May 5, 1976

William B. Kannel, M.D.
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123 Lincoln Street
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Dear Bill,

Thank you for your note and fatherly advice concerning my sentiments about George Mann. You, of course, recognize that these are primarily sentiments and that I am not seriously suggesting official sanctions. I do think, however, that at a certain level of public personal criticism which George has exceeded, that it should be discussed. I have provided my personal reaction directly to George before when he has gone vastly beyond humanitarian bounds (such as in his letter to the New England Journal of Medicine concerning me). It would likely be worthwhile that the Executive Committee consider the ethics of such personal attacks on members of the Council, in public situations and in print, as well as their activities as paid representatives of the Egg, Meat and Dairy Councils. This consideration has nothing to do with running a mutual admiration society or with suppressing scientific unorthodoxy. I believe most of us carry a healthy share of unorthodoxy, and I doubt any of us is unprepared to foreswear existing dogma when evidence is sufficient. But I do know that I am wholly and irrevocably fed up with George Mann's viciousness; I have been one of the most patient and communicative with him in this regard over the years, having attempted a friendly dialog for two decades. But his writings, his wretched attempt to spoil the evening that the Council planned in Dr. Keys' honor a few years ago in Tampa, his current attacks on the Program Committee which I have not yet read, and his very inappropriate behavior in our annual meetings suggests a seriously disturbed person who has intentions of doing the Council and us as individuals great harm. You have not had to experience, as I, the direct confrontation with hostile lawyers' arguments derived word by word from consultation he has provided them and their interests, nor have you been victimized by such grossly misleading and distorted letters as the enclosed one to the New England Journal. So, after years of real attempts at patience and understanding, you must understand my sentiments. If he is now attacking the legitimacy of the Council's program decisions, I believe we should consider this more than unorthodoxy, and consider the nature and motives of his attempts to discredit his fellows. I will of course be content if the general feeling of the Executive Committee is that quiet forebearance is the way to handle such a disreputible matter.

Cordially,

Henry Blackburn, M.D.

HB:jp
pc: Gary Friedman
Len Cook
Jeremiah Stamler

Enclosure NEJM letter from G. Mann. Spring 1975

To the Editor: The letter by Pattison, Nelson and Klein is reminiscent of the note by Egerton Yorick David (William Osler's pseudonym) on "vaginismus", which appeared in the *Philadelphia Medical Journal and Record* about 1880. It's good to know that editors of American as well as those of English scientific journals allow a little impishness to appear in their publications! However, as a stockholder, I should resent the implication that spread of disease is now added to the "Bell" system's alleged crimes.

RALPH E. WHEELER, M.D.
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SNEAKERS AND SUPPORTERS TO FIGHT CHD

To the Editor: There is a third world that Blackburn does not acknowledge in the binary system of thought that he uses to describe the problem of coronary heart disease (N Engl J Med 292:105-107, 1975). Those with what he calls the "academic view" comprise the lipoprotein-phenotyping contingent, who in effect say, "Give us more time and money and in the meantime phenotype everyone, even babies, and send off to Washington for the appropriate diet manual." This looks to me like busy work — not problem solving. In the second world — where Blackburn lives in a large, circular, stone edifice — are those who like to call themselves pragmatists in these health matters. They violate the first premise of good medicine because they treat symptoms, not disease. Their facilities hum with patients being measured and treated for one or another risk factor (a glossy new term for an attribute associated with coronary disease) even while they studiously ignore the stark fact that no one has been able to show that treating one or all of these risk factors does any good, although some of the treatments do some harm.

In the third world, small and less well known, where I live, we believe that the most important conclusion to be drawn from epidemiologic studies of coronary heart disease is that fit and active people are spared its clinical disasters, even though many of them have atherosclerosis. The preventive of coronary heart disease appears to be exercise. Paradoxically, this is a dirty word under the Minnesota Stadium. In this clear-eyed third world the most probable cause of the rise of coronary heart disease appears to be the leisurely life — not diet, not obesity, not hypertension, not cigarettes, not temperament, not emotional strain and probably not even genetics.

A common feature of each of these three worlds is industrial muscle. Segments of the food and pharmaceutical industry find diet, hypertension and hypercholesterolemia very profitable disorders. Unfortunately, the sneaker-and-supporter crowds have been slow to organize. It is a commentary on our system of science that, until they do, the necessary clinical trial to examine the role of exercise in protecting health will not be done. In the meantime, anyone with even a scrap of evidence that the phenotyping of lipoproteins or the consumption of an oily, low-fat diet helps protect health should send it at once to Dr. Blackburn — even a little clay suitable for chinking his wall would help. It will be a long winter in Minnesota.

GEORGE V. MANN, M.D.
Nashville, TN Vanderbilt University

The above letter was referred to Dr. Blackburn, who offers the following reply:

To the Editor: Dr. Mann may be right.

HENRY BLACKBURN, M.D.
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St. Louis Park, MN Methodist Hospital

FROM PVC TO VEA

To the Editor: My sympathy to our challenging diagnostic sign, the premature ventricular beat.

For years it was labeled PVC, later re-labeled VPB, and now assumes yet a third name, VEA (N Engl J Med 292:262, 1975).

May I suggest one final name, that of FLB (funny looking beats)?

Massapequa, NY ROBERT M. SMITH, D.O.

BENEFITS OF TAY-SACHS SCREENING

To the Editor: The Birth Defects Group at our institute has been engaged in research studies of the cerebral sphingolipidoses for the past 20 years, and in community mass-screening programs for carriers of Tay-Sachs disease for the past five years. Being in almost daily contact with both children with the disease and their parents over this time span, we were appalled by Dr. Kuhr's[1] letter and its accompanying heading, "Doubtful Benefits of Tay-Sachs Screening." The parents of a child with the disorder and their relatives would find ludicrous the statistical conclusion of the Dayton, Ohio, physicians advisory committee "that the psychic burden on these 72 heterozygotes was too high a price to pay for the prevention of a single case."

We agree with the letter of Beck et al.[2] that information about genetic defects may be disturbing to a person, and that the main question is whether such information can be used productively. Our experience has shown that it is possible to dispel unreasonable fears on the part of potential heterozygotes by careful planning and education of the community before the testing program is inaugurated. Talks by a mother of a child with Tay-Sachs disease about the domestic trauma created by the birth of a doomed child and by a medical scientist or genetic counselor that, with discovery of the defective enzyme, even carrier couples can be assured of having only nonaffected children, provide such needed assurance to almost all interested individuals.

In contemporary society, in which medical costs are a family responsibility, the presumed psychic burden carried by heterozygotes may be further lightened if they are informed that it costs in excess of $50,000 per year to hospitalize a child with Tay-Sachs disease for periods of three or more years. At this institute, in conjunction with the Obstetrics and Gynecology Department of Downstate Medical Center, we have monitored more than 40 pregnancies of high-risk couples and have prevented the birth of 12 infants with Tay-Sachs disease. There is therefore no need for any well informed couple of Ashkenazic Jewish extraction to have a child with the disorder. There is, however, a need for better designed and executed testing programs and adequate and competent genetic counseling when one informs a person that he is a carrier of a genetic disorder.

Dr. Kuhr and his advisory committee are also advocates. They advocate genetic nontesting and a paternalistic attitude that newer genetic knowledge imparted to the general public may be more harmful than useful. In this sense they are doing a medical disservice to the Ashkenazic Jewish community of Dayton, Ohio. Fortunately, this matter may be taken out of their hands, since a father of a child with Tay-Sachs disease, who is a lawyer, has instituted a malpractice suit against his wife's obstetrician because he failed to inform them that a carrier test for Tay-Sachs disease was available. It is more unfortunate that some members of the medical community need prodding of this kind to practice rational medicine.

LARRY SCHNECK, M.D.
ABRAHAM SAIFER, PH.D.
BRUNO W. VOLK, M.D.
Brooklyn, NY Isaac Albert Research Institute

1. Kuhr MD: Doubtful benefits of Tay-Sachs screening. N Engl J Med 292:371, 1975
2. Beck E, Blaichman S, Scriver CR, et al: Doubtful benefits of Tay-Sachs screening. N Engl J Med 292:371, 1975

To the Editor: Kuhr has presented the reasons that led an advisory committee of physicians in Dayton, Ohio, to decide against organizing a mass screening program for Tay-Sachs disease. He states that there are 6000 Ashkenazic Jews living in Dayton, of