

St. Mary's Hospital Medical School

(University of London)

London, W.2.

EPIDEMIOLOGY DEPARTMENT

01-723 1252 Ext. 135

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To await arrival

Dr. H. Blackburn
c/o London Hilton Hotel
Park Lane
London W1

Correct

Dear Henry,

Alas! I shall be away all day on the 17th. My father-in-law died on Sunday and the funeral is on Thursday in South Wales. Is there any chance of meeting you on Friday? I have no unmovable commitments on that day.

Your egg men really are a scurrilous lot. I really don't believe that Michael Oliver, Harry Keen or Tony Mitchell would wish to be in any way associated with the kind of propaganda that you showed me.

For the past year a joint working party of our Cardiac Society and the College of Physicians, under the chairmanship of Gerry Shaper, has been working away at a document for doctors on the prevention of coronary heart disease. Michael Oliver, but not Yudkin, is one of the members of the group. We have achieved agreement on advice in regard to dietary fat which represents quite an advance on the disappointing report on that subject which recently emanated from our Department of Health. The difficulty concerned the place of advice on PFA intake. The recommendation is that there is no practicable way for most people to achieve an adequate reduction in saturated fat without the use of some PFA substitution.

I enclose a copy of a letter which I sent to you at home last week, which had probably not reached you before you left for Europe. I also enclose a copy of a paper I gave last week to the German Cardiac Society. Most of it is very familiar but one or two snippets are new. For the published version I have not been able to include the most interesting finding which I presented as a flash on/flash off slide of some data from our Whitehall Study, which we shall be publishing later this summer. This concerns the ability to predict CHD death by the familiar risk factors (smoking, blood pressure, cholesterol, glucose tolerance) in persons who at initial screening had evidence from ECG or questionnaire suggesting early ischaemia. The prediction is about as powerful in those who are negative at screening! This is certainly a strong argument to support your view that screening for early ischaemia is a proper technique for identifying a high-risk group on whom to concentrate preventive advice. I still hope that somebody will do some proper controlled trials in this important group.

Yours,

Geoffrey Rose