Correspondence

Death railway and Weary-Dunlop Boonpong Fellowship Program

Sir,
I read with interest the article by Robson and colleagues.1 The authors state that the death railway was a track from Boon Pong in Thailand to Thanyuzayat in Burma, I disagree. It should be Ban Pong, rather than Boon Pong.2–4 However, Mr Boonpong Sirivejabbhandu was a Thai businessman during the World War II. He provided support to many then prisoners who were captured by the Imperial Japanese Army to build the death railway. Sir Ernest Edward ‘Weary’ Dunlop, a well-known Australian surgeon also received such help while captured. Even both of them passed away, the friendship between Boonpong and Dunlop exists until nowadays. Weary-Dunlop Boonpong Fellowship Program is a scholarship for Thai surgeons to study surgery in Australia.

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References
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Why the overstated beneficial effects of statins do not resolve the cholesterol controversy

Sir,
Atherosclerosis is believed to be a chronic inflammatory disease affecting the intima of arteries.1 Controversy continues to surround its etiology and pathogenesis, particularly with respect to cholesterol and lipids.2 However, in his review,3 Thompson asserted that the cholesterol controversy should be considered overtaken by the discovery and development of statin drugs. We suggest that hypercholesterolemia does not represent a ‘causa sine qua non’ for the development of atherosclerosis and that the beneficial effects of statins are overstated and do not resolve the cholesterol controversy.

It is well known that patients may present with coronary heart disease (CHD) events despite low-density lipoprotein (LDL) levels, which fall well within guideline-recommended targets. Indeed, it has been shown4 that half the patients hospitalized with CHD had admission LDL <100 mg/dl, and LDL <70 mg/dl was observed in 17.6% of patients; less than one-quarter of patients had an admission LDL >130 mg/dl.4

Not surprisingly, accelerated severe atherosclerosis and its complications can be produced experimentally in herbivores with serum cholesterol levels below 100 mg/dl under conditions analogous to those prevailing in humans.2 Furthermore, lipid and cholesterol crystals are found as a nonspecific pathological change in many chronic degenerative and inflammatory diseases and cannot be assumed to be causal. In particular, the histological features of tuberculosis resemble what has been described in atherosclerosis;5 hypercholesterolemia is not a prerequisite for such pathogenetic events. On the contrary, hypocholesterolemia, beyond being a common finding in different forms of pleuropulmonary tuberculosis, may represent a deleterious factor for the host in its fight against mycobacteria.6