for this and we assume that it has occurred by chance.

There was a high incidence of death (two of 28) and
of cardiac events (nine of 28) in group 3 patients (pro-
tocol violators and those with inadequate data). This
phenomenon occurred both in active and placebo
treated patients and, while our inclusion criteria were
primarily designed to prevent inappropriate adminis-
tration of tocainide, the figures indicate that patients
who should be excluded from such investigations are
themselves a high risk group. Similar findings have
been noted in other studies. 5, 6

This study is one of very few which has arrived at a
firm conclusion regarding the efficacy of a drug for
ventricular fibrillation prophylaxis. Further investiga-
tions of drug prophylaxis of ventricular fibrillation are
required and should employ a study design which
permits a positive statistical statement of drug efficacy.

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Requests for reprints to Dr R W F Campbell, Uni-
versity Department of Cardiology, Freeman Hospital,
Newcastle upon Tyne NE7 7DN.

Erratum

The authors regret the following error in their paper
in the May issue on “Two dimensional echocardiog-
raphy and the tricuspid valve. Leaflet definition and
prolapse”. In the Summary, page 495, line 3, “tricus-
pid valve prolapse” should read “tricuspid valve re-
gurgitation”.

Tocainide prophylaxis of ventricular fibrillation