

August 27, 1970

MEMO TO: Robin

FROM: Dr. Blackburn

As you know, I feel very confident with the reading in your hands. I know it will hang together and we will accomplish our job, tedious but important.

Don't hesitate to send me questions and examples. Please try to involve Dr. Ohno actively so that he will feel enough responsibility to give you the amount of backing you feel you need. Submit worksheets to him at intervals so he can check disagreements. Continue to plug away on disagreements daily yourself. Never let lie a disagreement based on misunderstanding.

We never sent Tomi the last code version. Maybe I felt there was still work to be done. Will you send me a copy with latest modifications, air mail to Ireland?

Especially send me ectopic problems soon, after discussing them with Dr. Ohno.

I was reassured before leaving that there are no tricks we did not know to differentiate nodal SVPBs with aberrance from VPBs. Often it simply can't be done, in which case we should follow the general criteria, and if there is doubt and if VPB criteria are met, VPB should be coded.

I have decided that the exclusion of RBBB pattern at the end of a run of atrial prematures probably won't happen often enough, or in appropriate leads, to make much difference. So, some of my discussion about the last beat of a run of atrial SPVBs looking like RBBB you can forget. Count as a VPB if it generally appears to be one. The same applies to sentence 2 in criterion 2 about the RBBB pattern after an interpolated beat. Count as a VPB if it ~~meets~~ VPB criteria.

Don't forget to send "final" ECTOPIC criteria to Dr. Tominaga.

Regards to all.