

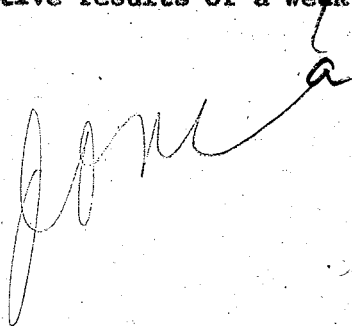
December 9, 1974

Ian Douglas-Wilson, Editor
THE LANCET
7 Adam Street
London WC2N 6AD
ENGLAND

Dear Dr. Douglas-Wilson:

I have belatedly found and enjoyed your thoughtful 6 April 1974 editorial on coronary prevention. It is full of good sense. It also misses on a few counts, I believe in regard to:

- 1) "effort and money spent" and "zero" evidence (money is just now being spent on decent tests of the prevention hypothesis in coronary disease).
- 2) "There is no proof that" etc. (yet I believe you accept articles *about, and* medicine functions daily, on "less proof" of the efficacy of most therapy).
- 3) "benefit (cholesterol lowering and delay of CHD) difficult to prove" ("delay" is reflected as a decrease in age-specific disease incidence and is no more nor less difficult than any other trial end-point).
- 4) "There is something in this" [stress, fatigue, etc.] (again, a natural and common tendency of all of us to require "less proof" for one's favorite risk factor and "more proof" for that not favored?)
- 5) The stopped smoking "evidence" is totally uncontrolled and certainly no stronger than other evidence.
- 6) The independent contribution to risk of hypertension and glucose intolerance have been examined and should not have been used - perhaps to "illustrate a fallacy".
- 7) None of the evidence about the lack of effect of reducing hypertension is appropriate. None of the trials had enough power to ask or answer this question. Negative results of a weak trial are not acceptable "evidence of no effect".



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- 8) Your disclaimer that group evidence is inapplicable to the individual may miss the mark if one considers probabilities and does not demand impossible "yes-no" decisions. The claim of "more incorrect than correct forecasts" is misleading.

A few ideas and attitudes from page 22 in the enclosed may amuse you. Certainly it would be unwise for you to plow through the entire opinionated mass!

Cordially,

Henry Blackburn, M.D.

HB:jp

~~enclosure~~ *ok*

prognosis