

# St. Mary's Hospital Medical School

(University of London)

London, W.2.

EPIDEMIOLOGY DEPARTMENT

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15th May, 1975

Dr. H. Blackburn  
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*Corr*  
*[Handwritten signature]*  
*[Handwritten initials]*

**RECEIVED**

MAY 20 1975

LAB OF PHYSIOLOGICAL  
HYGIENE

Dear Henry,

Many thanks for your letter. I was perhaps impetuous in showing our data on CHD mortality in relation to primary risk factors in persons with evidence of myocardial ischaemia at screening: there is no doubt that they continue to be powerful predictors, but we have not as yet done any age adjustment and obviously this is going to influence the estimate of magnitude of effect. Our publication plan is to present findings for the complete 5-year mortality period. These data are just now reaching completion. It is a little painful to exclude the considerable data for the men who have been followed up for a longer period than 5 years, but we thought that it would be tidier to do it this way. I hope that a report on the prognostic significance of questionnaire and ECG will be ready for publication by the end of the summer. I will let you have a draft as soon as this exists. Our publications record from the Whitehall Study has hitherto been so laggardly that I doubt whether my colleagues would be very keen on any further delay. It would have been nice if possible for our two reports on the same theme to appear together. I certainly like your suggestion of a joint editorial on the particular point of risk factors in persons with early ischaemia.

I liked "The Plum Brandy Scare" greatly. It is strange when one comes to think about it that humour can be so much more effective than bare science. I sympathise with the nasty in-fighting that looms ahead with the Egg Council. I quite understand that you feel it would be impossible to keep silence, but nevertheless it is not a situation which holds great hope of much positive outcome.

It would be nice to make contact with your friend, Dr. Nadjari. Both economics and epidemiology have hitherto posed problems for the Entente Cordiale.

I look forward very much to seeing you here in June, if not earlier. Please keep at least one evening free.

Yours,

*[Handwritten signature]*

Geoffrey Rose

14th May, 1975

Dr. G. Lamm  
World Health Organization  
8 Scherfigsvej  
DK-2100 Copenhagen Ø  
Denmark

Dear George,

Thank you for your letter of May 7th about a reference centre for ECG coding. This is a proposal which, as you know, has been discussed intermittently for some years. A number of us have felt that it would be useful: the problem has been chiefly that of finding a group with the skill and staff for its implementation. I am pleased to hear that this now seems to have been solved.

Personally I think that the primary task of such a centre should be for quality control, but that the centre might wish to offer a coding service by private agreement with other groups, who would pay the costs involved. Concerning payments for the quality control service, I do not think that this would be a major problem. It would be nice if the service could be funded by WHO, by analogy with Dr. Grafnetter's laboratory in Prague; but if this is not possible, I think groups using the facility would be willing to pay the modest cost involved. There are, however, problems for the centre itself in an arrangement of this kind. They would need presumably to retain staff for the purpose and this would involve a regular financial commitment. Use of the service, on the other hand, would be unpredictable and fluctuating.

We have ourselves provided a quality control service of this kind, primarily for the groups in the WHO Collaborative Trial, but also for a few other centres by special arrangement. Any change in the arrangements for the Collaborative Trial could be made only after discussion at our next year's meeting. Personally I should advise against discontinuation of our established arrangement although we might well in addition wish to test comparability with the proposed new centre.

It is very important that the new centre should be in line with existing internationally accepted standards. These are represented in the course of training in Minnesota coding included in the document produced for WHO on "Training in Cardiovascular Epidemiology". I developed this course in collaboration with Dr. Blackburn and the detailed procedural rules were agreed between us. Dr. Blackburn and his colleagues will shortly be producing a new and improved training course. I do not

expect that this is likely to conflict with the standards we have already adopted, at least not in any important respects. It will however extend its coverage and I hope also that it will produce an improved set of reference tracings. I believe that when this course is available it should in all probability be accepted as a world standard. In the meantime I hope that the proposed reference centre in Budapest will be able to give an undertaking that their coding procedures will follow the rules in the WHO document mentioned above.

Kind regards,

Yours sincerely,

Geoffrey Rose

cc. Dr. H. Blackburn

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См. наш номер C3/27/1

Your reference  
Votre référence  
На Ваш номер

7 May 1975

Dear Professor Rose,

In the course of the development of the study on rehabilitation and secondary prevention of patients with acute Myocardial infarction (AMI) the participants expressed their wish to establish an ECG reference centre to improve the standardization of ECG recording and coding. Views were - and to a certain extent still are - divided as to whether this centre should act:

- a) as a central coding laboratory, or
- b) as a reference centre for training, advice, quality control and monitoring of performance for ECGs.

In fact the Department of Epidemiology and Health Organization of the Institute of Cardiology, Budapest, has volunteered to act as such a centre on a pilot basis and has been receiving sets of records for coding from a number of centres for the last two years.

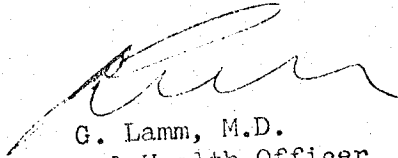
It has now become necessary to establish the position of this centre and to define its tasks and responsibilities. As I feel that such services might be needed in the WHO co-ordinated project in which your centre is participating, I would appreciate your answer to the following questions.

1. Do you consider it is useful to have such an ECG reference centre in Europe? ✓
2. If yes, should this centre actually undertake the coding of all ECGs or simply act as a reference and quality control centre? ✓
3. In case of availability of such a service do you wish to utilize it in the future? ✓
4. Should your preference be for central coding, is your centre able to contribute to the expenses involved?

Hoping to hear from you soon, and with best wishes.

Yours sincerely,

Professor G. Rose  
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G. Lamm, M.D.  
Regional Health Officer  
for Chronic Diseases