

*Circulate per Academic Staff
& refills*

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Dear Shiela:

Many thanks for taking the time to reply in such good humor to my questionable and opinionated ramblings. I don't believe your excellent stand on routine versus sporadic screening of children comes through strongly in the official reports. Because it does not, it leaves the doctor to operate in his usual way, in which chance operates to bring contact with a high risk child.

The missing aspects of motivation and intervention are contained in another opinionated and "companion" article, enclosed, which I would not advise you to wade through. I agree that we need the direct evidence that intervention is useful, and then mount a broad social attack at every level, and I think the ISCHD report is the guideline. Don't you think we could make smoking as socially unacceptable as spitting or nose picking? I in no way think that throwing up hands in dismay over the academic failing in motivating patients is a replacement for a positive continued effort - at the individual and social level. And clearly prevention of obesity and hypertension and smoking and high lipids is a better approach than treatment.

I don't follow your point about telling the Japanese what to eat. And clearly the Japanese would never tell us what to do, though they might show us how to do it better. I do see the point of utilizing the findings of "unnatural experiments".

I don't deny that we should consider (and anticipate) the economic consequences of scientific conclusions. But the latter should not be avoided due to the former.

See you soon, I hope.

Regards,

Henry Blackburn, M.D.

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