

MAY 10 1972



## The American Health Foundation Newsletter

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Vol. 4/No. 1 • Published for the Advancement of Preventive Medicine • April/May 1972

### Dr. Ahh, The Healthy People Doctor, Will Join AHF as Resident Guru for High-Risk Practices

Just a bit gruff and seemingly impatient, but always kindly and wise in the ways of what it takes to live younger, longer—that's how Dr. Ahh is expected to impress most people. When he actively joins the AHF staff later this year, however, there's also a very good chance that his life's work as "The Healthy People Doctor" will often be compared to that of Smokey the Bear or Jiminy Cricket.

For the good Dr. Ahh has been assigned the task of convincing youngsters (toddlers to teen-agers) that good health habits are important. Dedicated to the proposition that "an ounce of prevention is worth a pound of care," he goes around saying things like: "Healthy is exercise," or "Nobody can take better care of you than you."

**Starting with TV:** Arrangements are now being made for Dr. Ahh's first public appearance, as guest star of a 60-second TV cartoon (see storyboard on P. 7) in which he explains, "Your heart is a superdooper bright red muscle" and it needs exercise like all muscles do. Other public service cartoons for TV will be developed, too, so that Dr. Ahh can comment on many different aspects of health maintenance, while building greater national awareness of his timely tips about high-risk health practices.



Dr. Ahh, The Healthy People Doctor

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(Continued P. 7)

### IRS Offering Tax Relief for AHF Contributors, Raises Annual Deduction Base from 20% to 50%

Under a recent ruling by the U.S. Internal Revenue Service, any new contributions made by individuals to The American Health Foundation will be tax deductible "to the extent that the aggregate of such contributions does not exceed 50% of the taxpayer's contribution base for the taxable year."

Prior to this ruling, IRS had identified AHF as a "private foundation," a category in which the allowable tax deduction for contributions is limited to 20% of the taxpayer's annual contribution base.

"By qualifying for the 50% category," said David L. Davies, executive vice president of AHF, "we have obtained a substantial amount of tax relief for our contributors. Much of our financial support now comes from the general public, and this ruling will enable us to receive larger contributions than in the past—and possibly to attract a broader range of patrons as well."

Further clarification of the new ruling is available in Section 509 (a) (1) and Section 170 (b) (A) (1) of the Internal Revenue Code. Specific questions about various types of gifts, grants, or contributions to AHF should be addressed to Mr. Davies at our headquarters in New York City.

### NCI Renews AHF Tobacco/Marijuana Study Grant

Continuation of The American Health Foundation's research program in tobacco carcinogenesis for another year is now assured, as the result of a new grant for \$482,300 awarded by the National Cancer Institute. Initiated two years ago, this project is now funded for the period 2/24/72 through 2/23/73, and is under the direction of Ernest L. Wynder, M.D., and Dietrich K. Hoffmann, Ph.D.

The primary objective of this program is to evaluate carcinogenic agents found in cigarette smoke and marijuana. The research underway involves chemical studies, as well as biological assays on laboratory animals and human investigations. One phase of the human studies is aimed at determining whether the smoking of different types of cigarettes—i.e., filter, non-filter, or different brands—can be shown to result in specific risks for a variety of cancers and other chronic diseases.

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## The American Health Foundation Newsletter

**The American Health Foundation, Inc.**  
 1370 Avenue of the Americas  
 New York, N.Y. 10019  
 (212) 489-8700

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Dr. Harold G. Quase, left, and Frank A. Gunther.

### Election of Officers and Executive Committee Announced by AHF's Washington D.C. Division

As its first step toward a more formalized management structure, the Greater Washington Area Division of The American Health Foundation recently elected a president and treasurer and completed the formation of a 10-member executive committee.

Administration of the Division's day-to-day affairs continues under Evans W. North, executive director. The operating committees established to develop various educational and health care programs will also continue as previously organized.

**New Officers:** Dr. Harold G. Quase was elected president, and Frank A. Gunther was named treasurer. Dr. Quase is president of Underwater Storage Inc., and has been active in many public service organizations, including UNICEF, Big Brothers, and the Multiple Sclerosis Society (past president). Mr. Gunther is board chairman and chief executive officer of Security National Bank. Among the other organizations he holds official positions with are the D.C. Bankers Association, The Better Business Bureau of Metropolitan Washington, and the American Trucking Association.

**Executive Committee:** In addition to Dr. Quase and Mr. Gunther, the new members of the Division's executive committee are: Clarence G. Adamy, president of the National Association of Food Chains; Julius Cahn, president of Family Health Communications; Dr. Paul B. Cornely, formerly chairman, Dept. of Community Health Practice, Howard University College of Medicine, and now a medical executive of the United Mine Workers; Charles Lockyer, president of Publishers Company Inc.; Dr. Jack Millar, chairman and professor, Dept. of Epidemiology and Environmental Health, George Washington School of Medicine; Captain J.J. O'Donnell, president of the Air Line Pilots Association and a line captain for Eastern Airlines; Vincent Pepper, senior partner of Smith and Pepper, attorneys at law; Tait C. Trussell, director of public relations, Investment Company Institute; and Frank Wall, IBM manager of community relations, Metropolitan Washington Area.

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**In Memoriam: George James, M.D., Dean, Friend;  
Urged AHF be Conscience of Preventive Medicine**

We will leave it to others to recite his credentials and his achievements. They were many, indeed, and they deserve to be remembered by us all.

What we remember best about him now, however, are some of the things he was "dissatisfied" with—and some others that he called "unacceptable." It was just two years ago, speaking as chairman of our Board of Scientific Consultants, that he wrote in this newsletter:

"I would say the foremost priority of The American Health Foundation is to make the population of this country dissatisfied with the current neglect of preventive medicine. We must also admit among ourselves that the best preventive medicine we can offer today, which means the best that American minds can devise today, is woefully inadequate. Therefore we have to come up with better answers. It is not enough for us to urge other people to do it. We have to be involved ourselves.

"When I say we must make the population of the nation dissatisfied with preventive medicine, I mean that across the board—dissatisfied with our willingness to exist with such small knowledge of the field, and dissatisfied with our willingness to not support research in it to a greater extent. How can people go through medical school without getting interested in the subject? Why are there not more doctors like ourselves meeting to discuss this problem? How can there be meetings in all of the large professional medical societies without a whole section devoted to this highly important problem?

"When you consider that practically every disease that has ever been controlled by society has been attacked before its symptoms have occurred, you realize that at least history is on our side—and that our dissatisfaction with the current neglect of preventive medicine should be one of the most highly relevant and explosive issues placed before the public.

"Most people are quite willing to ignore preventive medicine, except for the very obvious things like polio shots, measles shots, and so on. When they go to a doctor, they go because they have symptoms and they are sick. When they think of medicine, they think of sickness and symptoms. Moreover, Medicaid and Medicare have just about made preventive medicine illegal. You have to be sick, otherwise doctors are not supposed to treat you, prepaid, under Medicaid. You have to wait until you are sick before you can go.

**Calling for a Conscience:** "One reason that a group of laymen and a group of scientists gather together to show and express and reinforce their interest in preventive medicine is simply this—it's to get more people interested, more people concerned, more ferment of activity in this field, more research, more programs, more evaluation, and more critical work underway. Having said this—which I think should be our overall mission—The American Health Foundation must be-



come, in essence, the conscience of the public in preventive medicine.

"We all belong to many organizations. We are in favor of better civil rights, protecting the ecology, no poverty, and one thing or another. But in the time we devote to this Foundation, we must act as the conscience for preventive medicine, and we must construct an organization that will plug away for preventive medicine as the National Tuberculosis Association has done for tuberculosis.

"Medical costs are going higher and higher. Therefore, prevention has to be the only answer. Sooner or later everybody will wake up to that fact. The question is, how do we help hasten that day?"

**CHD, The Unacceptable:** Again, only a few months ago, he told the readers of this newsletter: "Our job at The American Health Foundation, since we do deal with the general public and we do deal with scientists and practitioners in medicine, is to make coronary heart disease unacceptable. If it is really unacceptable, and if from that we go to certain risk factors and start making them unacceptable, then the pressures will build up.

"If the general public at least demanded a choice, then there would be progress. Why can you not go to a restaurant and ask for margarine, or a specific kind of P-S ratio of margarine? Why is it that in many hotels you can't even get skimmed milk with your cereal in the morning? Why is it that when you go to a restaurant and order fish you often get a heavy cream sauce on top, and it is difficult to stop them from putting it on, and you don't know what is in the menu, and you don't

(Continued P. 6)

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## AHF Opens Four New Health Maintenance Clinics

For those not familiar with the history and objectives of preventive medicine, the official opening of our four new clinics on April 14— and the announcement of automated health testing facilities soon to follow—may have suggested only that The American Health Foundation has a capability for growth and expansion of services which is now becoming apparent to laymen and health professionals alike.

If this capability is to be fully understood, however, it must be related to the following chain of events:

- AHF was incorporated in the State of New York in April, 1968, as the first nonprofit organization devoted solely to preventive medicine. From its first days, the Foundation has concentrated on three major areas: health research, health education, and health maintenance. The major emphasis in all AHF programs is on primary prevention (early identification of factors that contribute to illness and their subsequent modification or removal) and health maintenance, as the most effective means of improving the quality of life.

- Investigations into the cause of cancer, heart disease, and other chronic illnesses are carried out at AHF's Health Research Institute at 2 East End Ave. in New York City, where until recently the Foundation's administrative headquarters were also located. This research is being conducted in five basic areas: epidemiology, environmental carcinogenesis, nutrition, experimental pathology, and cell biology. Plans are now underway for a new and expanded research facility to be built in the near future.

- In January of this year, AHF's continuing growth required the relocation of its administrative staff to new and larger headquarters at 1370 Avenue of the Americas, New York City. On the same floor of the same building, AHF has also located a new public service facility called The Health Maintenance Institute (HMI) which is organized into the four intervention clinics (for

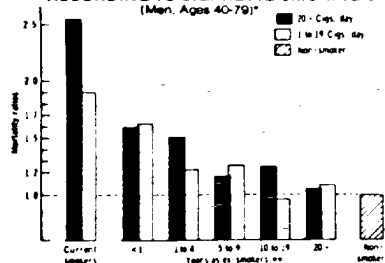
smoking withdrawal, nutrition, hypertension, and physical fitness) opened on April 14.

- To hasten the pace of changes urgently needed, AHF decided very early in its history to collaborate with private industry. Since our health maintenance objectives are so diverse, and the task is so large, a new organization—The American Health Corporation—was formed last year to develop plans and construct a demonstration clinic for periodic health testing and preventive medicine techniques. The corporation is now assisting AHF in conducting another new facility called The Health Maintenance Center (HMC) which is located on an adjacent floor of AHF's new headquarters building. While the Corporation is a private venture whose participants are Control Data Corp., Eastman Kodak Co., The Northwestern Mutual Life Insurance Co., Norton Simon Inc., Time Inc., and Bradford Computer & Systems Inc., the medical activities of HMC are to be directed and operated by AHF personnel.

**The HMI Clinics:** When the formal opening of the HMI clinics was being celebrated on April 14, officials of AHF made it clear that our new public service facility will quickly become an example to others of how disease prevention can best be practiced. What they had in mind, however, was not a new line of miracle drugs, but a new combination of health maintenance practices—designed to help eliminate many of the most common hazards to good health.

To begin with, HMI is structured to identify and help reduce high-risk factors (see charts) known to contribute to cardiovascular diseases and several types of cancer. Taken together these diseases account for about 70% of all deaths in the U.S., and numerous other disorders as well. It was against this epidemic-like background that HMI was first conceived as a facility where individuals can come to learn how to stop smoking, reduce and control weight and hyperlipidemia, reduce and control hypertension (high blood pressure), and promote gen-

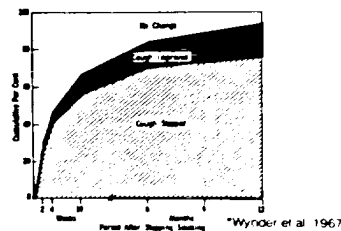
**MORTALITY RATIOS FROM CORONARY HEART DISEASE ACCORDING TO CIGARETTE SMOKING STATUS**  
(Men, Ages 40-79)<sup>\*</sup>



<sup>\*</sup>Years of ex-smoking before the beginning of the observation period of the study  
Hammond & Garfinkel, 1969

**Fig 1**  
This figure shows that coronary heart disease occurs 2½ times more frequently among heavy cigarette smokers than non-smokers, and that the risk declines the longer an individual stops smoking.

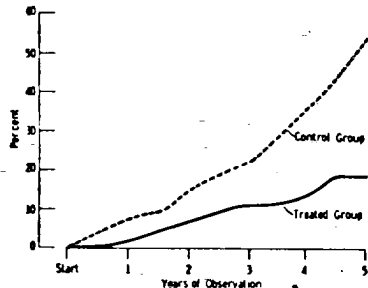
**CHANGE IN COUGH AFTER STOPPING SMOKING EX-CIGARETTE SMOKERS FROM VARIOUS FIRMS AND HOSPITALS, NEW YORK CITY<sup>\*</sup>**



**Fig 2**  
This figure shows that after stopping smoking cigarettes for less than four weeks, 50% of the group being studied reported a decrease or disappearance of smokers' cough (chronic bronchitis). After three months, nearly everyone had noted improvement or complete cessation of their cough.  
Wynder et al. 1967

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**CUMULATIVE INCIDENCE\* OF CARDIOVASCULAR EVENTS IN 380 TREATED AND UNTREATED HYPERTENSIVE† U.S. MALES**



\*Calculated by Life Table Method  
†Diastolic BP 90 - 114 mmHg  
N.A. Cooperative Study Group, 1970

Fig. 3  
This figure shows reduction of the incidence of cardiovascular events among a group of men treated for hypertension and compared with an untreated control group.

eral physical fitness. Activities of the various HMI clinics are closely correlated. If an individual has more than one high-risk factor requiring intervention, that person may be treated in several of the appropriate clinics simultaneously.

**Automated Health Testing:** While a definite date for opening The Health Maintenance Center has not yet been announced, this joint facility of AHF and The American Health Corporation is now in an advanced stage of development. It is expected to serve as a prototype for automated multiphasic health testing (AMHT) programs in other locations, and similar organizations may soon become an integral part of the general medical care delivery system for the entire nation.

AMHT is a means of obtaining large quantities of meaningful medical information at low cost, with a very high degree of accuracy and reliability. And it is more efficient than routine physical examinations generally available today. By assigning to skilled paramedical personnel those routine tasks and procedures they are fully qualified to perform, the multiphasic testing program makes it possible for attending physicians to spend more meaningful time with individual patients.

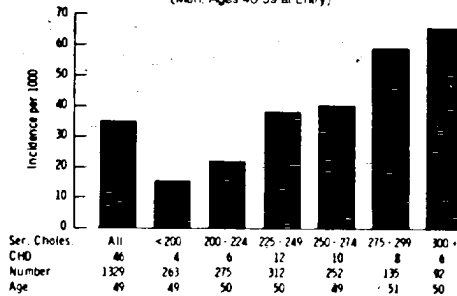
All in all, more than 75 tests and measurements are performed. Included are multiple blood and urine testing, audiometry, chest X-ray, visual acuity, tonometry (glaucoma test), mammography (breast X-ray) and Pap (for cervical cancer), electrocardiogram, blood pressure, spirometry (breathing test) and many others.

When follow-up treatment is indicated and agreed to by the patient's private physician, the patient may be referred to one of the HMI clinics where individual help is available. The HMI clinics are also available to individuals who do not go through the screening program.

**Smoking Withdrawal Clinic:** The harmful effects of smoking are well known. What is not so well known are

**RISK OF DEVELOPING CHD IN 14 YRS. ACCORDING TO SERUM CHOLESTEROL LEVELS**

(Men, Ages 40-59 at Entry)\*



\*Stamler et al., 1966

Fig. 4  
This figure shows the risk of developing coronary heart disease over a 14 year period among a group of men, by serum cholesterol level.

the benefits to good health when intervention takes place. Among those who have renounced cigarettes, it has been found that the risk of coronary heart disease significantly declines after giving up smoking. In addition, chronic bronchitis or smoker's cough has been shown to decrease or disappear completely within four weeks of smoking cessation. Lung cancer risk declines after four years, even though the individual has smoked heavily for many years. And many other respiratory ailments and discomforts are also alleviated by the absence of the effect of tobacco smoke on the body systems.

The professional staff of HMI's smoking withdrawal clinic, consequently, has developed an innovative program which utilizes a wide variety of new techniques for helping people to refrain from smoking. During the first visit, each individual's smoking pattern is carefully diagnosed before the course of treatment to be undertaken is determined. Then an individualized approach is followed which permits smokers to be matched with the specific methods of cessation best suited to his or her situation.

Many smokers, of course, are concerned that they will gain weight after they stop smoking. Because of this concern, and because it can happen, the HMI staff will provide advice and assistance to anyone who may need or request weight control guidance. In fact, HMI is committed to providing any additional support that an individual may require to refrain from smoking.

**Nutrition Clinic:** At this clinic, HMI will provide services in two major areas of preventive medicine: weight reduction and treatment of hyperlipidemias, those fatty substances which clog coronary arteries and increase the risk of a heart attack.

Two basic principles will be followed. These are (1) long-term weight control requires a permanent change in eating habits, and (2) the diet during and after weight loss must be nutritionally adequate, as well as reduced in

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### AHF Researchers Join With Johns Hopkins Group In Conducting Two Year Study of Rare Cancers

Arrangements were recently completed between The American Health Foundation and officials from Johns Hopkins University School of Hygiene and Public Health to jointly conduct an epidemiological study of rare cancers. This cooperative undertaking is supported financially by sharing a grant from the National Cancer Institute to review findings of the Third National Cancer Survey, presently underway in a number of American cities.

TNCS studies such as this one, of course, provide a unique opportunity to investigate a greater number of rare cancers than can adequately be studied through the facilities and available staff of any one institution or community. The AHF/Johns Hopkins researchers are expected to determine the epidemiological characteristics of individuals with cancers of the following sites: liver, gallbladder, biliary ducts, islet cell tumors of the pancreas, renal pelvis, nasopharynx, adrenal gland, male breast, penis, scrotum, vagina, and vulva.

Rebecca C. Gantt, who joined AHF early in January as Research Assistant, will supervise this study for the Foundation. The project is expected to be completed in two years.

#### New Clinics (Cont.)

**Calories.** The Nutrition Clinic will also emphasize both attainment and maintenance of desirable weight levels, since loss of weight without subsequent weight control is useless and possibly harmful.

To determine the most appropriate type of intervention, the patient's problem will be evaluated by means of questionnaire and personal interview. Methods to be used, singly or in various combinations, will include individual counseling, self-instruction, classes in eating behavior modification, food selection, preparation of low-calorie foods, husband-wife groups, and group therapy. All patients will be interviewed on a weekly basis at the outset, and at regular intervals thereafter—until reduction is accomplished and maintenance fully established.

The Nutrition Clinic will also offer classes in planning fat-controlled diets which emphasize and demonstrate the foods that can be used for this purpose. Lists of suitable products, label analysis, menus, and recipes will be provided. Frequently, weight reduction will also be an important element in the treatment of hyperlipidemia—and, when indicated, the two approaches will be offered together.

**Hypertension Clinic:** In performing its three major functions—diagnosis, therapy, and the monitoring of high blood pressure—this clinic covers a broad spectrum of the general population. Individuals with severe hypertension or associated disease processes, however, are encouraged to obtain treatment from their own physi-

cian or company medical director. Anyone with mild uncomplicated hypertension may elect to be treated by either their own physician or by the Hypertension Clinic of HMI.

Among those admitted for treatment at HMI, a few will have high blood pressure related to an underlying disease process, some will have labile hypertension, but the majority will have primary or benign essential hypertension. Before committing anyone to lifelong therapy, each individual coming into the clinic is evaluated for curable forms of hypertension. In addition, classifications are made according to the severity of hypertension, which depends on persistence and degree of blood pressure elevation and organ damage.

In all cases, HMI provides for monitoring of blood pressure whether the patient receives his or her therapy at our clinic or through a private physician. Close communication between clinic and private physician is maintained, in fact, regardless of the type or source of treatment.

**Physical Fitness Clinic:** In addition to improving your general physical condition, this clinic also evaluates cardiovascular and muscular fitness. And, as a long-term goal, it seeks to determine whether enhanced physical fitness improves morbidity and mortality statistics when comparisons are made with the general population.

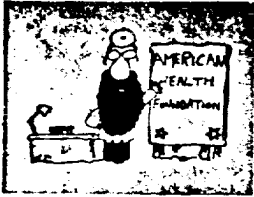
Prior to the testing procedures, the Physical Fitness Clinic requires all individuals to have a medical checkup. After cardiovascular and muscular tone has been evaluated, a continuing program of exercises is recommended. As an alternative, the individual may elect to join a group exercise program such as that offered by the YMCA or local athletic clubs. At periodic intervals after the physical reconditioning program begins, cardiovascular and muscular function will be reassessed at the HMI clinic.

#### Dr. George James (Cont.)

know if your fried food is made with fats which have become heavily saturated from being in the same vat for three months?

"These are the kinds of things that we have to make somewhat unacceptable to the general public. We have to do that not by being arrogant, but by being factual; not by pretending to know more than we know, but by telling what we know. We have got to get people to realize there is an epidemic of coronary heart disease. We have got to get them to realize that risk factors are, to the best of our current knowledge, undesirable—and unacceptable."

**George James:** Ironically, at age 56, he died—of coronary heart disease. On that day (3/19/72) one of his associates at The Mount Sinai School of Medicine called him: "The closest to the indispensable man I have ever met." He was, of course, just that—as a doctor, educator, health commissioner, and lifelong public servant.



VOICE: How do you do out there? I'm Doctor Ahh...



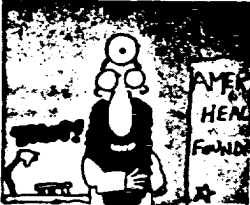
Remember? Doctor Ahh, the healthy people Doctor. That's me!



Today, healthy is exercise...(SFX)



Now, while you're lying on your tummy watching television,



put your hand on your heart...



What do you feel? (SFX) Then go out and run around the block...



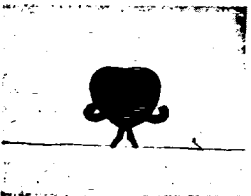
Now what do you feel? (SFX)



You think exercise is just for muscles? Ha! Ha! You're right!



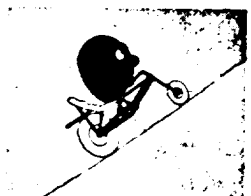
And that's what your heart is (SFX).



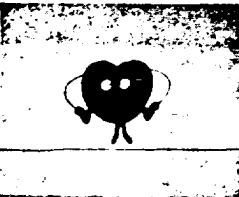
a super duper bright red muscle. The most important muscle you have!



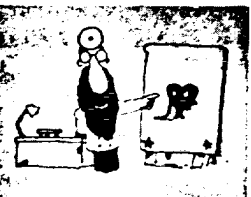
So, when you run, really run. (MUSIC)



When you're on your bike, go up hills as fast as you can.



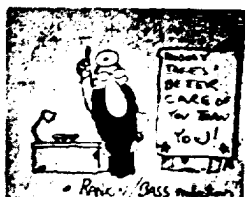
And when you skip rope, do it a hundred and fifty-two times.



Exercise your super duper bright red muscle.



Take care of you.



Nobody can take better care of you than you!

Dr. Ahh (Cont.)

In the months ahead, it is also possible that Dr. Ahh will begin appearing in media other than TV. Newspapers, magazines, brochures, motion pictures, and merchandising programs are among the communications outlets already being considered.

The American Health Foundation has established its copyright for Dr. Ahh, and all rights are reserved. Grey Advertising Inc., the agency that created Dr. Ahh at AHF's request, has been investigating various promotional or licensing arrangements, and will continue to represent the Foundation in any new ventures involving our bewildered spokesman.

**"Preventive Medicine" Expected to Debut Soon,  
First Issue of New AHF Journal Now on Presses**

Now at the printer's—and ready, hopefully, to take its place among the major medical journals of today—is the first edition of *Preventive Medicine*. Publication of what will be the official journal of this Foundation, and the first international medium for original manuscripts dealing exclusively with all aspects of disease prevention, is expected either before or shortly after this issue of the AHF Newsletter reaches our readers.

While its debut was originally scheduled for January 1972, the planning of special features and initiating of manuscripts to publish *Preventive Medicine* on a regular quarterly basis has taken longer than anticipated. Indications are, however, the incubation period was well worth all the extra effort. For among the topics and contributors to be presented in the first edition are...

**Guest Editorials:** "Preventive Medicine: Management of the Disease Process" by George James; "Preventive Medicine: The Long-Term Solution" by Jesse Steinfeld; "An Enlarging Emphasis on Prevention in Future Health Developments" by Carl Baker; "Preventive Medicine: The Approximation of Paradise?" by Theodore Cooper and Sheila C. Mitchell; "The Prevention of Dental Diseases" by Seymour J. Kreshover; "A New Road for Preventive Medicine" by Hollis S. Ingraham.

**Feature Articles:** "The Health of Israel: Preventive Medicine in a Developing Society" by A. Michael Davies; "Problems in Interpretation of Serum Cholesterol Values" by Morton K. Schwartz and Peter Hill; "Health Behavior Change: A Political Model" by Earl Ubell; "Will Improved Nutrition Help to Prevent Mental Retardation" by L. Francisco Cobos, Michael C. Latham, and Frederick J. Stare.

**CHD Prevention Forum:** "Coronary Heart Disease: Risk Factors as Guides to Preventive Action" by Jeremiah Stamler and F.H. Epstein; "The Key Role of Nu-

tritional Factors in Prevention of CHD" by William E. Connor and Sonja L. Connor; "Smoking and Ischaemic Heart Disease Prevention: Problems and Potential" by Donald D. Reid; and "Physical Activity and the Prevention of CHD" by Samuel M. Fox, III, and John P. Naughton.

**Answers to Questions:** To stimulate a professional interchange of ideas and information, each issue of *Preventive Medicine* will have a "Questions and Answers" section. Readers may submit questions dealing with any aspect of disease prevention or health maintenance. Answers will be provided by a panel of experts.

**Position Statement:** Finally, and as it will do on major issues in the future, *Preventive Medicine* is publishing for the first time the full text of AHF's "Position Statement on Diet and Coronary Heart Disease." This is the same diet-heart "white paper" that AHF officials presented at Congressional hearings last November and, subsequently, to the National Academy of Sciences/National Research Council—where its recommendations for modifications in the "average American diet" are now being evaluated.

**Editorial Boards:** Serving as editor-in-chief of *Preventive Medicine* is Ernest L. Wynder, M.D., president of AHF. Dr. Wynder is supported in planning the editorial contents of each issue by an 8-member advisory board and a 22-member editorial board, all distinguished medical practitioners or scientists, and many drawn from various countries to assure an international viewpoint and expertise is reflected in the new journal.

**Subscription Sources:** Publication and distribution of *Preventive Medicine* is being handled by Academic Press, 111 Fifth Ave., New York, N.Y. 10003. Subscriptions may be ordered from the publisher's offices or from AHF headquarters in New York City. Personal one-year subscriptions are \$20.00; and institutional one-year subscriptions are \$35.00. Sample issues are available on request to Academic Press.



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New York, N.Y. 10019

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Alex W. Spears, Ph.D.  
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