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Dear Henry,

We enjoyed your visit and the opportunity to resuscitate some old and momentous times, personalities and occasions. I am sure you are doing posterity a great service in placing so much on record not least your chapter on what we did wrong. I am sure there were many parallels with what is going on now in Public Health but I am at a loss to draw meaningful analogies. To whom should we have listened more and about what should we have been more vocal? Perhaps much of what generated so much heat in the past has gone (with much of the money?) into genetics.

In Public Health loss of real and imaginative leadership is everywhere apparent. A personal regret has been leaving tuberculosis and so many other communicable and non-communicable diseases in the developing countries to attrition and their own devices. The Minnesota Code, the Rose Box, blood pressure, the EKG, cholesterol, urinalysis and measuring forced expiratory volume in one second, had so much to offer risk prevention. They could be incorporated so readily into screening and with that came the drive to examine ever larger numbers of the apparently healthy population as quickly and cheaply as possible. The aim was always the early detection of asymptomatic disease and disability at their most susceptible for cure and prevention. But it was Tecumseh and (like you and Ancel) the potential of cross-cultural epidemiology, that drew me away from the Midspan project in Renfrew and Paisley. Once in Ann Arbor it was the Department at U of M SPH, the teaching and committee work for the chronic non-communicable diseases. Among these commitments not least distracting was the N.I.H. Epidemiological Disease Control study section.

In Michigan chronic renal transplant and dialysis brought familiarity with microalbuminuria and the potential of even a single positive urine sample specimen to initiate later, prevention the dire consequences of type I and II diabetic macro and microvascular disease. Work with the Michigan renal transplant community eventually lead to the establishment of the national End Stage Renal Data System here in the U.S.; and the Royal College of Physicians of Edinburgh Diabetes Register in Scotland (measuring urinary microalbuminuria six monthly!), to the current national diabetes register data system in Scotland. (as promised I enclose a reproduction on microalbuminuria).

If I was to summarize some highpoints these would be the 1957-59 Campaign against Tuberculosis in Scotland (78% response), the 1967 cardio-respiratory survey of the Scottish Island of Tiree, the Chest and Heart Health Exhibition in the McLennan Galleries in Glasgow (April), and the Renfrew and Paisley Community Health Survey in conjunction with what we called the W.H.O. Collaborative Occupational Health Survey- both of the latter throughout the 'seventies. All seem to be surviving productively.

I have now to thank you for the two discs. What splendid achievements and what delightful tapes! Together with the wonderful citation from your visit to the College (copy returned with a few minor corrections), I must remain more than ever deeply in your debt.

Sincerely,

With thanks and with every good wish for the success of your latest mission,

  
Victor Hawthorne

*See send her regards too*