

September 28, 1976

Paul L. McHenry, M.D.  
Indiana University Medical Center  
1100 West Michigan Street  
Indianapolis, Indiana 46202

Dear Paul,

I have been rereading your excellent review article on status of the exercise ECG. Was it published? Will you please send me a couple of reprints? It is a very useful summary and combines your great experience with an effective overall review.

We have very few differences in our observations and views except that you should be aware that the "routine clinical use" of combined orthogonal, bipolar and modified 12-leads has been going on for over three years in MRFIT nationally in 13,000 men, and is quite compatible with a clinical routine of reasonable time, and with superb quality records. You are welcome to see these any time you're in our neighborhood. The main cost of course is the multiple electrodes.

Also, I believe I had earlier seen your statement about the consistency of correlation between recovery ischemic S-T depressions and an abnormal McHenry index during exercise. But I don't recall previously having seen the statement concerning normal coronary arteriograms in those who had a normal index during exercise, but recovery ST findings. I think that if this finding works out, you have made a significant contribution to our more discriminating use of the exercise ECG test. It might be nice for you (or even us together) to write a little editorial note updating some of these discriminative points that you, Goldschlager, and others have recently developed. Most of these things fit earlier observations and a priori reasoning, but are being sharpened because of your careful analyses, and an independent reference (however weak) in the angiogram.

Cordially,

Henry Blackburn, M.D.

HB:jp