Our adventures together began when we wanted to see if an international team could make prospective studies on samples of men in different countries. We made trials in southern Italy and on the island of Crete and discovered mistakes we needed to avoid.

The Seven Countries Study began in 1958 with entry examinations of samples of men in the United States, in Yugoslavia, and here in Japan. That was 35 years ago. Some of you here shared in those adventures. Alas, some of our companions are gone; “they went away,” as they say in Italy. But we do not forget Henry Taylor, Paul White, Bozidar Djordjevic, F.S.P. van Buchem, Vittorio Puddu, or Noboru Kimura. We are here in Japan because Noboru Kimura started the work in Japan and continued to direct the prospective studies in Tanushimaru and Ushibuka until an unkind fate took him away.

For me, and I think for most of you, the greatest adventure was living and working with colleagues from other countries and with different backgrounds. Those were rich experiences. Sometimes we had arguments, but never quarrels; we were, and still are, good friends, united in the search for facts to enlighten medical science.

Some of us will recall the adventure of driving on narrow, rocky roads to the villages in Crete. We recall the adventure of working peacefully in Yugoslavia with no signs of animosity among Moslems, Christians, and Communist non-believers; the evil of “ethnic cleansing” is a new horror. It was an adventure to sample the cuisines of the different countries where we worked. For many of us it was an adventure to meet at Anacapri in 1981 and travel by hydrofoil to our region of the Cilento. I hope all of you will tell us about your personal adventures in the Seven Countries work.

Japan, Noboru Kimura, Tanushimaru, and Ushibuka

A week before the 1954 World Congress of Cardiology in Washington, D.C., a Japanese gentleman arrived at Stadium Gate 27 of the University of Minnesota carrying a large brown suitcase. I did not know him but he introduced himself
as Dr. Noboru Kimura, Professor of Medicine at the Kurume University Medical School, Japan. He said he had come to get help with classifying electrocardiograms—and opened the suitcase! It was full of electrocardiograms, a thousand he said, and he wanted to report on them at the forthcoming congress. I promptly disclaimed any suggestion that I was expert in regard to ECGs and called in our expert, Dr. Ernst Simonson, who helped classify the material.

Noboru Kimura asked at length what work I was doing, why, and how. He knew I was concerned about the incidence of coronary heart disease, and said it was very rare in his experience. We agreed it would be good to examine the situation in Japan. In 1955 I wrote to Kimura that I would plan to look with him into coronary heart disease and risk factors among Japanese men. He was enthusiastic about my proposal of visiting Japan, and then Dr. Paul White said he would also like to take part in the work. I was also interested in Japanese living outside Japan, so I wrote to Dr. Nils Larsen about examining Japanese in Honolulu. He said he would be glad to arrange for us to work in the Japanese Kuakini Hospital and would bring healthy Japanese men for us to examine. Everyone agreed on the timetable for 1956, Margaret put in order the equipment for measuring serum cholesterol and we, together with Brian Bronte-Stewart, took off for Hawaii. Nils Larsen met us at the airport in Honolulu. There were flowers everywhere and all of us, especially Margaret, were draped with leis; Margaret’s lei was full of orchids. Nils Larsen had made all arrangements for us to work at the Kuakini Hospital, laboratory space for Margaret to measure serum cholesterol, a room for examining healthy Japanese men living in Honolulu and those working in two sugar plantations. Three days of rest, entertainment, and sightseeing and we were ready for work. The hospital was “first class,” and doctors and staff did everything to help our survey.

When Dr. Paul White arrived, he checked patients, examined hospital records, and talked with the local doctors. Coronary patients were uncommon but occasionally were admitted to the hospital. Margaret found that serum cholesterol levels were low. We worked until the last moment before taking off for Japan. As our plane departed, we saw the famous beaches in the sunshine below and regretted we had not had more time to enjoy them.

In 1956, airplanes were slow and limited in fuel capacity, so from Honolulu en route to Japan we stopped overnight at Wake Island. At Tokyo we were met by a man holding up a sign: “WELCOME DR. KEYS.” He introduced himself as Dr. Sasamoto, a colleague of Noboru Kimura, and took us to a hotel, saying he would see us the next morning. Our hotel bedroom was spacious and clean, but entirely without beds. In strictly Japanese hotels, a mat (futon) is brought in to sleep on the matted padded floor (tatami). Dinner was in the hospital restaurant where no one had a word of English. We knew the word sukiyaki, said “sukiyaki” to the waiter, and he nodded his head. It was very good.

We were impressed that a Japanese dinner is completely different from Chinese. Even the rice is different, sticky in Japanese but not in Chinese