



WAYNE STATE UNIVERSITY

SCHOOL OF MEDICINE

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DEPARTMENT OF MEDICINE

November 14, 1974

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*Please find  
attached  
cover letter*

Henry Blackburn, M.D.  
2108 Oliver Avenue, South  
Minneapolis, Minnesota 54405

Dear Dr. Blackburn:

Having quoted your final paragraph from the chapter devoted to exercise in the most recent volume of "Controversies in Internal Medicine", I had to write and thank you for the humorous yet thought-provoking summary of your reservations regarding exercise. As Director of the Exercise Laboratory at Harper Hospital, which is one of the Wayne State University School of Medicine affiliated hospitals in the Detroit Medical Center, I am increasingly besieged by the Industrial Community as well as physical fitness advocates to support a mechanism of mass screening exercise testing to implement exercise training programs. Several of us here in the Ann Arbor-Detroit Metropolitan area are considered conservative because of our failure to jump on the exercise band wagon; and in talking with Dr. John Santinga in Ann Arbor and Dr. Sol Pickard at Henry Ford Hospital here in Detroit, I find that our common reservations regard the translation of an individual's solitary performance on one Graded Exercise Test into a program of structured exercise that is safe and efficacious. In our community at least, it seems that there can be no middle ground between those who insist that exercise prevents and cures all and those diagnosticians who avidly recite David Redwood's frequently expressed opinion that exercise testing is perpetuated by physicians with pecuniary motives. With all the recent efforts of the lay press to disseminate information on exercise testing and therapy, it is most helpful to cite a recognized expert such as yourself who accepts a moderate stance that should help to temper the fanatic enthusiasm of the exercise faddists.

I was quite surprised at the article in the November 4th issue of Sports Illustrated regarding Ken Cooper and his Aerobics. I think it represents the most levelheaded report that I have seen recently offered to the public and presents the case for exercise much as I see it - a useful diagnostic tool, a therapeutic mode that should be used as an adjunct to enhance an all-encompassing program, and as an enjoyable life style which certainly should not contribute to, and may in fact alter, the risk factors of the prognosis in coronary artery disease. Although not naturally inclined to maintaining a high profile or proselytizing, I am beginning to accept the opportunity for participation in professional and lay education thereby hoping to help establish a reasonable middle of the road approach to exercise. I anticipate using your example frequently in the future and again thank you for what I consider a delightful fillip to the debate on exercise therapy.

Sincerely yours,

*Sandra M. Leitner*

Sandra M. Leitner, M.D.  
Director of Exercise Stress Lab.

*over.*

SML/hd