

TYÖTERVEYSLAITOS

INSTITUTE OF OCCUPATIONAL HEALTH - L'INSTITUT DE MÉDECINE DU TRAVAIL - INSTITUT FÜR ARBEITSMEDIZIN

HAARTMANINKATU 1—HELSINKI—FINLAND

DIR.PROF. LEO NORO, M.D.

January 20, 1965

Dr. Henry Blackburn
Laboratory of Physiological Hygiene
University of Minnesota
Stadium, Gate 27
Minneapolis 14, Minn.
USA

Dear Henry,

You may be interested to hear from our progress. The sending of the cholesterols has been delayed, due to the circumstance that the particular type and size of filter paper your laboratory prefers was not available in this country. I expect that this phase of the work will soon be started.

Last week
~~Yesterday~~ we discussed the future of the ecg:s. We agreed that Kallio will reread blindly all the series, and that Sven Punsar will also read all the ecg:s. Some of the existing discrepancies are due to slight shifts in the criteria between Mohacek, Nedeljkovic, and Kallio. Kallio will write down directives for these points. After having all these readings available, Kallio and Sven will go through all the discrepancies and make a decision on each ecg for coding.

In order to treat the series as subjects, not only as clinical forms or ecg:s, we must agree on the principles of classification. Are we going to define all the following categories, and if so, how?

A. Probable IHD

1. Angina pectoris
- 2a. Recent infarction
- 2b. Old infarction

B. Possible IHD

1. Sudden death
2. Atypic angina pectoris
3. Decompensation, not explainable by other disease
4. Arrhythmia, not explainable by other disease
5. Enlarged heart, not explainable by other disease
6. ST and T changes at rest or after exercise (when not digitalis has been used)

If we want to proceed with the analysis of our data along the lines you have suggested - and we definitely want - a decision on this point is urgently needed.

Equally urgent is a copy of the ecg results of 1959. Neither Esko nor myself have ~~been~~ received that document from Minneapolis.

Due to an unfortunate misunderstanding between Esko and myself, the information on dyspnoea was not recorded at all. We tried to remedy the situation by sending a questionnaire to all the participants. A list of the answers will be sent to you as soon as most of the answers will have arrived.

The miniature chest x-rays have been read by a lung specialist. A roentgenologist specialized in cardiology will read them again, and also measure the heart sizes.

In what form do you wish other information to be transferred to you? Are you satisfied with the smoking code? How about the pulmonary information?

We have now increased the strength of our statistical department, and I believe that we could process a lot of our data in foreseeable future.

I hope to hear from you soon.

With best regards from all of us.

Sincerely yours,

Martti Karvonen

Martti Karvonen

P.S. While this letter was being typed, your cable arrived. The belt and the input cable are sent to you today. We shall not need the Argonaut power supply any more. In fact, Robin Herron finished a few days ago all the taping work planned, and we can return to Minneapolis all the equipment needed. All the rest we keep here for sending directly to Italy, on your directions.

Don