tant long term. Regional pacing practice in the Northern Region has changed in response to the recommendations of the British Pacing and Electrophysiology group. The major change has been where the cost is least—atrial pacing for sinus node dysfunction. Implementation of the full proposals for DDD and rate responsive pacing would considerably increase expenditure on pacing hardware. In a cash limited service the potential benefit of a suggested change in treatment must be weighed against the extra expense and inconvenience.

1 Report of a working party of the British Pacing and Electrophysiology Group. Recommendations for pacemaker prescription for symptomatic bradycardia. *Br Heart J* 1991;**66**:185–91.
2 Rosenqvist M, Brandt J, Schuller H. Long term pacing in sinus node disease; effects of stimulation mode on cardiovascular morbidity and mortality. *Am Heart J* 1988; **116**:16–22.
3 Bianconi L, Boccadamo R, Di Florio A, *et al.* Atrial versus ventricular stimulation in sick sinus syndrome; effects on morbidity and mortality [abstract]. *PACE* 1989;**12**:1236.
4 Perrins JE, Morley CA, Chan SL, Sutton R. Randomised controlled trial of physiological and ventricular pacing. *Br Heart J* 1983;**50**:112–7.
5 Sutton R, Ingram A, Briers L, *et al.* Ten years of physiological cardiac pacing. In: Belhassen B, Feldman S, Copperman Y, eds. Cardiac pacing and electrophysiology. Jerusalem: R&L Creative Communications, 1987:141–2.

Correction

Coronary venous lipid peroxide concentrations after coronary angioplasty: correlation with biochemical and electrocardiographic evidence of myocardial ischaemia. *K G Oldroyd, J R Paterson, A G Rumley, H Eteiba, A P Rae, J Shepherd, S M Cobbe, I Hutton* (July issue, volume 68: pages 43–7.) There were several editorial mistakes in figure 3 of this paper, for which we apologise. A correct version is shown on the right.

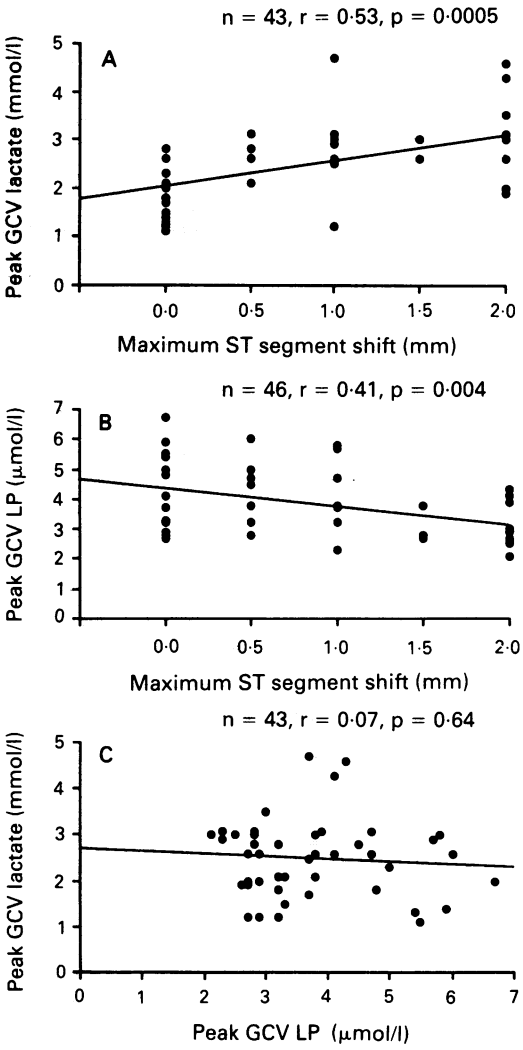

Figure 3 Simple linear regression analysis of the relation between (A) peak lactate concentration in the great cardiac vein (GCV) and maximum ST segment shift; (B) peak GCV lipid peroxide (LP) concentration and maximum ST segment shift; (C) peak GCV lactate concentration and LP concentration.