

November 9, 1988

Dr. Henry Blackburn
Laboratory of Physiological Hygiene
School of Public Health
University of Minnesota
611 Beacon Street S.E.
Minneapolis, MN 55455

Dear Henry:

Arteriosclerosis is interested in publishing occasional surveys on controversies in the field. Because of continued skepticism by some individuals, such as Lars Werko in Sweden and McCormick and Petr Skrabanek in Ireland (enclosure) regarding population intervention to prevent coronary heart disease, we would like to publish two articles side-by-side, possibly followed by an editorial regarding the issue.

Would you be willing to write the article as a proponent of intervention? Please let me know by December 1 whether you would be able to have an article here by April 1. This would be an interesting exchange. I hope you can do it.

Kind personal regards,


Arno G. Motulsky, M.D.
Associate Editor

AGM/av
enclosure

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Arno Motulsky



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November 16, 1988

✓ ^{7/2/11/16}
Arno Motulsky, MD
Professor of Medicine and Genetics
Center for Inherited Diseases
University of Washington
RG25
Seattle, WA 98195

Dear Arno:

I think the enclosed summary by Al Tyroler is the best answer I can think of to the editorial by James McCormick from the October 8 Lancet. It's simply a matter of breadth of view and comprehension. The world is made up of those who've got it and those who ain't! Tyroler's got it!

I look forward to making a more detailed critique of the McCormick editorial, after the next deadline!

Cordially,

Henry Blackburn, MD
Professor and Director

pc: ✓ D. Goodman
✓ E. Bierman
bpc: ✓ Rick Shekelle
✓ Henry McGill

Encl
/tmw

Corresp - Motulsky



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December 6, 1988

✓ TW
12/16

Arno Motulsky, MD
Professor of Medicine and Genetics
Center for Inherited Diseases
University of Washington
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Seattle, WA 98195

Dear Arno:

I am pleased that you thought of me in your request for a protagonist about population intervention. It seems to me that you are proposing a debate. I guess I have learned from past experience not to accept an issue for the sake of debate. It's not satisfying either to win or lose.

I believe our general discussions in Committee have shown how important it is to consider that there should be no debate on this issue. There are important strengths and limitations to each strategy, both individual and population. The approaches complement each other, and our general recommendation in the report is that in a society with the resources both strategies are highly desirable and complementary.

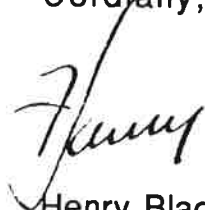
It seems to me that by putting this in a debate format that we get away from reasonableness rather than approach it. Wouldn't it be better to seek resolution than to referee a fight?

Now, if the issue is the one that McCormick draws, that is, no intervention at all (because it would be "premature translation of hypotheses into action") versus intervention, we again have a non-debate because that issue is long settled. There is no reason to assemble an army to lop off the heads of a handful of hoary old warriors who have strayed from

science and think that Experiment is the only basis upon which to draw all inference and make all decisions in medical science. I guess I wouldn't enjoy that fight either.

I think I understand what you're trying to do but I guess I don't agree that it should be done. I'll be interested to see if others do. I apologize for taking so long to say "no". I would, of course, be responsive to an editorial-type consideration of the issues, but I am most uncomfortable with the debating format.

Cordially,



Henry Blackburn, MD
Professor and Director

bpc: ✓ E. Bierman
✓ D. Goodman
✓ R. Shekelle
✓ H. McGill

bpc: S. Palmer ✓
J. Farquhar ✓
J. Stamler ✓ 12/10

/tmw