

May 30, 1974

Edward S. Orgain, M.D.
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Dear Dr. Orgain:

The enclosed Minnesota code is sent as a result of your query of Ray Pruitt. This was devised long ago for the systematic comparison of populations or of treatment groups in large trials. It was, and is not intended for use in hospital coding because it doesn't synthesize findings, rather it fragments them. Moreover, the code, to preserve comparability, cannot easily be updated with new knowledge and it is also totally inadequate for arrhythmias.

It has served its intended function reasonably well, and we are still waiting for better and accepted criteria to replace it, but I question its appropriateness for hospital coding.

With respect to diagnosis of infarction, we have found Class 1.1 Q wave criteria highly sensitive and specific, Class 1.2 criteria sensitive but not satisfactorily specific (too many false positives) and a large overlap with normals for Class 1.3.

Cordially,

Henry Blackburn, M.D.
Professor and Director

HB:jp

enclosures

cc: R. D. Pruitt, M.D.

W. H. O. Beck

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*Leave
encls. to
Pruitt
E. W. H. Beck*