Surviving A Heart Attack

"I had a feeling of pressure in my chest, but I wasn't nauseated and I didn't sweat, so I didn't think I was having a heart attack."

This active, normally healthy 62-year-old man thought he knew about the symptoms of heart attacks. Heart disease was common in his family, and he had been under the care of a cardiologist for two years.

The man reads a lot about health, is conscientious about taking care of his body, and sat at home for an entire day after having a heart attack because he didn't recognize the symptoms.

He's not unusual.

In fact, denial is such a common reason to delay medical treatment that the American Heart Association's "Heart Saver Manual," a handbook for students of cardiopulmonary resuscitation, advises students to "expect a denial response" from heart attack victims. Be on the alert for the following phrases:

• "It's just indigestion."

• "I'm too healthy for a heart attack."

• "I don't want to bother my doctor."

• "I don't want to worry everybody."

• "I'll feel ridiculous if it isn't a heart attack."

If you're with someone who has experienced symptoms of a heart attack for more than two minutes and he uses these excuses to avoid medical treatment, the American Heart Association advises you to act at once. Seek medical treatment for the victim, "because he may not act in his own best interest."

What are the symptoms of a heart attack? Chest discomfort that feels like pressure, squeezing, fullness, tightness or pain is probably best known. This discomfort may come and go, and may be relieved with rest. It usually lasts for longer than two minutes at a time. The pain may be in the center of the chest, in either shoulder or arm, in the neck or jaw. If a "toothache" is on both sides of the mouth, suspect that the real problem is a heart attack. Jaw pain is one of the unexpected but common signs of a heart attack.

Other symptoms may include sweating, nausea, shortness of breath, weakness and denial that there is a problem. One or both arms may tingle or ache. The victim may not look sick, the pain may not be disabling, and it may come and go.

It is very important to realize that every heart attack victim feels different symptoms. All the symptoms will probably not be present.

"Don't be embarrassed about causing a 'false' alarm." Says James M. Atkins, M.D. at the University of Texas Health Science Center at Dallas. "If the problem is not a heart attack, you'll get over the embarrassment. If it is the real thing and you fail to report it, you may not live."

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Toro to Sponsor GCSAA Fellowships Named for Dr. Jim Watson

The most outstanding scientists and educators of tomorrow will receive encouragement and recognition through a new fellowship program named for a green industry legend.

The Toro Company has agreed to fully underwrite the Dr. James R. Watson Fellowships, a new Golf Course Superintendents Association of America (GCSAA) Scholarship & Research (S&R) program designed to identify the best and brightest young researchers and instructors in fields related to golf course management. The Minneapolis-based equipment manufacturer has agreed to a minimum of \$100,000 in support over the next four years, and senior company officials say they hope to make the commitment ongoing.

Ken B. Melrose, chairman and chief executive officer of The Toro Co., said, "We are delighted to be a part of a program that will help build a stronger future for the golf course industry and be able to pay tribute to the contributions Jim Watson has made to this company. It's a great way for us to reinvest in something that is important to our professional customers and recognize a man who is very important to us."

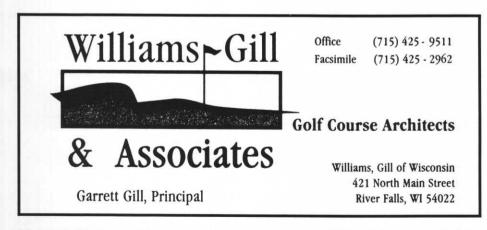
The fellowship program is named for Dr. James Watson, longtime Toro executive and a giant figure in the history of the golf course and turf industries. Watson, who is semi-retired after 40 years with the company, will serve as chairman of the fellowship selection committee.

The agreement allows GCSAA's S&R foundation to expand and upgrade the GCSAA Graduate Student Grants program announced earlier this year. With Toro's sponsorship, the number of \$5,000 fellowship grants available has been doubled from two to four.

The sponsorship is one of the largest single contributions in GCSAA S&R history and, according to GCSAA President Randy Nichols, CGCS, it is one of the most satisfying. "I can't think of a more appropriate sponsor for these fellowships. Toro and Dr. Watson have been so important to us for so many years. We are genuinely pleased to have them behind this great new program," he said.

The Watson Fellowships are competitive grants offered to outstanding postgraduate students who are pursuing advanced degrees in turfgrass science and other fields related to golf course management. Fellows will be selected based on academic achievements, accomplishments in research and/or instruction, and their potential to make outstanding contributions to the work done by superintendents.

For more information, contact the GCSAA development department, 913/841-2240.





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Heart Attack -

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Last year, more than 350,000 heart attack victims died before reaching a hospital, according to the American Heart Association.

"We finally have very effective therapy, but it's only effective when it's applied early," says Joseph P. Ornato, M.D. of the Medical College of Virginia in Richmond, a member of the American Heart Association's Emergency Cardiac Committee. "The patient is the only one who can control when that initial call for help goes out. If we get patients into the system very early, within the critical first hour if possible, we can do wonders." —First Draft, July 1993

HOLE NOTES

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