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378 Dandenong Rd.,
Caulfield, 3162,
Vic., Australia,
1st September 1974.

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LAB OF PHYSIOLOGICAL
HYGIENE

Dear Henry,

It is about 12 months since I left the "big" world to return to the "little" one. From a professional point of view, these 12 months have been very kind. I spend my time as a practising cardiologist in a unit which I still feel has higher standards than those I was in contact with in Boston. The PATIENTS get a better deal. But research is a part time activity in such an environment, and has to be constructed around one's current practice rather than vice versa as in Boston.

I have spent much time this year working out data which I accumulated in 9 months in 1971-72 at the Brigham. This data related various features in the clinical history to the coronary angiogram. I have arranged the data and the discussion in a way which should be of interest to cardiovascular epidemiologists. Since this work was done with Dick Gorlin's unit, I will have to send him a copy of this draft but I would first appreciate an opinion from a first class epidemiologist as to whether the data and arguments are sound and worthy of publication. Also where you think such data should be sent. Could you send me your comments on the draft with the above thoughts in mind please? I am also sending you a reprint of the article with Bernie Lown from Progress in Cardiovascular Diseases. Many thanks for sending me your article from Progress in Cardiology. Any similar would be welcome. Any chance me getting on your mailing list for reprints?

When I left the U.S. I thought I would be leaving a country in chronic travail for one a haven of peace. 12 months change the social situation very fast. Watergate is now behind the U.S., and from here, things appear to be looking up politically and economically over there. On the other hand, the Australian government has lost control of inflation here, particularly in the last 3 months, and the unions are militating for 30% to 50% wage rises with costs rising pari-passu. Australians have gone from unlimited confidence in the future to great anxiety in just 12 months. Whether the stability now apparent in the U.S. will reach here in 18 months to 2 years (the average latent period) is speculative. We read daily of the Law and Order paramilitary units being set up in the U.K. As usual the weak Down Under echo results in some imitators surfacing. This, together with increasing Arab strength, converts unlimited optimism to pessimism in just 12 months.

But, almost religiously, I must finish on an optimistic note. Like the man falling from the sky scraper: "so far, so good!". We now have a third child a girl, who is 5 and 6 years younger respectively than her sister and brother. We eat well (I should not write that to a cardiovascular epidemiologist). I have a permanent position in a government hospital. I really do have the opportunity to practice patient care, teaching, and medical research (in that order too). "So far, so good".

I hope all goes well with you. Perhaps you will be able to drop a line letting me know how your teaching seminar went this year and how other things are going with the projects and with yourself.

Best Regards,

Michael

Michael Jelinek.

July 30, 1975

Michael Jelinek, M.D.
378 Dandenong Rd.
Caulfield, 3162
Victoria, Australia

Dear Mike:

Shortly after receiving your letter last November, I had a severe back injury playing tennis and was hospitalized and disabled for several months. As the end of summer approaches, I'm just beginning to get caught up and will not really get caught up before the fall flurry begins. In burrowing through a four foot high pile on my home office desk I encountered your fine manuscripts and your last letter. I had earlier sent your manuscripts on to Ronald Prineas who had the following comments about the angina pectoris article:

"I enjoyed very much the discussion. It might be worth testing his modified questionnaire in the next population sample we examine,
2) too bad the exercise electrocardiogram is not available.
3) The questionnaire does not appear to be structured. What are the results of repeat testing by different interviewers with the same subjects? 4) Some comment of the presence of pathology in the coronary arteries despite normal angiograms might be made.

I really think you have made a significant contribution to the diagnosis and prognosis of angina pectoris with this work. I would suggest strongly that you send a copy of the manuscript in its existing state to Geoffrey Rose, (St. Mary's Hospital Medical School, University of London, Epidemiology Dept. London, W. 2 ENGLAND).

I will get around to studying your manuscript in more detail in time, and meanwhile I enclose the latest of my ramblings. I really think I must shut up now for a couple of years until we have new data to back up something new to say.

Otherwise things go reasonably well here and we are winding up our recruitment in MRFIT, locally and nationally. We are learning a great deal from intervention but are falling somewhat short of target in blood pressure and serum cholesterol lowering.

We are experimenting with the first annual national cardiovascular epidemiology seminar beginning next week with 20 young candidates to meet in Lake Tahoe, Nevada. Stamler, Remington and Blackburn will visit the annual seminar but the core-faculty is entirely new and will consist of Labarthe, Zelis, Tyroler, and Feinleib.

Many thanks for your note and please keep in touch.

Cordially,

Henry Blackburn, M.D.

encl: Amsterdam & Wenger

R.P.
B. Loun