

corres - Turner



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Dear Richard:

Thanks again for your letter and for its helpful contents, as usual. I totally agree with you that the non-lipid effects of diet have been insufficiently emphasized. My problem has been that I haven't kept up with them properly. The general problem is that there has not been another "synthesizer" who would risk trying to put it together. I would be happy to work with you to do that. We had a long period of hope for aspects of sludging, viscosity and a number of other dietary effects which haven't panned out, but I totally agree we should try to put these together. I think for the conference it might be the sort of challenge that you could give to somebody like Oliver (and disarm him from his usual negative impact). He would be able to talk about things that interest him and then we could help put them in perspective. I also think that Barry Lewis or Tony Gotto could do it with equal credibility.

My visit to Europe in June will be rather rapid and is committed to a particular schedule. However, I am going to be on the WHO Expert Committee on Coronary Disease in November/December and that would be a fine time to stop down in London. Those dates at the moment are November 30 to December 8, and I should probably come just before rather than after.

I very much like your idea of "primary, secondary, and tertiary" prevention. I am afraid, however, that primary prevention as it is now used is too encompassed. To cover the area which you regard as primary prevention and which I share with you is true primary prevention (i.e., the prevention of elevated risk factors in the first place and the promotion of optimal health). I have been using the term "primal prevention" but that is hardly appropriate. I am willing to give it a go but I think you need to develop the logic and perhaps the analogy with primary and tertiary medicine a little more before we could really strongly back the idea.

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I think it is very important that you readvance the rationale behind the relative deficiency of essential PUFA with the new evidence behind such an idea, which was badly discredited in the '50's and '60's and now seems to be more reasonable. I am not the one to put together with you that thesis. I think you must deal with somebody the caliber of Barry Lewis or Dan Steinberg or others to forward these important ideas. It could be as useful to have such a synthesizing review as the Miller and Miller article was on HDL.

I imagine that the 1970 recommendations of the Inter-Society Report would still be the most appropriate for legislative recommendation. I wish we could free up a copy of the new one from J. Stamler. It is not yet released. That's probably impossible. I am sure we can get one before the '82 meeting. I guess my general approach is that legislation should allow more positive aspects of health in advertising, encourage better labelling, label a few products with warnings based on levels of saturated fats, sodium and so forth, and let the education and labelling process together do the job. As you can imagine, in this country in the next period, we do not look forward to much social legislation to protect health or to suppress "free enterprise." The legislation here, I feel, should be directed toward the opportunity for choice and alternatives within the system.

Cordially,

Henry Blackburn, M.D.
Professor and Director

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