February 4, 1972

Joseph Stokes III, M. D.
Department of Community Medicine
School of Medicine
University of California, San Diego
La Jolla, California 92037

Dear Joe:

Well, your phone call and subsequent letter were a real blast of warmth in Siberia. And they will be taken seriously. Neely, making comparisons with other cultures, as is her wont, remarked on the delightful contrast between your invitation and one which might be written for a similar reason--by a European. I wish we could come out now and see you and that remarkable institution you have going. But I hope to be more vigorous a month from now, and besides we have three, not one, RFP to respond to this month, plus a site visit for the Lipid Center. I will have to make a decision about Bethesda by mid-March at the latest and a time in the three weeks in March following the Tampa meeting. should be the best to come out--if that's suitable for you. I will want to visit Stanford which made a nice offer last November, and will combine it with the trip to LaJolla and maybe a quiet beach somewhere South if you can recommend one.

Most of my reactions, as far as seeing myself in your splendid organization, would best be exposed verbally. But the alternatives available to me (including Stamler's new department) all involve great challenges which in turn evoke the Peter Principle. I have been very fortunate to work productively in a protected environment and with good colleagues, but the isolation of our laboratory related to our busyness, our location and certain idiosyncrasies of the boss, has kept us out of the mainstream of developments in medical schools, health care and teaching. Moreover, due to research activities and writing in epidemiology, cardiology, electrocardiography, exercise physiology, rehabilitation, and insurance medicine, etc., I have acquired standing in too great a variety of fields, standing not at all commensurate with foundation or competence in any of them. I have found this fantastic niche here where I could happily grind away and link up old clinical and newer epidemiological pursuits at a time in history when the liaison was possible and needed. This has not left me grounded or experienced in many of the skills needed for the future nor adequately tested my administrative or teaching abilities.

I am eager to accept the challenges--but don't want my unusual and limited talents misrepresented--a typical example being your addressing me as Professor of Epidemiology (its Physiological Hygiene)--but you understand, and enough of that now.

Just a word about Bethesda, on which I would value your opinion. Potomac Fever has never infected me and I was most surprised to get their strong pitch. It was probably precipitated by the weekend's work enclosed on Multifactor Trials which apparently had a considerable impact on NHLI and, I understand, on the Task Force at a critical moment in their deliberations. Funny how little things . . . . But, confidentially they are offering me the equivalent of another Lab of Physiological Hygiene, a NHLI in-house funded, D. C. University based, out and in-patient and laboratory facility, as well as the post of Chief of Therapeutic Evaluations. This would allow me to tinker as usual, and to see also if I have any imagination at the level of section head. So it's not really a position in which to wither academically, nor is it one concerned primarily with power games.

Just a couple of comments on the great material you sent along, which is better reading than Brave New World and eminently more sound.

If I do go to Bethesda we will indeed be confronted by a powerful collusion in California on the Multifactor Trial. Presumably it will contribute to excellence of design and peformance for all. I could picture your developing your own Great West coordinating center and then activating the San Andreas fault and splitting. More likely, you'll be a bg tail wagging a happy dog. I will probably be assembling a group March 27-29 in Bethesda to review and make recommendations for the non-invasive measurements for the MFT and its ancillary studies, which you mention. Can you recommend one strong person from your California groups with caddiovascular savvy, instrumentation and computer competence, and not an epidemiological bust. So far it's mainly my "buddies" from an old Heart Disease Control Technical Group (Sheffield, Blomqvist, Pipberger, Rautaharju). We need someone with close knowledge of operating programs for automated analysis of ECG, phono, pulse waves, ballisto, chest displacement, etc. There will be little time for development and if we go this way it has to be available, reliable and efficient. I am prepared, wherever I will be, to develop an alternative (or backup?) facility for manual measurement and classification of these waves. I am sure this can be done far more economically, but with a real loss of information and reliability. I hate to see the next generation of trials limp along with my simple-minded approach, but am not yet sure that the man-machines combinations available will do it for us.

I suppose I was most fascinated by Dr. Bush's model. The next step is to identify and monitor the (independent) variables contributing to a low order of community health, to predict and ward off beforehand the endpoint he is now quantifying.

I used almost verbatim your excellent section in the ISCR on a national policy committment, in a chapter of a book on prevention and rehabilitation which will be distributed to 20,000 European docs. On this, and two other articles recently, I collaborated with Jerry. He is a marvelous collaborator; I was ready to quit at least two drafts before he would let me.

Your departmental organization and composition is remarkable in every way. I like your initial parenthetical place for me and don't see myself riding lead horse with John Goldsmith, Michael Shimkin and Brigitte Bardot. I wonder where you got the idea that I have organizational, administrative and teaching abilities sufficient to such an appointment. I am flattered but you will have to think more about the division head position.

The philosophy of the UCSD and of your new department is exciting. You have obviously had a ball putting this all together. It would be great to be a part of this leap toward the 21st century. I have a few visions, and I feel good about what you are thinking and planning and implementing. But again, to be personal, and because you asked my reactions to your call, we should consider that I am a happy amateur, a medical dilettante, a person with considerable sensitivities but limited resources. I "possess" (therefore chose) a 19th century aristocratic wife (well give her early 20th), a classical MG, and play with a straight soprano saxophone (obsolete since 1925). You, UCSD and California are the 21st century and I would have to shed and adapt much to avoid future shock. I would dearly love to do so, and might even make it, if the prostate comes around. But it will require some less circular reasoning than I have been able to make this week.

Thanks and keep in touch,

Henry Blackburn, M. D.

HB/rs