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PEDIATRIC CARDIOLOGY
AARON NORDENBERG, M. D.

April 26, 1972

Henry Blackburn, M.D.
University of Minnesota
Lab. Physio. Hyg.
Minneapolis, Minnesota 55455

RE: Haldon Stimson

Dear Doctor Blackburn:

Thank you very much for a most enjoyable week. It was relaxing, informative, and challenging.

I am enclosing a stress test on the above-named individual, a patient of mine. There is some disagreement here as to its exact meaning. As you can see, the J-junction depression on this man at a work load of 750 KPM, is rather prominent but nobody is really quite willing to call this a positive stress test at this time. When he came in to see me he had a cholesterol of 280 and triglyceride of 384. He was complaining of vague precordial pain at times related to effort. Since then he has done well with antispasmotics and the question of a positive stress test, I have been holding in abeyance. I would be most interested in your opinion.

Chick Hensel sends his best and I believe he is planning ~~to~~ on giving you ~~a call in~~ a week or two.

Most sincerely,

Frank

Frank W. Jackson, M.D.

FWJ:ch
Enclosure

address
full signature

Dear Frank: Thanks for your note. We plan to have some informal discussions to feel out local interest in your project during the week of May 8 + would like to hear from Chick the next week. I will be in the East again at the Greenbriar, May 29-31 for an insurance medical meeting.

May 1, 1972

Dr. Frank W. Jackson
Cowley Associates
1919 North Front Street
Harrisburg, Pennsylvania 17102

Dear Frank:

Thanks for your note. I plan to have some informal discussions to feel out local interest in your project during the week of May 8 and would like to hear from Chick the next week. I will be in the East again at the Greenbriar, May 29-31, for an insurance medical meeting.

Your case is a good one and illustrates the problem of forcing the diagnosis into two classes, positive-negative, when in reality the findings are on a continuum. Since you force me I will say it is not positive. The degree of STJ depression (3-4 mm), even with a very steep slope, is beyond the statistical norms of our 97.5% upper limit. There is a slight straightening of the ST slope during recovery but the return to the baseline is rapid. I would call it statistically borderline and clinically negative. You probably didn't hear my talk about three types of norms: Statistical, clinical and ideal.

I much prefer to monitor a more leftward lead (V_5 is the more sensitive) than V_4 which usually gives the most trouble with STJ depression and indeterminate J points. This is also the case in which the main QRS vector is down (see II, III, F) and is one in which aVF or another vertical lead (not III) would be indicated for monitoring, based on the usual occurrence of the ST depression "vector" 180° away from the mean QRS.

Keep in touch.

Cordially,

Henry Blackburn, M.D.

HB/rs

Enclosure