, account for more than 90% of all heart disease.) Into the national research support program the National Office places at least half of its 25% share of the total funds raised in Heart Fund campaigns.
 2. **EDUCATION.** Elimination of needless fears and harmful misconceptions, protection of healthy hearts and a national awareness of the importance of the heart problem are among the objectives of the national educational program. Another major function is that of transmitting research findings to physicians throughout the country, and new knowledge to allied groups such as dentists, nurses, medical-social workers, etc.
 3. **COMMUNITY SERVICE.** The national organization is fostering an expansion of community programs with the aim of assuring availability of modern facilities for the prevention, care and treatment of heart diseases. Community cardiac services include, among others, improvement of diagnostic facilities; coordination of medical, nursing, welfare and other services; work classification, retraining and job placement of industrial workers with heart disease; and projects for easing the burdens of housewives who are heart patients.
- BACKGROUND:** The American Heart Association (Headquarters address: 44 East 23 Street, New York 10, N. Y.) is the only national voluntary health agency working exclusively in this field. Its 56 affiliated associations have a voting membership of 14,800, of whom 7800 are physicians and 7000 are laymen.

How Should We Look at Heart Disease?



AMERICAN HEART ASSOCIATION

How Should We Look at Heart Disease?

*The Remarkable Change in Our Attitude Toward
Heart Disease Wrought by Experience
in One Generation*

By PAUL D. WHITE, M.D.
Boston

IT IS OF the greatest importance that the laity should become fully cognizant of the remarkable changes that have taken place during the last generation not only in the status of heart disease itself but in the attitude of the physicians who have specialized in this field. Those of us doctors who graduated from medical school thirty to forty years or more ago look back now at the almost unbelievable ignorance about heart disease that then existed. More knowledge has come since then than had been acquired in all the centuries before. This is quite natural in view of the fact that it was only a generation back that anyone began really to concentrate on the study of this disease; this pioneering rapidly enlisted the help of many hundreds and finally thousands of medical workers the world over. The multiplication of this evolution in all branches of medicine and surgery has resulted in what may be truly termed the Golden Age of Medicine, despite the wars and other miseries that still beset mankind.

The two chief evils that were the rule a generation ago (and still exist in some quarters even today) in the attitude of people towards heart disease in all walks of life, not excepting the doctors themselves, were unreasoning fear and a spirit of fatalism; the former quite naturally engendered the latter. Heart disease meant to most persons a short life and its pronouncement a sentence of death, which led many to decide to make that short life a gay one, which did indeed sometimes shorten it still more, and led others to make it a gloomy one waiting for the end which was often slow to come. All this has now given way in the experience of most doctors, and should have in all, to a sane and intelligent attitude based on the knowledge that has accumulated during the last few decades. This attitude has influenced for the better the viewpoints of many thousands of patients with heart disease, but for those who have not so benefited and for millions of others who don't have heart disease now but may acquire it in the future I

shall present certain basic facts and, I hope, helpful advice.

The Number One Killer

Heart disease has rapidly become the number one killer in the United States today, exceeding as a cause of death the next five causes of death added together; among these other causes are accidents, tuberculosis, cancer, and pneumonia. This greatly increased mortality from heart disease has its good points, which to my mind almost neutralize its bad points. For one thing it means that many of the serious illnesses that used to be so common, especially the infections of youth like infantile dysentery, diphtheria, typhoid fever, and tuberculosis, have now been reduced to a low prevalence which, of course, allows the extension of life to ages when heart disease becomes common. We might in fact be quite content if the mortality from heart disease alone should reach 100 per cent, provided such death would occur rapidly and painlessly at, say, the age of ninety years; it would mean that all other diseases and accidents had been wiped out. Such a Utopia is, I fear, far in the future, for we still have throughout this country today much too high a mortality from heart disease in children and young adults and actually an increasing mortality from heart disease in middle age at a time when our citizens, men and women alike, are at the height of their usefulness to families, commun-

ities, and country in professional, business, and family life.

Another good point about the reportedly increased mortality from heart disease is the improved diagnostic ability and acumen of the medical profession which recognizes the disease very much more easily and accurately than was the case a generation or even only twenty years ago. Formerly it often masqueraded as acute indigestion or lung disease or something equally erroneous and so did not receive proper attention and treatment.

Causes of Heart Disease

A second basic fact about heart disease that has become clearly established is the multiplicity of its causes. It was only as late as the First World War that the significance of this fact was recognized. It has become now a well-established rule that not only should the presence or absence of heart disease be recorded, and its extent if present, but especially its cause or causes. It is essential to know the cause in order to forecast the future and especially to carry out the best treatment and preventive measures to reduce or to abolish future recurrences of trouble whenever possible. Thus, it is very important to know whether rheumatic fever, high blood pressure, coronary arteriosclerosis, congenital defects, or other factors have caused the heart disease, and it is almost always possible to recognize these causes or combinations of causes

in any given case by the use of the skilled technics available today.

The most common and important kinds of heart disease are three in number: coronary, hypertensive (due to high blood pressure), and rheumatic. It is of interest that in New England, and quite likely in some other parts of the country, there has been a change in the relative incidence of these three types in the last twenty-five years. In 1925 rheumatic heart disease was first with about 40 per cent, hypertensive second with about 30 per cent, and coronary third with 25 per cent; now the rheumatic and coronary types have changed places while the hypertensive group remains unchanged. Thus, interesting changes are taking place; this particular one reflects in all probability the decrease in infectious diseases since rheumatic fever is in the main a response, perhaps allergic, to the hemolytic streptococcus, while coronary atherosclerosis (degeneration of the walls of the arteries) hits the increasing number of robust males who are reaching middle age. Coronary artery disease which affects the heart muscle directly by cutting down its blood supply to cause angina pectoris or muscle scarring by clotting or thrombosis in the coronary arteries themselves, is still of unknown cause, apparently chemical or metabolic; it consists of the deposition of large collections of fats (cholesterol) in the walls of the coronary

arteries to narrow their caliber and to slow and decrease the blood supply to the vital heart muscle. Much research is now in progress in attempts to discover the underlying mechanism of this disease, which still remains very obscure.

Other less common causes of heart disease include certain infectious diseases such as syphilis, bacterial endocarditis, and diphtheria, and rarely viruses; deformities of the heart with which babies are born; lung diseases; accidents; tumors rarely; and infrequently attacks of arrhythmia (absence of rhythm) with heart racing which generally are bothersome and unimportant but may in very rare cases cause cardiac dilatation and failure. Emotion alone can seriously trouble an already damaged heart and under such circumstances cause death, but a fatal heart attack from emotion or effort alone in the case of a person with a perfectly normal heart is excessively rare; I have never myself encountered such a case and have heard of only one that has been clearly proved. On occasion, however, it may be difficult to distinguish between the symptoms of true heart disease and those of a "nervous heart" found in cases with so-called neurocirculatory asthenia or the anxiety neurosis. The latter symptoms are usually much more numerous (breathlessness, heartache, palpitation, fatigue, faintness, and nervousness); in fact the more the symptoms, the less, as a rule, is

the likelihood of heart disease. One source of confusion can be the combination in a single case of actual heart disease, which may be itself symptomless, and of the manifold symptoms of neurocirculatory asthenia.

Aggravating Factors

It is important to separate these basic causes of heart disease from aggravating factors which may bring it to light or increase its severity or produce complications. Thus, hard work, physical or mental, and emotional strains do not themselves except in the rarest cases under unusual conditions, cause heart disease, but they are very common as aggravating factors when heart disease is already present although sometimes not previously recognized. Other aggravating factors may be overeating and obesity, gastrointestinal diseases such as gall-stones, irritability of the stomach or esophagus, and colitis, tobacco, infectious diseases, and accidents. Worry is a potent secondary factor too, as is also a pessimistic attitude of the patient or his family or medical adviser. No one yet knows or has tried to assess the positive value of the important virtues of courage, patience, optimism, cheerfulness, or religious faith and fervor, but I for one am sure from my own medical practice during the past thirty years that they have a great influence not only in combating the forces of evil but in adding a salutary effect, endocrine, nerv-

ous, or otherwise, to hasten recovery and healing and sometimes even to tip the scales between death and life. We hear much about the "alarm reaction" just as we read much bad news in the newspaper headlines, but we hear little about the courage or joy reaction, or worthwhile events in the newspapers, which are certainly at least as important. Here the clergyman can be of great help to the heart patient and his physician.

What Can Be Done

Now we come to the question of what can be done for persons with heart disease or for persons who think they have but haven't. Among the most important advances in the last twenty-five years has been, in the first place, the demonstration of the reversibility, that is, essentially the curability, of every single kind of heart disease in a variable percentage of cases, dependent on the kind. In some types, for example the coronary, the recovery may be spontaneous, that is natural, with little help other than common sense measures by man himself. Thus angina pectoris may clear up entirely after having been for some time a serious threat to life, and a scar in the heart muscle after coronary thrombosis may be well healed and strong and not prevent, any more than a healed leg bone fracture, a good many years of healthy, happy, and fully active life. We are still grouping for adequate medical or

surgical treatment, or better still prevention, of this major disease of the middle-aged American male of today, coronary atherosclerosis. But at least we have advanced to the point of recognizing that recoveries can take place even though only spontaneously, a fact not known when I was a medical student.

On the other hand, some kinds of heart disease are now amenable to treatment, medical or surgical, which were hopeless a generation ago. Examples of these are the following: Subacute bacterial (sometimes called malignant) endocarditis caused by direct infection of the inner lining of the heart, usually by the *Streptococcus viridans*, used to be 99 per cent fatal, but during the last seven or eight years it has become 80 per cent curable by the use of large doses of penicillin and other antibiotics. And certain serious congenital defects can be cured by surgery, as in the case of the patent ductus arteriosus, or much helped thereby, as in the case of many of the blue babies.

Also, heart failure itself can be much better treated and life prolonged and made much more comfortable than was possible a generation ago. Perhaps best of all a great deal of research into all the causes of heart disease is now in progress throughout the length and breadth of this country and in other lands too, in both hemispheres. We can look for-

ward, therefore, with confidence that there will be as many or more advances during the next twenty-five years as during the last. We have acknowledged the challenge, have already made important gains, and are prepared to work still harder to control this serious threat to the youth and middle-aged of this country and abroad.

With this knowledge of the present status of heart disease and of the optimism of the physicians as to the future, the ministers of all religious faiths can more confidently aid their medical colleagues in the support, physical, mental, and spiritual, of their parishioners who have heart disease or of others with whom they come in contact. Sometimes the family even more than the patient, needs consolation, encouragement and explanation by both physician and clergyman. Moreover, one of the many ways in which the family in their turn can aid the doctor is in helping to arrange for the all-important autopsy when such is vital for diagnosis or for assessing some therapeutic measures. The team work of layman, physician, and clergyman should be more often sought by all concerned. It alone can be a source of strength for both the patient and his family, developing into an important therapeutic aid, and establishing enduring friendships between these two altruistic professions and those they serve.



December 17, 1953

Mr. Bruce Barton
American Heart Association, Inc.
~~14~~ East Twenty-third Street
New York 10, New York

Dear Mr. Barton:

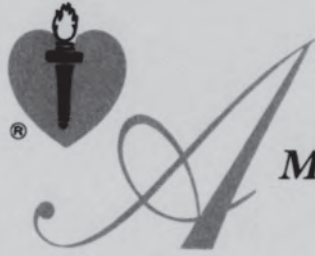
The work of the American Heart Association is a vital contribution in the great effort which is being made to find the causes and possible cures for this disease which has been taking such a frightful toll of lives.

As the only national voluntary health agency in this field and on the strength of its fine record of service in the field of research and education, it should commend itself to the generous support of all our people.

Most cordially yours,

ABBA HILLEL SILVER

AHS:rms



AMERICAN HEART ASSOCIATION, INC.

44 EAST 23RD STREET, NEW YORK 10

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*Director, Community Service
and Education*

November 17, 1954

My dear Rabbi:

Sunday, February 20, 1955, will be observed all over the country as Heart Sunday. That afternoon many thousands of volunteer workers will visit friends and neighbors to offer them the opportunity to contribute to the 1955 Heart Fund. Much depends on their effort. Heart disease is the greatest of all the killers - far greater than cancer and polio combined.

Last year you were good enough to endorse the first Heart Sunday, by lending your inspiration to those who worked so hard to make it a success. It will be a tremendous service if you will renew your endorsement, by letter, so that these workers can know that they go forth with your blessing and support.

If, in addition, you can add a brief statement, suitable for use in pulpits, endorsing the work of the American Heart Association, and giving words of encouragement to the volunteer workers, it would be very helpful to our many local clergy committees who are anxious to do their part on Heart Sunday.

For your reference, I enclose a pamphlet called "What is the American Heart Association".

We are making great and hopeful progress. In research laboratories all over the country the fight goes forward day and night.

Sincerely yours,

Bruce Barton

Dr. Abba Hillel Silver
The Temple
East 105th Street and Ansel Road
Cleveland, Ohio

November 30, 1954

Mr. Bruce Barton
American Heart Association, Inc.
44 East 23rd Street
New York 10, New York

My dear Mr. Barton:

I am enclosing herewith the brief statement
which you requested in your letter of November
17th in connection with Heart Sunday.

Very cordially yours,

ABRA HILLEL SILVER

AHS:rms

November 30, 1954

I am happy to endorse once again the purposes of Heart Sunday. The American Heart Association is rendering a tremendous service to the American people in arousing its awareness and in mobilizing its interests in the problem of the diseases of the heart and blood vessels which take such a frightful toll annually of our people. It is also to be commended for campaigning among our people for support of its extensive program of scientific research and public education in the fight on this dread disease.

ABBA HILLEL SILVER



AMERICAN HEART ASSOCIATION, INC.

44 EAST 23RD STREET, NEW YORK 10

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EUGENE B. FERRIS, M.D.

Medical Director

November 7, 1957

Dr. Alba Hillel Silver, Rabbi
 The Temple
 East 105th and Ansel Road
 Cleveland 6, Ohio

My dear Rabbi:

Next February millions of Americans will voluntarily give time and effort to the annual Heart Fund Campaign to enlist public support of the fight against heart diseases.

To lend encouragement to these men and women, national leaders of our churches have been good enough to express a few words of endorsement. I very much hope you will be able to join with them by sending me a few brief remarks calling attention to the urgent need for funds to finance heart research.

To facilitate your cooperation, I enclose a few items of basic information about heart diseases, the dimensions of our problem, and the progress we have been making.

I look forward to a message of support from you.

With many thanks for your consideration.

Respectfully,

Bruce Barton
 Chairman of the Board

BB:att
 Enclosures

December 2, 1957

Mr. Bruce Barton
Chairman of the Board
American Heart Association, Inc.
44 East 23rd Street
New York 10, New York

My dear Mr. Barton:

I heartily endorse the work of the American Heart Association and its annual Heart Fund Campaign. The problem of heart disease and the need to fight against its ravages is an urgent task confronting the American people today. The financial support which our people will give to the Association to carry on its work will insure continued progress in this field and redound to the benefit of everyone.

Cordially yours,

AHS:sl

ABBA HILLEL SILVER

AMERICAN HEART ASSOCIATION

44 EAST 23rd STREET, NEW YORK 10, N. Y. • GRAMERCY 7-9170



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America's Heart Ambassador
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Dr. Abba Hillel Silver
Rabbi
The Temple
East 105th and Ansel Road
Cleveland 6, Ohio

My dear Rabbi Silver:

Next February millions of Americans will voluntarily give time and effort to the 11th Annual Heart Fund Campaign to enlist public support of the fight against heart disease. I do not hesitate to tell you that in my judgment heart disease is the epidemic of the twentieth century.

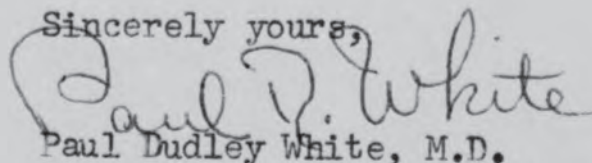
To lend encouragement to our volunteers national leaders of our churches are asked to express a few words of endorsement. I very much hope you will wish to join with them by sending me a few brief remarks calling attention to the urgent need for funds to finance heart research, and to translate the results of heart research into programs which will benefit the victims of heart disease.

To facilitate your cooperation I enclose basic information about heart diseases, the dimensions of our problem, the progress we have been making and work which still remains to be done.

A message of support from you would mean much to the men and women who will volunteer their time to the 1959 Heart Fund Campaign.

Will you be so kind as to send word at your convenience?

Sincerely yours,


Paul Dudley White, M.D.

Honorary National Co-Chairman

P.S.

Your endorsement last year was very helpful and I hope you will be able to do as much again.

help your heart fund... help your heart!

November 17, 1958

Research is your best defense

the threat is heart attack

Heart attack is one form of heart and circulatory disease.

But it is the greatest single threat to the lives of men between the ages of 45 and 65.

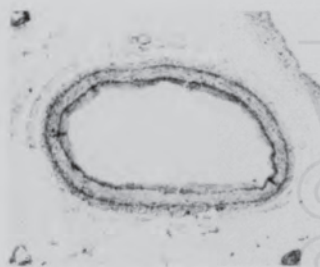
These facts will help you know the real enemy behind *heart attack*. They will show what you can do to fight this invisible threat to your health—the future of your business—and the security of your family.

the real enemy is atherosclerosis

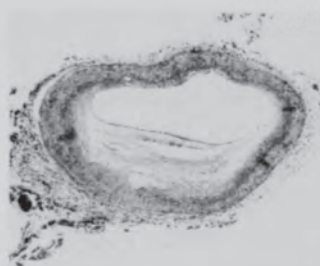
Atherosclerosis may be a medical tongue twister; but it's a term you should understand and remember.

This is a photomicrograph of a normal artery.

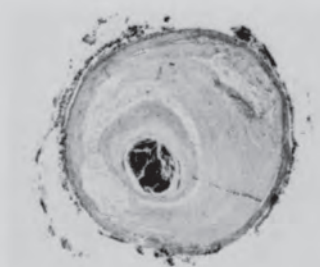
Note how the channel of the artery is open and free of obstruction.



Science has yet to discover why the arteries become narrowed and roughened by fatty deposits as shown here. This disease of the arteries is called *atherosclerosis*, a form of arteriosclerosis or "hardening of the arteries." It used to be thought that atherosclerosis was primarily a disease of old age. But doctors now know that this condition may exist in young hearts and is the result of a slowly developing disease process.



As the deposits increase and harden, the channel of the artery narrows and the blood supply is cut down. When a blood clot forms in the narrowed artery, it may block the channel and block the blood supply.



When this happens in a coronary artery, the result is *heart attack*. When it occurs in a blood vessel in the brain, the result is *stroke*.

the chances of recovery

In most cases, the heart mends itself after a *heart attack*.

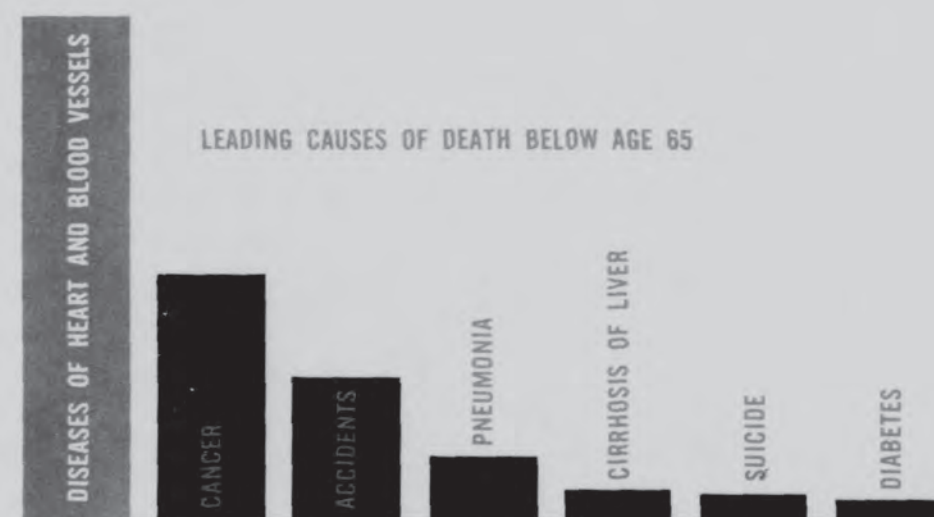
Research has given your doctor new and better methods of treatment so that most patients recover and go back to work, often at the same job. *Stroke* victims can often be rehabilitated and restored to useful life.

The "heart" problem

To prevent and control *atherosclerosis* is only one of the major medical objectives of your Heart Association.

These facts will give you some idea of the magnitude of the "heart" problem.

There are many forms of heart disease. These include coronary artery disease caused by *atherosclerosis*; heart disease resulting from *high blood pressure*, *rheumatic fever*, *congenital malformations of the heart*, *infectious diseases* and other causes. *Atherosclerosis* and other blood vessel diseases damage the brain, kidney and other vital organs, and produce *strokes* which cause more than 170,000 deaths annually.



SOURCE: Latest available figures (1957) from National Office of Vital Statistics

Your future depends on your heart. Whatever your business or way of life, no one is immune to heart disease.

Diseases of the heart and circulation are the leading causes of death and disability in the nation. Each year they kill more than 800,000 men, women and children, at all ages, accounting for 54% of all deaths.

They strike down key executive personnel and cause a work loss of more than 653,000 man-years annually, estimated at \$3,000,000,000. They deprive our government of more than \$400,000,000 in federal income tax from lost earnings.

THESE ARE ONLY SOME OF
THE MAJOR HEALTH PROBLEMS
CAUSED BY HEART
AND BLOOD VESSEL DISEASES

atherosclerosis
high blood pressure → strokes

rheumatic fever → rheumatic heart disease
atherosclerosis → heart attack
high blood pressure → hypertensive heart disease
congenital defects of the heart and great vessels

severe high blood pressure
other blood vessel diseases → kidney failure

Your Heart Fund is your best way to solve the "heart" problem

The doctors and scientists who stand behind your Heart Association are using your Heart Fund dollars to fight the heart diseases through . . .

RESEARCH—Since 1948, America's Heart Associations have channeled more than 32,000,000 Heart Fund dollars into research to find ways of treating and preventing all forms of heart and blood vessel disease.

PROFESSIONAL EDUCATION—Your Heart Fund contributions enable your Heart Association to bring the latest research findings to your doctor through the publication of medical journals, through scientific meetings and other professional programs.

PUBLIC EDUCATION—Your Heart Association uses every means of public education to bring you, your family, your executives and your employees all information needed to protect all hearts.

COMMUNITY SERVICES—Your Heart Fund dollars help to establish community heart programs designed to rehabilitate cardiacs—to help them select productive jobs—to prevent rheumatic fever—and to conduct other important heart-saving activities.

TEN YEARS OF PROGRESS

During the past ten years of your Heart Fund, medical science has made dramatic progress in prolonging lives of heart disease victims. With the help of your Heart Fund dollars, research has provided the knowledge needed . . .

- to prevent rheumatic fever
- to control most cases of high blood pressure
- to repair damaged heart valves and to correct congenital defects through heart surgery
- to develop heart-lung machines
- to perfect drugs which retard blood clotting and reduce recurrences of heart attack.

These are just a few of the major advances achieved with your support.

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Future progress depends upon you

You know the enemy and the scope of the "heart" problem.
You have seen how heart research pays off.
All we ask is that you continue to safeguard your heart
by investing *generously* in your Heart Fund today.

*your Heart Fund
is your best way
to fight heart disease*



**Help your Heart Fund
Help your Heart**

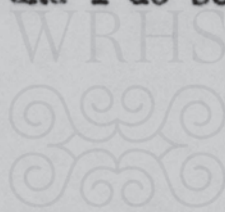
(Contributions to the Heart Fund are deductible for income tax purposes)

November 24, 1958

Dr. Paul Dudley White
Honorary National Co-Chairman
American Heart Association
44 East 23rd Street
New York 10, New York

My dear Dr. White:

I am enclosing herewith the endorsement which you request and I do so most gladly.



Very cordially yours,

ABBA HILLEL SILVER

ANS:bfm

Enclosure



MCCORMICK & COMPANY, INC.

OFFICE OF
CHARLES P. MCCORMICK
CHAIRMAN OF THE BOARD

BALTIMORE 2, MARYLAND, U.S.A.

December 12, 1958

Dr. Abba Hillel Silver
Rabbi
The Temple
East 105th and Ansel Road
Cleveland 6, Ohio

My dear Rabbi Silver:

Dr. Paul Dudley White has passed along to me the statement you were good enough to send him endorsing the American Heart Association and especially the 1959 Heart Fund Campaign.

Your statement will make a deep impression upon our volunteers, and the sentiments of encouragement which you express will help build enthusiasm and confidence which are vital if the tremendous job we have to do is to be accomplished.

Dr. White and I, therefore, join in expressing deep appreciation on behalf of all who will volunteer their services to advance the fight against heart diseases.

Sincerely yours,

Charles Perry McCormick
National Campaign Chairman



AMERICAN HEART ASSOCIATION, INC.

44 EAST 23RD STREET, NEW YORK 10

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December 30, 1959

Dr. Abba Hillel Silver
Rabbi
The Temple
East 105th and Ansel Road
Cleveland 6, Ohio

My dear Rabbi Silver:

Dr. Paul Dudley White wrote you on November 25 requesting a statement of endorsement of the 12th Annual Heart Fund Campaign which begins February 1, 1960 and climaxes on Heart Sunday, February 28.

As Dr. White has not yet received your reply, he has asked that I follow-up on his request. We are hoping that again this year the national leaders of all churches will give their support to our campaign by lending their influence to our appeal, and by expressing their confidence in the many volunteers who will work for its success.

May we have, at your early convenience, a short statement in support of the fight against heart diseases?

Sincerely yours,

Rome A. Betts
Executive Director

January 11, 1960

Mr. Rome A. Betts
Executive Director
American Heart Association
44 East 23rd Street
New York 10, New York

My dear Mr. Betts:

I am enclosing herewith the statement
which you requested for the Annual Heart
Fund Campaign.

Cordially yours,

ABBA HILLEL SILVER

AHS:bfm

Heart Disease
your #1 enemy



#1
your defense
Heart Fund

AMERICAN HEART ASSOCIATION

44 EAST 23rd STREET, NEW YORK 10, N. Y. • GRAMERCY 7-9170

1960 CAMPAIGN LEADERSHIP

January 13, 1960

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Honorary National Co-Chairman
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Chairman of the Board
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President
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National Campaign Chairman
CHARLES R. COX

National Campaign Treasurer
GRANT KEEHN

National Heart Sunday Chairman
ART LINKLETTER

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ALAN DARY

Women Broadcasters Chairman
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Rabbi
The Temple
East 105th Street & Silver Park
Cleveland 6, Ohio

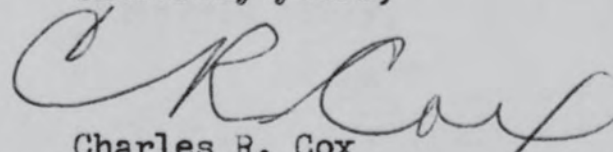
My dear Rabbi Silver:

I was very pleased to receive from Mr. Rome A. Betts your endorsement of the American Heart Association and the 1960 Heart Fund Campaign.

I am confident that your statement will be an inspiration to the many Heart Fund volunteers who are donating their time and effort for a successful 1960 Campaign. It is such encouragement which builds the enthusiasm and confidence in the workers that is vitally necessary to carry on the much needed fight against heart diseases.

It therefore gives me great pleasure to add my deep appreciation to that of Mr. Betts and all of those who will volunteer their services to aid in the struggle against the nation's number one health problem.

Sincerely yours,


Charles R. Cox
National Campaign Chairman



AMERICAN HEART ASSOCIATION, INC.

44 EAST 23RD STREET, NEW YORK 10

January 13, 1961

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Executive Director

GEORGE E. WAKERLIN, M.D.
Medical Director

Dr. Abba Hillel Silver
Rabbi
The Temple
East 105th and Ansel Road
Cleveland 6, Ohio

My dear Rabbi Silver:

On December 29th, 1960, Doctor Paul Dudley White, the National Honorary Co-Chairman, wrote you requesting a statement of endorsement for the 1961 Annual Heart Fund Campaign of the American Heart Association beginning on February 1st and reaching a climax on Heart Sunday, February 26th.

As Doctor White has not received a reply to his request, he has asked that I drop you a note to express our earnest hope that, once again this year, the national leaders of all churches will give their support to our campaign by lending their influence to our appeal by expressing their confidence in the many volunteers working towards its successful conclusion.

Would it be possible, at your early convenience, to have a short statement from you of support in this most important fight against the nation's #1 health problem -- the cardiovascular diseases?

Sincerely yours,

Rome A. Betts
Executive Director

RAB:GS

Endorsement

January 19, 1961

Mr. Rome A. Betts
Executive Director
American Heart Association, Inc.
44 East 23rd Street
New York 10, New York

My dear Mr. Betts:

Enclosed please find statement which you requested.

Cordially yours,

ABBA HILLEL SILVER

AHS :bfm

Enclosure

VIA AIR MAIL



AMERICAN HEART ASSOCIATION, INC.

44 EAST 23RD STREET, NEW YORK 10

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November 22, 1961

Dr. Abba Hillel Silver
Rabbi
The Temple
East 105th and Ansel Road
Cleveland 6, Ohio

My dear Rabbi Silver:

Your statement endorsing the 1961 Heart Fund Campaign proved an inspiration to the many Heart Fund volunteers who donated their time and efforts to make the campaign a success. Such encouragement from the national leaders of our churches builds the enthusiasm and confidence of people whose aid is vitally needed to carry on the fight against heart diseases.

I very much hope you will wish to join with us again this year and express a few words of endorsement of the 1962 Heart Fund. It will be particularly helpful if you call attention to the urgent need for funds to finance heart research, and point out that the results of heart research directly benefit the victims of heart disease. As you may know, although progress is being made, diseases of the heart and blood vessels take more lives than all other causes of death combined.

The leaflet I am enclosing will give you some basic information about heart diseases. It explains the problems and shows the progress we have been making, while it points up the work which still remains to be done in combatting the cardiovascular diseases.

A message of support from you will mean a great deal to millions of Americans who will voluntarily support the 1962 Heart Fund Campaign to be conducted in February.

Will you be kind enough to send word at your convenience?

Sincerely,

J. Scott Butterworth
J. Scott Butterworth, M.D.
President

Enclosure

June 14, 1963

Dr. Abba Hillel Silver, Rabbi
The Temple
East 105th and Ansel Road
Cleveland 6, Ohio

My dear Rabbi Silver:

The moral support that has come from national spiritual leaders of all faiths has been an important factor in drawing together many Heart Fund volunteers who find in their work an admirable means of advancing human knowledge toward worthwhile, positive goals. The inspiration and encouragement proffered by religious leaders have generated that confidence and enthusiasm which is essential to the organized effort against diseases of the heart.

I turn to you, then, in the hope that you will lend support and encouragement to the 1964 Heart Fund drive by personal endorsement of our efforts.

It is my hope that you will express to our volunteers, and to all Americans, your understanding of the enormity of the problem of heart disease and the need for financial support to broaden and expand existing programs of research. For this work must be expanded. Despite recent gains that have reduced the toll of death and disability, heart diseases continue to take more human lives than all other causes of death combined.

That you may be fully informed as to the scope of the problem, the nature of our efforts, and the cost in terms of dollars and cents, I am enclosing a copy of our most recent Annual Report. I shall be grateful for whatever study you may give to it.

May I express my very real appreciation for your valued support.

Sincerely,

James V. Warren, M.D.
President



AMERICAN HEART ASSOCIATION, INC.

44 EAST 23RD STREET, NEW YORK 10

September 11, 1963

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Medical Director

Dr. Abba Hillel Silver, Rabbi
The Temple
East 105th and Ansel Road
Cleveland 6, Ohio

My dear Rabbi Silver:

I write to call your attention to my letter of June 14th, a copy of which is attached, requesting your most valued endorsement for the 1964 Heart Fund drive.

The thousands of volunteers now being organized for this effort would certainly receive great encouragement from your support.

These volunteers, of all faiths, are instilled with deep enthusiasm when knowledgeable of the support of our national religious leadership.

I am most hopeful of receiving your reply that it may be relayed to our people throughout the country and take this opportunity to assure you of my very real appreciation for any statement you may see fit to write in our behalf.

Sincerely,

James V. Warren, M.D.
President

Endorsement

September 27, 1963

My dear Dr. Warren:

I am enclosing herewith the endorsement you requested in your letter of September 11th for the 1964 Heart Fund drive.



Sincerely yours,

ABBA HILLEL SILVER

AHS:bfm

Dr. James V. Warren
President
American Heart Association, Inc.
44 East 23rd Street
New York 10, New York