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London School of Hygiene and Tropical Medicine

*Rec'd to SF 3-7-75*  
*Send PC of this & J. Morris reference to S. R.*



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Department of Community Health  
Professor J. N. Morris

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*Conception*  
*Geneva ms.*  
*1973 or 74*  
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Dear Henry,

17th February, 1975.

Henry Denolin has given me a copy of your paper to the Megeve Conference last December and once again I have been enjoying your lightness of touch and the penetration of your criticism. However, I cannot make out what you have done with our paper on "Vigorous Exercise". At the bottom of page 21 you refer to those who developed coronary disease but in line 10 on page 22 say that disease incidence was not measured. Furthermore, you say that individuals responded only by postal questionnaire. The whole of the last paragraph on page 333 of the Lancet paper is given to an account of how we got information on clinical episodes of coronary disease occurring in our population. I would say that our method was very good for fatal attacks, good for severe attacks that were not fatal and not so good for angina and other modes of first presentation producing little sickness absence. In this first report we provided information on just over 250 first clinical episodes of coronary heart disease.

In the first line on page 22 you described our matching in terms of age and cigarette-smoking and say that the details are not clear. In practice we matched for four factors as described in para 2, column 2 of page 334, including age within a year (how much more detail is required in a paper aiming for the Lancet?) but not including smoking because we are interested in possible connections between exercise patterns and smoking behaviour. As you say in line 5, smoking habits were similar in the two groups.

In line 7 you say that our findings are at variance with earlier conclusions; I am not so sure about this now in view of the amount of stair climbing engaged in by both our bus conductors and postmen.

On a more general issue, it seems to me as a public health man that we are under-estimating the importance of the simple behaviour patterns involved in cigarette-smoking, adequate exercise and weight control. I am much impressed by the infrequency of clinical disease in busmen as well as in the civil servants who are on the virtuous side of these three factors. Diet is more difficult in this country in view of the widespread scepticism on the importance of blood cholesterol in the aetiology as well as over the role of saturated fats. It was quite an effort to get even our wet statement on fats that you must have seen in our recent government report.

With best wishes,

Yours O.A.A. O.

*J. MORRIS*