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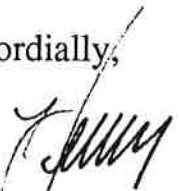
Hironori Toshima, MD v 4/11  
Kurume University  
School of Medicine  
67 Asahimachi, Kurume 830  
Japan

Dear Friend:

I don't know how to thank you for such delightful hospitality and such an honor as to be present at the Japanese Circulation Society meeting in which you were named President. I have returned safely and I am just about recovered from jet lag.

I will hold fond memories of the evening in your home, the visit to the hospital and to the subjects in Tanishumaru, as well as the celebrations of the Society. For whatever it is worth, I enclose my comments at the informal reception.

Cordially,

  
Henry Blackburn, MD  
Professor and Director

/nmf

Enclosure

p.s. I would dearly love to prepare and perhaps publish some photos of "the old days" at Stadium Gate 27, if you could have copied your slides and photos. It would also be wonderful to have the splendid portrait of N. Kimura in the slide of Professor Iagi's lecture. Do you have one?

## **Henry Blackburn's Remarks**

**Informal Reception Japanese Circulation Society**

**Fukuoka 3/27/90**

It is a great privilege and honor to be here to participate in this impressive annual meeting of the Japanese Circulation Society. Perhaps this will serve as a slight restoration of the "balance of trade" as I believe approximately 20% of the abstracts at the New Orleans meeting last Fall of the American Heart Association were from your country. I am sure that you would similarly honor an "open market" in Japan if we agreed to present our papers in Japanese! It is, of course, a particularly personal pleasure to be here at the time of the "enthronement" of long-term colleague and friend Hironori Toshima as president of this organization for the next period.

It is also good to be able to recognize this 30th anniversary of the pioneering efforts of the Kimura group being so strongly maintained by Professor Toshima and colleagues, in their rare and fortunate joining of clinical and epidemiological expertise and interest. The Tanishumara-Ushibuka communities were among the first to demonstrate a shift in risk characteristics, downward in blood pressure, upward in smoking habits

and in blood cholesterol levels, dating from the late 1950s until the present, where 30 year trends are available. Very early in the 1950s, with Professors Kimura and Ancel Keys collaborating, they demonstrated similar average alpha-lipoprotein levels of Japanese and American populations and large differences in beta lipoprotein levels, by paper electrophoresis. This focused attention on the importance of LDL in the population risk of coronary disease. LDL continues to be borne out as the main pathogen responsible for population differences in atherosclerosis but this leaves an open question about the importance of HDL and its independent prediction of coronary disease risk among individuals living in societies having relatively low LDL levels. That is, does HDL itself, or its ratio to total cholesterol level, allow more discrimination or prediction than total or LDL cholesterol for individuals with relatively low total cholesterol from living in populations in which the average total cholesterol level is significantly below 200 mg/dl.

I recently editorialized in *Circulation*, October 1989, in association with a manuscript from the Komachi/Shimamoto group, about the exciting "natural experiment" going on in Japan that you all know about. It has been exciting for 30 years but is particularly so now. I suspect you agree with Professor Toshima and me that there is much to be learned about the

pathogenesis and the prevention of coronary disease from this natural experiment.

As emphasized today in our formal presentations, there is an unprecedented opportunity on the part of Japanese cardiologists, and the cardiovascular disease and public health community in Japan, to prevent the emergence of a major epidemic. You are now poised for such an epidemic, with social and economic factors leading to increased consumption of meat and dairy products and decreased consumption of carbohydrates, along with lower energy expenditure, plus a significant burden of hypertension and being one of the industrial populations having the largest numbers addicted to tobacco. Japan has demonstrated very dramatically in its natural experiment that coronary disease does not necessarily accompany frequent hypertension or tobacco use, at least in the absence of mass hypercholesterolemia. But now that average Japanese cholesterol levels are creeping up toward that "magic level", somewhere around or above 200 mg/dl, Japanese society is particularly well positioned for a socio-medical disaster. Atherosclerotic diseases could eventually exceed the gains made by your reduced incidence of cerebrovascular hemorrhage that may be related to departures from traditional Japanese eating patterns and lifestyle.

It is a pleasure and an honor to be here among long-term friends and colleagues and to continue to share ideas and training opportunities with you about the causes and prevention of cardiovascular diseases.