

June 1, 1977

Forrest H. Adams, M.D.
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Dear Forrest,

Many thanks for your kind note. It was indeed good to see and hear you again. It must be some measure of satisfaction for you to see that your long stand on preventive issues is being followed up by a vigorous movement in the pediatric community and by seminars and work shops such as the recent one in L.A.

I was, of course, delighted to be able to read your manuscript on primary prevention in children for Eliot's book. He invited me to do the physical activity chapter and I was forced to decline. It should be an interesting volume. I am ecstatic that Sheila Mitchell is taking the negative viewpoint on this issue because she believes it as firmly as you and I believe the positive arguments. All will at last be able to see the depth of the superficiality of her view.

I have been fascinated to see the growth in thinking of people like Ron Lauer and Foxman at Iowa; even Weidman at the Mayo Clinic is making the rounds of our Epidemiology meetings (though somewhat cynically). And greatest miracle of all, our old friend Sid Blumenthal is beginning to listen.

I enclose a few other ramblings which you might want to file in your Controversy folder, for reference. Certainly don't bother plowing through them unless you're looking for specific viewpoints. I am not sure whether I'd sent you the Progress article earlier in which the comments on the academic pediatric views are given on page

Enclosed is my informal running commentary on your article dictated as I was enjoying reading it.

Cordially,

Henry Blackburn, M.D.

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enclosures

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Running commentary on Forrest H. Adams' article

"Proper weight", in line with your thinking, might better be termed "ideal weight."

As you know the thrust of the preventive argument about diet is that it is probably an essential cultural factor, in contrast to the fact that it may be a relatively weak contributor in the individual. In the pediatric sense this would make a positive argument for routine prevention and health maintenance in all children, because the bulk of adult cases come from the garden variety distribution of serum lipid values, not from those found in the upper fractile or high risk children.

I don't believe that the Tecumseh Study contributed anything in terms of coronary risk factors, or even been reported yet in terms of prognosis. No harm done in your reference, but the concept of risk factors and the indications of their relative strength did not derive from Tecumseh followup information, despite personal contributions of Fred Epstein's important thinking in the area. They have only reported cross-sectional distributions.

Your Inter-Society Report summarizes the important and relevant data from the U.S. and overseas studies. In general, I am more impressed by the population comparisons argument than I am with the levels of risk associated with cholesterol levels within our own culture. In this regard the Seven Countries Study and the Wisconsin and Mexican schoolchildren curves showing probably idealized cholesterol distributions is the most persuasive argument I know, the best evidence for a mass and routine and childhood approach to primary prevention. However, you make your point very effectively that "there is no evidence that presently levels above 200 mg are normal."

I am also impressed by your argument that very strict dietary control in children with familial hypercholesterolemia has resulted in no observed deficiency states or interference with normal growth. If that could be documented by a little data it would indeed be a useful addition to the prevention armamentarium.

You take off very appropriately on the Mitchell-Weidman report and its distortions and paradoxes.

The whole reads very well and it is a succinct, rigorous and accurate representation. Many thanks for letting me be party to it at an early stage.