

December 2, 1975

Oglesby Paul, M.D.
Northwestern University Medical Associates
222 East Superior Street
Chicago, IL 60611

Dear Oley,

I think this is an admirable summary of our trials, successes, and tribulations. There might be a little greater emphasis on the significant contributions to trial methodology. There might be a bone thrown to the important contribution of the Project Office. There might be a paragraph dealing with the importance of MRFIT to the data base for development of future public health programs but indicating that MRFIT is not a model for such programs (in reply to the Winklestein view that MRFIT is irrelevant).

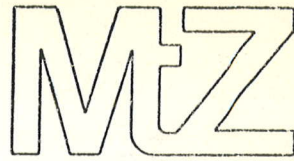
Please excuse the unnecessary nit-picking on language indicated in my notes on the manuscript. I hope you will give this in Amsterdam.

Cordially,

Henry Blackburn, M.D.

HB:jp
enclosure

Mount Zion Hospital and Medical Center



1600 Divisadero Street, San Francisco/Telephone (415) 567-6600
Mailing Address: Post Office Box 7921, San Francisco, California 94120

June 11, 1975

RECEIVED

JUN 16 1975

LAB OF PHYSIOLOGICAL
HYGIENE

Dr. Henry Blackburn
Laboratory of Physiological Hygiene
School of Public Health
University of Minnesota
Stadium Gate 27
Minneapolis, Minnesota 55455

Dear Henry:

Meyer Friedman asked me to answer your May 29 letter. VPB's were only studied in the collaborative study of sudden death and not in the Western Collaborative Group Study. I imagine that in Phoenix I was really referring to your own data from the Coronary Drug Project as well as data from Tecumseh and the collaborative sudden death study.

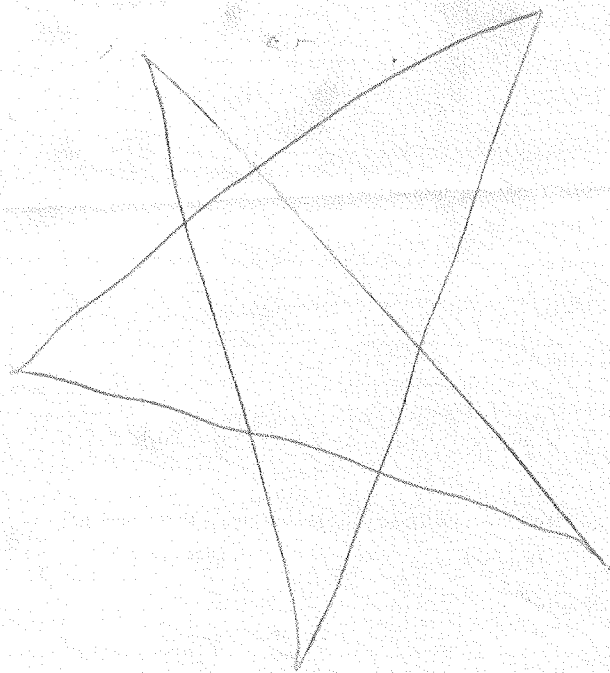
Best regards,

Ray
Ray H. Rosenman, M.D.
Associate Director
Harold Brumm Institute

RHR/mp

Return
as is

Many thanks. The point is, there's still no evidence (Tecumseh included) that VPBs mean anything in the absence of electrocardiographic or clinically manifest ischemic disease, & good evidence they mean little. Regards,
Henry



Croix de la Victoire
Epidemiologique

A spontaneous award conferred & delivered by
Fred Epstein after a talk at mads.
(T. Francis award?)

January 21, 1974

CONFIDENTIAL

To: C. Connors

From: H. Blackburn *re MRFIT*

You might get Drs. Keys and Taylor's ideas about how to document the Beef Freeze changes. You should explore who we all in the lab might know who could put us in contact with the marketing people and the executives of the chains so that you don't have to approach them cold.

For MRFIT you must know that I'm counting on you to develop a team, one informed, involved and enthusiastic. I thought some apparent inactivity on your part last year was due to a conflict of authority. But there could have been no conflict since you were named chief nutritionist. I expect more activity and hope for more communication. There are a million fun things, practical and investigative, which I would think you would have going on and I don't see them happening. I want you to think carefully about whether this project really challenges you and whether you feel you can lead it and make it a challenge for all in your group.

For example, I would have thought that involved and enthusiastic dieticians would be trying hot dishes, menus, etc. out on the staff for weeks now (what with 5 people and 2 kitchens available). I would have thought we would think about home sampling in our area to get a good baseline of eating practices and chemical food analyses before MRFIT starts and things gradually change over the next 6 years. I have hoped for special Minnesota touches (other than the B score), to involving people, planning group dinners, demonstrations, inviting exciting(?) people like Mary Hart, Ann Zelle, etc. to get involved. I have hoped for your developing a good working relationship with Nedra and Trish, to tap their long experience and have them feel good as consultants to our Minneapolis Program. The least we would expect would

DRS. HAMMES & NORMAN
1124 LOWRY MEDICAL ARTS BUILDING
ST. PAUL, MINNESOTA 55102

February 25, 1974

Dr. Henry L. Taylor
Laboratory of Physiological Hygiene
Stadium Gate 27
Minneapolis, Minnesota

Dear Henry:

I have read over your first draft of a statement on The Multiple Risk Factor Intervention Trial which you so kindly mailed to me and about which you called me.

I think it is very readable even to my non-cardiologically oriented mind. However I do think it is far too long to be published in the County Society bulletin or even as a separate mailing to the physicians in the community, knowing from past experience that a letter of this length will probably not be read very carefully. On the other hand you will have to seek the cooperation of the physicians in the Twin Cities area. Whether this is best done by a much briefer separate mailing or whether it would be advisable for you or Henry Blackburn to request time to appear before the Executive Committee of each of the major metropolitan county medical societies is something for you to decide. I would think that it would be desirable to obtain the support of the physicians in the Twin City area prior to launching the trial.

As you know without my telling you there probably will be some opposition since there are those in practice in the area who view with a jaundiced eye any project coming out of the medical school.

I hope that these thoughts which represent solely my own personal views may be of some help in your immediate future plans. My very best wishes that the project will mature successfully and take another step in pushing back the frontiers of the unknown.

With kindest personal regards.

Very sincerely yours,

E. M. Hammes, Jr. M. D.

EMHJr:dr

10/1
Blackburn

HLT

HLT - you
misinterpreted
him. I have
notified him
carefully for
2 years!

non-specific.
& we are
not the
medical
school.

May 28, 1975

Dr. Albert I. Mendeloff
Chief, Department of Medicine
Sinai Hospital
2401 W. Belvedere Ave.
Baltimore, MD 21224

Dear Dr. Mendeloff:

I ~~would~~ concur with Sylvia Covet that it would be fun and useful to have your ideas on the prevention of GI diseases.

For my part, based on my personal observations, I volunteer the following preventive measures, not-so-tongue-in-cheek:

- 1) I would suggest never letting an overseas physician convince you to take Vioform prophylactically; *or otherwise.*
- 2) I would suggest not drinking a large volume of cold milk ~~shake~~ after a return from an overseas trip with no milk drinking.
- 3) I would suggest not drinking ^{*much*} beer or wine on an empty stomach.
- 4) When stricken with diarrhea overseas, I would advise inspecting carefully the label ~~on~~ mineral waters offered as therapy for their content of magnesium and sulphate ions. *I or E? (J. Look up in PDR)*
- 5) I would be very wary of MOTRIN and stop it with the first discomfort. *"abuse"*
- 6) I would say a good deal bad about alcohol and the esophagus and stomach, the bowel, the pancreas, and the liver. *A*
- 7) I would say other bad things about cigarettes, cigars, and pipes, from lips to gums to pharynx to esophagus and on down.
- 8) I would talk about eating too many artichoke hearts and that ilk.
- 9) I would advise great caution about inserting things into orifices, including so-called benign glycerine suppositories.
- 10) And I would advise ~~against~~ having a reading shelf in the bathroom due to the serious risk therefrom of precipitating those *varices* having the socially unacceptable name.

Cordially,

Henry Blackburn, M.D.

PC to
Sylvia Covet
Genelle Subak
Sharpe
J. Warren

January 15, 1975

Henry D. McIntosh, M.D., F.A.C.C.
President, American College of Cardiology
Baylor College of Medicine
Dept. of Internal Medicine
Texas Medical Center
Houston, Texas 77025

Dear Henry:

Thanks for your January 7th letter. At the ACC meeting in Houston, on Feb. 10-13, a small group will meet to discuss the form and sponsorship of a quality control center for consumers of computerized ECG programs. This group has nothing to do with the Society for Computer Medicine and will consist of the following participants: Ray Borum, UCLA; I. Hagan, San Diego; J. Bailey, NHLI; D. Rautaharju, Halifax; and H. Blackburn.

Your original invitation has thus, gotten me back into a field I had left with great relief. The Houston group will be among dispassionate "experts", not committed to particular existing systems (IBM, Mayo, Caceres, Pipberger, etc.), and not in the computer ECG business as a career. It will attempt to formulate the criteria and protocol for a center which would serve the cardiological and hospital community in evaluating quality of program performance.

Financial support for the meeting will come from the Triservices Group attempting to determine what system the Armed Forces will "buy". This working group will provide the base and will encourage NHLI to issue an RFP for a quality control center, with competitive bidding.

I have been asked to attend, and they expect me to suggest whether and how ACC sponsorship might be obtained for such quality control. I therefore need to touch base with you, Dr. Fisch and others you suggest about 1) ACC interest and 2) how we might entertain professional sponsorship for the effort.

Personally, I would see it as an appropriate function of the College to sponsor and oversee by a committee the questions and standards considered by an ECG quality control center. It is an area in which A.H.A. will not function because of its present concern with instrumentation and because the chairman of its ECG committee, Hubert Pipberger, is "unacceptable" as a disinterested evaluator of automated ECG systems. I'll contact you prior to Houston, but will appreciate your thinking a little about ACC. Participation in this matter.

Cordially,

Henry Blackburn, M.D.

HB/kn

PC to C. Fisch

June 24, 1975

*AMA
73 directory*

L.
Dr. Gary Winckler

Bemidji Clinic

Bemidji, Minnesota

56601

Dear Gary,

I'm sure I had this sent to you on publication, but it apparently didn't reach you.

It has been widely quoted, especially by Robert Bruce, because of the data on variability (as standard deviations) of the different exercise tests, suggesting that for corrected oxygen consumption the treadmill test is the least variable and the Master test the most.

It was good to see you.

Regards,

Henry Blackburn, M.D.

HB:jp

encl.

#706

February 3, 1975

Florence E. Mayer, M.D.
Cardiac Diseases Branch
Division of Heart and Vascular Diseases
Dept. of Health, Education, and Welfare
National Institute of Health
Bethesda, MD 20014

Dear Florence:

Well, however we tried, we've apparently gotten our Laboratory in trouble with the Pipberger group in Washington. Our only object here is to forward the research and it should be made clear to them that we agreed to assume the administrative arrangements at your request and at your advice in order to preserve the integrity of the grant and that we are perfectly amenable to any verbal and written agreements for the actual commitments of the work.

There seems to be some resistance, locally, in Washington, because we have not been centrally involved in the study to date. My suggestion is that the entire grant be administered through the Veteran's Administration Hospital in Washington, if they are willing to accept the risk of losing the grant by renewed review.

I can understand their sensitivity to not administering a grant for which they have taken primary initiative and to which they will make the greatest contribution. I cannot understand why they would not be willing to submit to a gentlemen's agreement between gentlemen for the sake of guaranteeing the continuity of the study.

However you present the matter to them, or however you work it out, it should in no way be put to them as they have understood that we are simply taking over the grant. We would drop the whole matter rather than offend them in this area and perhaps resubmit at a later date, if they did not carry the ball. Sorry, we both tried, but such is the nature of the race, and certainly their point of view must be given preference here.

Cordially yours,

Henry Blackburn, M.D.

HB7Kn

(dictated but not read)

*blind pc to - Pipberger
Beroman
Craw*