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Error! For
Henry Blackburn
JB

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JEREMIAH STAMLER, M.D.
PROFESSOR AND CHAIRMAN
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July 24, 1975

Black
Henry L. Taylor, Ph.D.
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Dear Henry:

Thanks very much for your good letter of July 1st. We are indeed enjoying this working vacation here -- spending two-four hours a day in quiet work, and then taking the sunshine, fresh air, water and good food, plus leisurely reading.

I know Weldon Walker, and have a high regard for him. I am aware of his vigorous and dedicated views on the coronary prevention issue, and of course I am -- as you are -- in fundamental agreement with him. I hope the JAMA publishes his article as an editorial, since I think its spirit is fine and its ideas possible, and it would be valuable to have them before the readers of the Journal. I must note that on several specifics there are problems with his reasoning. For example, the trend of mortality from cerebrovascular diseases has been steadily downward since 1920, as we noted in the monograph by Moriyama, Krueger and myself. Further, the trends of intake of the main fat-containing foods in the U.S.A. in the last couple of decades is more complex than Weldon indicates in his one table giving data on dairy foods. It is true that the dairy fat and egg yolk are down, as are also fats from such visible sources as lard and bacon. Also, unsaturated and polyunsaturated fats are up, but the downward trends for several of the sources of saturated fat and cholesterol in the U.S. diet are to a considerable degree cancelled out by the upward trends over these last couple of decades in meat consumption, especially beef consumption. In connection with the A.H.A. forum for science writers last January and my talk on the trend data there, and further in preparation for the FTC hearings on the egg question, and a paper Alan Dyer and I plan to finish this summer on the trend data, our nutritionists have put together a detailed analysis of the trend data since 1910 (when national figures began to be available from the USDA), and they indicate a modest decline in both dietary saturated fat and cholesterol, and an increase in poly fat, such as would nationally produce a few percentage points decrease in serum cholesterol level. Much more impressive, at least for adult men, is the downturn in use of cigarettes over the last decade or two. It is difficult to make a case for improved identification and treatment of hypertensives at least until very recently. As Weldon notes, there is also the compounding effect -- in terms of the major risk factor question -- of improved care (coronary care units, pacemakers, etc.) -- and perhaps the net effect of

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coronary surgery is not negative, but rather about zero (the help and the harm about equal!). (I am reminded of the remark of Yandell Henderson of 1910, commenting on the progress in medicine, that by that time it was likely that a patient presenting himself to a physician had about a 50-50 chance of emerging from that situation with benefit. I hypothesize that in certain cardiovascular centers where the cardiologists are channeling a high proportion of coronary patients to the surgeons for bypass, that level -- 50-50 chance of benefit -- may not be true at the present time!). There are at least two other problems with Weldon's argument: First, the point made in a paper now in press by Tavia Gordon and Tom Thom about these last five years of relatively low influenza-pneumonia mortality and the parallelism between deaths from those causes and CHD death. Alan Dyer and I have looked at this, and it is undoubtedly true for the 1968-73 period, and therefore one must wait for several more years to ascertain whether the down trend in both CHD mortality -- and All Causes mortality -- persists despite the usual fluctuations (generally a 3-year cycle) in influenza-pneumonia mortality. Further, Weldon arrives at the conclusion of a down trend in CHD mortality since 1963 -- rather than since 1968 -- by combining all four major sex-race groups, white male, white female, black male, black female. A sex-race specific analysis shows clearly that for the white males the rates by 10-year age group from 35 through 74 were on a high plateau, and calculation of a linear slope through year-by-year data reveals essentially a flat curve, and not a down trend until 1968. As for the black males, the main tendency for them was upward during this period. The down turn is clearcut only for 1968 on, for males, hence all-the-more-important the question of the relationship between CHD and flu-pneumonia mortality trends. The PHS National Center for Health Statistics published an important brochure on the decreased life expectancy of males (white and black) from young adulthood through middle age from the late 50s into the late 60s, and also noted the plateau in coronary and heart disease (heart reflects coronary overwhelmingly, obviously) among the other phenomena. That is a fascinating report we used in teaching. As soon as we finish our papers late this summer (I hope and trust!), we will send them on to you -- or it, if we put all the data into one!

Meanwhile, all the above ramblings are for you personally, and confidential -- and in no way to cast doubt on the utility of the publication of Weldon's editorial by the JAMA or the value of the thoughts he is attempting to lay before the doctors and public. (I agree with you concerning the deletion of his one most provocative paragraph.)

During August, I will be spending a fair amount of time going into the MRFIT intervention situation in Chicago, what with our recruiting virtually finished. I too share your concern with the limited achievement, particularly in the diet-serum cholesterol area, and hope to learn more about it, and ways to improve it. Let us be in touch on that.

I look forward to hearing more about your work on suppression of VPBs by good hygiene.

Meanwhile, if I can continue here to pile up some progress in writing at least

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some of the papers overdue in a half dozen or more places, so that I have somewhat less of a diversion when I get back, I will leave here delighted -- since Rose too is doing useful work, particularly in reviewing our curriculum and teaching materials -- and of course the rest, relaxation, exercise, etc. are great.

All the best.

Cordially,

Jeremiah Stamler, M.D.

JS/nd

Dictated but not read

P.S. Our greetings to Ancel, Margaret, Ron and everyone else.

P.P.S. Thanks for the copy of your memo to Nemat on the President's Biomedical Research Panel. I have yours and Dick Remington's, with which I agree. I hope to get one of my own written.

August 4, 1975

Meremiah Stamler, M.D.
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Dear Jerry:

I will welcome a preprint of your now confidential analysis of nutrition and mortality trends, when available.

Thanks.

Cordially,

Henry Blackburn, M.D.

HB/kn