UNIVERSITY OF Minnesota

SCHOOL OF PUBLIC HEALTH · LABORATORY OF PHYSIOLOGICAL HYGIENE STADIUM GATE 27 · MINNEAPOLIS, MINNESOTA 55455

August 11, 1965

Dr. Thomas R. Dawber, Medical Director Heart Disease Epidemiology Study 25 Evergreen Street Framingham, Massachusetts

Dear Roy:

Your group has repeatedly pointed up the problem of ECG definition of "new events", which to my knowledge has not been systematically looked into.

In reading your records for new events I have formulated a design for a little study of this using your clinical impression as the independent reference.

I would propose 1) making measurements in all leads except aVR.

2) measuring these items: Ω duration

Q amplitude R amplitude

T amplitude S-T amplitude

P-R interval in lead II

QRS interval in I. II, or III

ORS axis in I and III

Minn. Code for arrhythmia

3) punching these items for a) baseline ECG

b) "best" hospital ECG

c) follow-up ECG

4) making comparisons between a-b; b-c; and a-c for

these items:

change in  $\Omega$  duration change in  $\Omega$  amplitude

change in Q/R amplitude ratio

change in R amplitude

change in S-T amplitude change in T/R amplitude ratio

change in P-R and QRS interval

and axis.

There are records on approximately 150 of your new events here. We can measure them at the rate of about 50 per week and return them when each box is

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complete. We have ample material here on the variations between subjects not having a new event. Would you agree to our making these measurements, and to collaboration on an attempt to define the changes clinically recognized as "new coronary events" from your records?

I am leaving today for 1 month's work in Crete, and would appreciate your letting Tom Strasser, our mutual friend from Belgrade, know whether you approve of this little study. He could supervise the measurements and punching here. He incidentally wants to visit you some days on his way home in December.

The pooling codes have been changed from GHQ twice since I started the work, but, in absence of clinical data I coded the ECG part A<sub>1</sub> or A<sub>2</sub> or nothing.

Cordially,

Henry Blackburn, M. D.

HB:mj

CC: Bill Parlin Dr. Strasser