

THE UNIVERSITY OF VERMONT  
COLLEGE OF MEDICINE  
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CARDIOVASCULAR RESEARCH UNIT OF THE  
DIVISION OF EXPERIMENTAL MEDICINE  
DEGOESBRIAND MEMORIAL HOSPITAL

August 12, 1966

Dr. Henry Blackburn  
University of Minnesota  
School of Public Health  
Stadium Gate 27  
Minneapolis, Minnesota 55455

Dear Dr. Blackburn:

In answer to your letter of August 1st, I should like to tell you that I have constructed a slide depicting the average QRS complex, S-T segment and T wave in persons showing left bundle branch block who had had a normal electrocardiogram before appearance of block. This slide contained such complexes for different durations of QRS and different heart rates, and I evaluate a given case of left bundle branch block by looking at the electrocardiogram through the corresponding complex of the slide and tilting this slide so that the amplitude (and area) of QRS corresponded to those of the complex being evaluated. This enabled me to determine the deviation of S-T and T from the average in a given case of block. I have not yet used this slide on a sufficient number of cases, but I would be glad to make a copy of the slide and send it to you.

Dr. W. Raab is setting up criteria which could be followed in selecting candidates for several physical reconditioning programs scheduled to start this fall at the University of Vermont, the Y.M.C.A. and other groups. Dr. D. E. Graveline, Director of Chronic Illness Control, has given us a typewritten sheet entitled "MEDICAL EXCLUSION CRITERIA (Recommended for Determining Participation in Organized Physical Conditioning Programs); Adapted from recommendations of Blackburn et al Laboratory of Physiological Hygiene, University of Minnesota." Some of these criteria such as "S-T depression; negative T waves" would need further elaboration as to the magnitude of S-T depression, whether it is a continuation of a depressed P-R segment, and whether the negative T wave appear in certain specific leads. Also, it seems to me that exclusion on the basis of a diastolic blood pressure exceeding 95 millimeters would be too stringent.

It would be important for us to know whether these criteria apply to all physical conditioning programs or to a certain study carried out in your department in which you desire to have a definitely normal group to be used as standards. Another question is whether persons with minor abnormalities can be subjected to reconditioning programs under special supervision. *Has this been published?*

With best greetings,

Very sincerely yours,

*Eugen Lepeschkin*  
E. Lepeschkin, M.D.