

patients reported by Groves *et al.* They show, in any case, remarkable similarities in relation to the location of the block within the atrioventricular node. They all had a wide QRS which suggests a distal block within the bundle of His. Groves *et al.* performed a pathological examination of the hearts of their patients and demonstrated a distal lesion of the bundle of His of the type of nodoventricular block instead of atrioventricular block.<sup>2</sup> This is in accordance with the pathological findings of Ho *et al.*,<sup>3</sup> and with the clinical data presented by Frohn-Mulder *et al.*<sup>4</sup> who noted that the QRS width was wider in a group of anti-Ro negative patients compared with a group of anti-Ro positive children.

Pathogenic mechanism of isolated congenital heart block has been related to immune mechanisms mediated by anti-Ro or anti-La antibodies. Immune mediated damage is usually located proximal to the bundle of His. Damage of the conduction system in anti-Ro negative patients seems to be located distal to the bundle of His. This may explain a lower ventricular rate which could explain the poor outcome of Groves *et al.*'s patients. Further serological and familial studies of anti-Ro negative patients may give insight into the mechanism of the disease.

LUIS G GUERETA  
M BURGÜEROS  
F MORENO  
*Cardiología Infantil, Hospital La Paz,  
Madrid, Spain*

- 1 Groves AMM, Allan LD, Rosenthal E. Outcome of isolated congenital complete heart block diagnosed in utero. *Heart* 1996; 75:190-4.
- 2 Lev M, Silverman J, Fitzmaurice FM, Paul MH, Cassels DE, Miller RA. Lack of con-

nection between the atria and the more peripheral conduction system in congenital atrioventricular block. *Am J Cardiol* 1971;27: 481-90.

- 3 Ho SY, Essher E, Anderson RH, Michaelsson M. Anatomy of congenital complete heart block and relation to maternal Anti Ro antibodies. *Am J Cardiol* 1986;58:291-4.
- 4 Frohn-Mulder IM, Meilof JF, Szatmari A, Stewart PA, Swaak TJ, Hess J. Clinical significance of maternal anti Ro/SSA antibodies in children with isolated heart block. *J Am Coll Cardiol* 1994;23:1677-81.

The availability of consultant surgeons showed little or no change between 1987 and 1995 in three regions but more than doubled in East Anglian.

NICK BLACK  
*Professor of Health Services Research,  
London School of Hygiene & Tropical Medicine,  
University of London,  
London WC1E 7HT, UK*

## CORRECTION

### Impact of the 1991 NHS reforms on the availability and use of coronary revascularisation in the UK (1987-1995)

Black N, Langham S, Coshall C, Parker J. *Heart* 1996;76(suppl 4):1-31.

Data on the availability of whole-time equivalent (WTE) adult cardiac surgeons in Glasgow in 1994-95 was incorrect. There were 5.9 (not 10.9) WTE representing 3.38 (not 6.25) WTE per million population aged over 24 years (Appendix 1, page 25; fig 10, page 8). The comments on page 9 should read:

Consultant levels more than doubled in East Anglian, though the increase in South East Thames was only 27%, in Greater Glasgow only 22% and there was no increase in North Western (fig 10).

Similarly, the fifth statement on page 22 under *Objective 1* should read:

## NOTICES

**The First European Workshop on Hypertrophic Obstructive Cardiomyopathy under the auspices of the Working Groups on Myocardial Function and Cardiomyopathy of the European Society of Cardiology** will take place on 31 October 1997 at the Imperial College School of Medicine, London, UK. Course fee (includes coffee, tea, lunch, and live teleconference) is £125. For further information please contact The Conference Centre (tel: 0171 351 8172; fax: 0171 376 3442; email a.c.allen@ac.ic.uk).

**Practical Adult Cardiovascular Pathology Course** will take place on 17 November 1997 at the National Heart and Lung Institute, London, UK. Course fee (includes coffee, tea, and lunch) is £125; £100 for juniors in training. For further information please contact National Heart and Lung Institute (tel: 0171 351 8172; fax: 0171 376 3442).