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LAB OF PHYSIOLOGICAL  
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Dear Henry:

Thank you for the paper, "Progress in the epidemiology and prevention of coronary heart disease." I read it, from the jazz intro to the upbeat finish, and made a few notes.

Page 2 - "moveover, the risk of recurrent coronary events and death remains forever excessive among those fortunate enough to survive the first attack." Not true; or at least, not generally true. The survivorship comparisons, post coronary with general population, are highly age dependent--bad prognosis in 40's and 50's, equal in 60's, terrible in 70's and over.

Page 6 - "The relationship of serum cholesterol level to primary CHD incidence is consistent in all major systematic prospective studies in many countries." I agree wholly with the burden of your argument but additional data are available and need to be incorporated into a general field theory: the coconut-eating Polynesians, the North African tribes. A fat-in-diet hypothesis needs another factor, probably physical exertion. The combination is not yet quantifiable, but should be expressed as some diet/exercise energy balance.

Page 7 - Right on. A two-stage hypothesis is needed.

Stage 1: Energy balance determines population risk.

Stage 2: Smoking, heredity, blood pressures, etc., determine risk of subsets of the population.

? Answered on 4/28 tape?  
if not return to me.

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Page 11 - Still right on! The lipoprotein typing jazz does not contribute usefully to our understanding of CHD epidemiology.

Page 15 - No way to over-emphasize the inutility of the concept of hypertension, insofar as CHD risk is concerned. The next step is to bite down hard and establish a goal of intervention studies to reduce blood pressure to optimal measurement (value of lowest risk) plus an allowance for the toxicity of drugs.

Page 15 - The problem Freis faced in terminating study for ethical reasons before CHD effect was clear can be resolved quite easily another way--see Son of Arrowsmith.

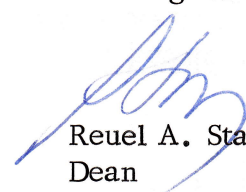
The question, "What is the nature of the relation between reduction in blood pressure and subsequent observed risk?", is quite independent of controlled study design, although it does call for some elementary precautions against bias in dx.

Page 20 - A first step, the least expensive but often the least rewarding and sometime misleading, is to formalize this idea by comparing the coffee-drinking habits of hospitalized CHD patients versus controls. To express concern over retrospective studies is doctrinaire. They do not appeal to me esthetically, however, I am not aware of any properly constituted retrospective study (case/comparison) that has been misleading. Are you?

Page 31 - The time factor. One of the first explanations for Hawaiian/LA Japanese difference was time of exposure. Ansel's early paper showed not much difference in cholesterol. T. Gordon's paper showed fairly large difference in mortality. Why? The boys on Maui lived as Japanese style 10-20 years longer than the Nisei in California.

This is a splendid paper, Henry. I did enjoy it.

Best regards,



Reuel A. Stallones, M.D., M.P.H.  
Dean