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Dear Naki:

I've not replied properly to your thoughtful letter of July 14. The combination of ST and T codes 4 and 5 is clumsy, I agree, but I'm inclined to consider them both required except in the case of 4-4, J only depression. I will continue to look systematically into your suggestions about high amplitudes and about ST and T wave findings in the presence of complete RBBB. I'm sure your generalization is correct, but haven't had time to check it thoroughly. Lepeschkin was not helpful. I fear changing it now and suggest you simply make special provision for coding these items for studying your cases, but omit them in reported prevalence data.

When items are mutually exclusive, such as atrial flutter and fibrillation it is perfectly possible to label them 8-3-1 and 8-3-2, etc. I have usually used 8-9 for less frequent than 10% premature beats.

I think I have now sent you all illustrations including the revision of figure 10. Please return the originals as soon as possible.

The keys et al monograph is acta medica Scandinavica, supplementum 1966, in press, to appear this month. We'll send you a copy.

A "final" version on stencil of the code is on its way, but if the last one is in press, there is no harm done, as the last contains additions rather than important revisions.

All goes well here on Corpu where I'm writing you under sunny skies.

Regards,

Henry Blackburn, M. D.

HB/ljs

cc