

August 15, 1975

Warren Winkelstein, Jr., M.D.
Department of Epidemiology
University of California
Berkeley, California 94720

Dear Warren:

The enclosed is not and will not and must not be sent for publication, but I got it off my chest. I was dumbfound and remain puzzled by the apparent misconstruction of the need for preventive trials, often necessary antecedents to public health action, but not necessarily the models for such action.

Cordially,

Henry Blackburn
lmb



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Neal Nathanson, M.D.
Editor-in-Chief
AMERICAN JOURNAL OF EPIDEMIOLOGY
615 North Wolfe Street
Baltimore, MD 21205

Dear Dr. Nathanson:

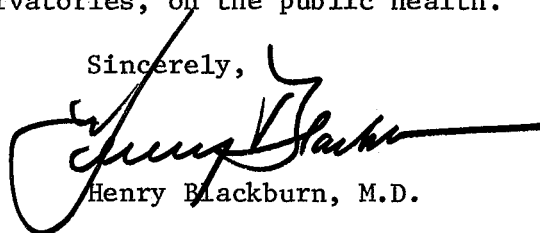
Your March 1975 editorial "observations" by Marmot and Winkelstein on multifactor intervention trials in coronary disease appears to me to be an obvious and somewhat pedantic exercise in which is computed the potential public health efficiency of intervention efforts limited to particular high risk fractions of the high risk American population.

I believe it erroneously implies that such trials are seriously proposed as public health solutions to coronary disease; it misses the point of such trials which is to demonstrate whether broader social measures, which as the editorial points out would clearly be required to affect the population burden of CHD, have in fact a real chance of doing so.

This editorial by public health experts joins the cry of others perhaps not expert in the public health by stating, without good evidence, that important leads to the pathogenesis of coronary heart disease are being ignored because of the current empiric trials (E. Corday editorial, A.J. Cardiology, Feb., 1975).

It is unfortunate that leaders in medicine and in public health should so misunderstand the current priority and need for testing the general hypothesis whether CHD can be reduced in adults at all, and thus misconstrue the real purpose of the current intervention trials, should so derogate an undertaking recommended after years of careful consideration throughout the scientific community and NHLI, and should so state that outstanding hypotheses about etiology of heart attack are not being tested -- because of these trials. One is inclined to speculate that such editorial non-sequiturs might represent agonized personal thrashings about following rejected grant applications, rather than thoughtful, pristine views, from elevated observatories, on the public health.

Sincerely,



Henry Blackburn, M.D.

HB:jp