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been blocked by the Dept. of Health and Social Security.

Nevertheless in their letter Dr. Harrison and his colleagues show that in Tampa only 23 per cent of the patients with ventricular fibrillation upon whom resuscitation was attempted had a successful outcome. It is surely not inaccurate to describe such a success as 'limited'—however much one may admire it, as we indeed do. To save the 77 out

of every 100 who died, a different approach from that of mobile coronary care is needed. It is arguable that the total disappearance of the habit of cigarette smoking for example might save more lives than any coronary care unit whether mobile or stationary.

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## **Erratum**

In the paper 'The Natural History of rheumatic, aortic regurgitation and indications for surgery', which appeared on pp 147–154, line 19, p. 147, column 2 should read—'Fifty-three patients with moderate aortic regurgitation and 67 patients with moderate or severe aortic regurgitation of non-rheumatic aetiology referred during the same period were also excluded from the study'.