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ROMA

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Via Latina 49

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Dear Dr Blackburn,

yesterday I sent you by air mail a parcel containing the codes of deaths within the fifth anniversary of all the European and Japanese areas. It should arrive in a few days. Here you will find some comments and notes concerning what I did.

1. In some records names or serial numbers are missed. (never both).
2. Symbols of several areas are as follows: EF = East Finland; WF = West Finland; ZU = Zuthfen; CR = Crevalcore; MO = Montegior-
gio; IRR = Italian Rail Road Men; YN = Slavonia; YS = Dalmatia;
VK = Velika Krsna; CU = Courfu; CT = Crete; TA = Tanushimaru;
US = Ushibuka.
3. There are surely some men outside the desired age group and they should be deleted. I anyhow coded all the forms 10 I got from you.
4. There are also some men who died after the fifth anniversary, but I coded also them because I did not know exactly all the anniversaries.
5. For IRR population the fifth anniversary is May 20 1967. Out of the group sent to you, three died after that date, and one should be deleted because not belonging to the actual group (see detailed list of men to be excluded recently sent to Dr Taylor).
6. Witness of death: some times I coded more than one witness; some times I did not code anyone because there was not any clear indication on form 10, or form 10 was not filled as in some cases from Zuthfen.
7. Type of death: in case of sudden death some times the time was not so precise as desired. In case of sudden death some times I coded also other types of death if this seemed to be reasonable (f.i. sudden death with anginal pain: coded also possible myocardial infarction).
8. Cause of death: in some forms 10 (specially from Japan) death certificate report was not given; so the correspondent code is missed.
9. Cause of death: reviewer code was written always, even though it was identical to the death certificate's.
10. Policy for myocardial infarction in type of death and cause of death coding: I tried to follow, even though not too strictly, the general rules given for morbidity. In case of sudden death with pain I decided

to code possible M.I.; in case of sudden death without pain I coded only sudden death(795) except in cases where there was a previous history of angina or other forms of IHD, in which I coded also possible M.I.

11. Only few cases were coded as definite M.I. and most part of them are in Zuthpen. This is due specially to lack of detailed description in other areas.
12. Question of pulmonary heart disease: I coded it(426) as first cause of death only in cases where a history of chronic bronchitis and emphysema was accompanied by a clear description of heart failure with cyanosis etc. When heart failure was not sure I coded only bronchitis and/or emphysema.
13. Some Finnish forms ~~to~~ presented only codes, as numbers according the old classification, and no description. In these cases my opinion cannot be precise; moreover in some in these cases, concerning accidents (numbers 800 and over) it was not clear if they were codes N. or codes E. of the old classification. So the translation to the newer classification is not precise or uncomplete.
14. I had always many doubts how to classify cases of alcoholism, when there was not a clear description of eventual damage of single organs. I used almost always code 303.2 but I am not sure to be right.
15. I tried to follow the general rules concerning the relative importance of some diagnoses over others (f.i. M.I. ~~has~~ has to be preferred to a stroke as first cause of death etc); but in few cases I did not follow the strict rule because there was evidence of the contrary.
16. In general I suggest you to check **all** my codes of cause of death with your previous ones, in order to decide definitely in cases of disagreement.
17. Let me know if you need to receive other material and in particular forms 10 from VK and IRR populations.

Please keep me informed on the progress of this analysis. I already ~~tried~~ tried to compare the several areas for M.I.+ sudden death rates: quite remarkable differences!

Thanks for your kind letter before your leaving to Japan.

Allright for the Mnemotron.

Thanks for the ICD book arrived the same day of your letter.

Yours sincerely

Alessandro Menotti
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