Jan Papra 5360 Raymond Avenue Moundsview, Minnesota 55112

Dear Jan:

I enjoyed reading this paper. It indicates quite sufficient effort and thought to pass as a Plan B presentation. You will require, as you surely know, a great deal more discipline and organization, and many more drafts to produce an acceptable review of the topic. The question of style is important because it requires clarification of approach and thinking. You have the disarming capacity to write easily, as you talk, but in your next paper it would be a good exercise to prepare a table of contents, to number the pages, to provide headings and subheadings and to pursue topics logically rather than to review articles sequentially.

Clearly you have gained knowledge of this question and understanding, of course, escapes us all. You might try to analyze strengths and weaknesses of works more systematically before accepting or rejecting the authors conclusions.

Your general conclusion is sound, that the evidence supports a predominant environmental factor. Are you sure you haven't set up a straw man? Who still insists on a predominant genetic role, and who really speaks of a single gene?

Did you consider a methodological difference possible between Evans County? The Bahamas, etc.? Is this not more likely than a regional "causative factor"?

You may mention but I fail to find it the question of longitudinal versus cross-sectional studies. The former tend to reduce many biases and I expect you could find some data on "true" age trends by race.

Did you attempt to find adjustments for obesity or glucose tolerance, two variables highly related to race and to blood pressure.

Can you explain better your repeated implication that selection due to mortality contributes to adult race differences and the higher values among blacks. Would this likely exaggerate the race difference?

Your not organizing your topics leads to imbalance, based on different author's approaches. Would it not be better to discuss nutrition as a section (and explore the salt hypothesis as well as the carbohydrate one). What, for example, is their correlation?)?

If you have knowledge of the ratio of secondary to primary hypertension could you not have done some simple calculations of how much secondary contributes to the racial difference, instead of the not particularly useful speculations about its importance?

In page 5 I don't quite see how racial differences or greater interindividual variability in blacks lend "support" to the anxiety thesis. In Paragraph 2 don't you say essentially that great variability among blacks is due to a greater variability among blacks?

I get the impression that you somehow "buy" the old clinical dogma about the greater validity of "basal" blood pressures. Forget it, please!

I would insist that you support your casual implication that genetic mingling might in some way contribute to the magnitude of racial BP differences.

Isn't the opposite more likely? Suggest you defend or omit this.

On page 7 what is the evidence of stroke incidence not being parallel to blood pressure? Is this longitudinal or cross-sectional data? Graphs plotting these relations continuously would be helpful.

On page 8 could not stress be independent of hypertension?

On page 10 do you really mean to say that the association means "etiological significance"? The authors don't.

The issue of confounding variables I think you perceive well but this great weakness of these analyses might be made more explicit.

On page 11 was the "power" of the study sufficient to conclude there was no association of white CVA and social disorganization?

Could you propose other observational or experimental studies needed to elucidate the various etiological possibilities (diet, etc.)?

Henry Blackburn, M.D. Professor and Director

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