

November 29, 1971

Dr. Paul H. Langner, Jr.
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Company of Philadelphia
P. O. Box 7378
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Dear Paul:

I was interested to see your good note in the Insurance News. I hope these ideas bear fruit. It might be useful to explain that paramedical ECG coding, as distinct from reading which implies interpretation, is actually no different from any other technician observation which the physician uses daily.

I am about to expand the capacity of our non-profit ECG Coding Center which now handles 50,000 ECGs a year for the Coronary Drug Project, and a number of other national and international population studies. It is primitive, compared to the computer, but is reasonably reliable and feasible now. Enclosed is an example of what we can do with the student-coded material.

I will be happy to work with your committee on this if the para-medical idea works out. You may be able to sell it. Would you want to report on this idea at the next ALC meeting, as well as other parts of your committee work, if I can arrange a slot on the program?

Your comment about post-exercise heart rate was very appropriate, which shows the inappropriateness of the highly variable recovery heart rate as the criterion of cardiac work load imposed. I wonder if you would agree to the idea of a light weight 7-cable uniform harness, allowing during and post-exercise recording of standard plus 3 chest leads (to include V₅), which would be adequate for all post-exercise requirements and allow in-work monitoring?

Regards,

Henry Blackburn, M.D.

HB/rs

Blind cc. G. Brown