



# DEL MAR AVIONICS

TO: Bruce Del Mar, President

PERSONAL

NO.: Adm. 302-79

FROM: W. Thornton, M.D.

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SUBJECT: COMMENTS ON THE AHA SHOW

It was probably the largest technical display I have seen at either the ACC or AHA, and possibly because of area covered, attendance - including foreign attendance - at the exhibits seemed to be down. Your exhibit drew a good crowd, but it was crowded for the amount of equipment you were showing. Also, the equipment would have benefited from more graphic material or at least a name and description of what it did. This was especially true of the blood pressure apparatus which was almost completely hidden, and there wasn't a hint of what it was or what it could do. If you are introducing a new product, simply setting it down hardly seems effective. I would be amazed if you got even a nibble. I trust the idea that it should only be an accessory to the Holter gear is not still present.

There was virtually nothing really new in the shows; rather, there was development of existing ideas. The major technical directions seemed to be:

## Ultrasound:

The scanners have finally dominated this field, as they had to. All were mechanical except the IREX phased array which I would call the hit of the show. It was always difficult to get near it. A simple mechanical scanner 12 to 18 months old would have been a nice product, but while ultrasound is just beginning, it would take a major research program to get into it now. Watch IREX or buy some of their stock if they sell any.

## Holter:

While you are ahead of the field at the top of the line, you are also most expensive and most complex. Within a year the 975's features will have been equalled or superseded for less money. From here on out, you are going to have to battle every inch of the way. Bill Parsons is really after the low end and in spite of everything has an edge there with \$18,000 for the continuous writer with playback which, in spite of U.V. paper, gave a more readable display than your unit using the white paper and which does a nice summary and also provides amplified sections of the record on command.

Spent quite a bit of time with Stein's displays which are really rather elementary. What he does is provide what the average doctor understands.



This doctor is not in the least interested in the latest ego gimmick of a researcher and even less interested in an engineer's idea of what he needs. He wants a series of well-done black and white 8½" x 11" sheets that can be filed and are recognized by the medical world at large. I was rather appalled that the Stein system was giving anyone trouble. It's only because others have fallen behind. Stick to the basics once you're in an established market. You have got to recognize the difference between new developments such as the Holter recorder, automatic EKG analysis, automatic non-invasive BP, telemetry, automatic gas analysis, sector scan ultrasound, phased array ultrasound, etc. as opposed to engineering changes such as the 975 or 3100. There is a world of difference. You should have leapfrogged Stein's methodology years ago - I could at this time and for a fraction of the 975. The time, cost and complexity of this machine scare me.

#### Nuclear Medicine:

The heart scanners are having a heyday at the moment with big, expensive equipment, but it remains to be seen if this can be supported.

#### B.P.:

There were six to seven units around, most of whom were claiming ability to perform on a treadmill. There were no other portable automatic units. You had the field completely to yourself with a new product, and if anyone discovered that you had such a thing, it was by accident. Bruce, I'm beginning to wonder if there isn't some sort of conspiracy against B.P. in DMA - possibly a fear of detracting from Holter? They are two different things. There was no advance literature or literature of any kind on the 1981, no identification or even indication of its existence; and, it was so well hidden that several people, myself included, didn't even see it. I finally searched and found it on the third trip by the booth. If this is the way it's going to be "sold," you are wasting your money on papers, etc. After a night's reflection, I strongly urge you to make it a separate sales effort and to get a decent brochure, etc. on it. This is a new development and you should know what is required. Conversely, without any sales effort it won't - it can't - sell.

#### Ambulatory Medicine:

This field will continue to grow slowly, and at this time, the heart of it is recorders. Oxford is forging ahead with their multichannel sub-carrier unit which can record EEG and many other signals. There was at least one long-term implantable infusion unit. We have discussed this area, but move if you're going to, for it's getting late.



Monitoring:

It is very much alive and telemetry is now a major effort. This again demonstrates that a sound idea is worth all the flash-in-the-pan gimmicks and short-term, shortcuts. There's nothing really new here.

Exercise - Stress Testing:

Stress testing will be with us from now on but with simple, useful gear. There is room for marked improvement. Exercise and diet will become more and more important in this field and all of medicine, but we have discussed this. More and more people were in this area at the show. It has to be low cost and efficient for a mass market.

In summary, medical electronics may have peaked. White badges were almost equaled by salesmen and engineers, and this may be the last show of this magnitude.

Regardless of peaking or not, you can only stay in Holter and Stress Test by improving efficiency and producing gear more closely allied to the needs of the physician - the average physician. This cannot be done by engineers or by consultants interested in creating or reacting to short-term trends and fads.

I strongly urge that you build, efficiently and inexpensively, on products you have. Expand the 1981's capacity, etc.

Finally, get ahead of the game by moving into new areas, but do this carefully and with only a few select people.

*W. Thornton/dw*

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WT:dw