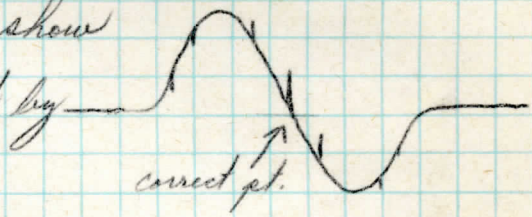
Dear Dr Murphy

You should have the telemetry system by this time - It consists of battery operated F.M. transmitter and a combination receiver - charger. The transmitter should be firmly attached to the patient and the leads preferably placed from apex to base of the heart. Be sure to remove all oil from the electrode area of the skin by vigorous rubbing w alcohol or other solvents. Use an ample amount of 'Bentonite' to effect contact between electrodes and skin and fix both leads and electrodes such that no motion is transmitted to the electrode area. The transmitter is turned on by placing the switch handle in the most lateral position. Allow two minutes for stabilization. The push button provides a 1 mV. calibration signal. As shipped the transmitter was tuned to 88 mc - but this ~~is~~ may be shifted ± 1 mc. by means of the brass slug set opposite the off-on switch. Keep the transmitter near the receiver during initial check out -

The receiver - charger is turned on by its front panel switch. By placing the side panel switch in the 'charge' position w the receiver on and plugging the mic phone plug into the jack on the ~~receiver~~ transmitter base the batteries may be charged. The charge: use ratio is 1:4 so that charging may be safely continued for long periods, days or even weeks, w the danger of overcharging -

The receiver will operate normally w the switch in the 'operate' position. It should be connected to a scope or recorder by means of the multiplex jack. This

recorder or scope should have a input impedance of 300 KΩ min., a response from D.C. to 100 ~ and a sensitivity of 1 inch / volt. Correct tuning is approx. the point of min. brilliance of the indicator and exactly at the zero point of the tuning curve which will show up on the recorder as the receiver is carried by the correct operating point.




Interference from stations will show up as a modulation envelope or weird spikes. In the event of this problem find a clear spot near 88 mc. and tune to it & the transmitter adjustment.

My apologies for the delays, the crude casting job and this crude letter. Your unit works well for we used it 6-8 hours before shipped. The cardiologists here and Duke are literally elbowing the anesthesiologists aside in use of these units in conjunction & a tape recording + automatic analysis (rate, PVCs, etc.) which were lashed up.

Let me know if you have an problems & this and I'll be interested in how you make out. As stated before this is an experimental device whose usage in all aspects is the responsibility of the user.

Respectfully

William Thornton