

DISTORTION OF THE DIET-HEART QUESTION

Dr. George Mann's piece on diet-heart in the New England Journal of Medicine, September, 1977, has already had too much notice and I do not propose to give it more publicity. However, I am constrained to respond to personal appeals by private communication. Mann's article is compounded of distortions, misquotations and careful suppression of true and relevant facts. Letters published in the January 12, 1978 issue of the New England Journal point out some of the reasons to insist that the publication of Mann's article is a disservice to all concerned with medical science and the diet and with the public health. I shall be specific only about two personal references.

Mann misrepresents data from the entry examinations of the Seven Countries Study (1967 Acta Medica Scandinavica, Supplementum 460) and states: "The tables of Keys's 'Seven Countries Study' indicate quite clearly that exercise protects in those populations." But the data he refers to simply illustrate the not-surprising fact that men who have suffered a myocardial infarction often tend to avoid heavy physical labor. Mann tries to deceive the reader into believing that the low level of physical activity preceded and caused the heart attacks rather than the other way around.

It should be remarked, of course, that even if it should be proved that physical inactivity contributes to the risk of developing coronary heart disease that would not indicate, still less "prove," that the diet is unimportant. The idea of single causation for coronary heart disease belongs to the dark ages and was never espoused by me. Among recognized "risk factors," age, sex and blood pressure may be more important than the diet but heredity, smoking, habitual exercise, diabetes, various metabolic peculiarities, and even "personality" also need research and public health attention.

Mann also deliberately distorts when he writes that I "used a selection of data from the World Health tabulations to conclude that in six countries, experience

with coronary heart disease was correlated with available food fat." The fact is that in 1952, when that paper was written, there were no such "World Health tabulations." On page 133 of the paper in question the fact was clearly stated: "So far it has been possible to get fully comparable data from 6 countries" (1953 J. Mt. Sinai Hosp., N.Y., vol. 20, pp. 118-139). But Mann often mixes slander with misrepresentation and misquotation in this and other publications. It is typical, of course, that Mann disregards confirmatory analyses of official mortality and food consumption data published twenty years later when "comparable data" were available from many more countries. Not that associations seen in such tabulations prove cause and effect but they carry weight in evaluating hypotheses; this was exactly my point when I explored the few data available in 1951-52.

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