

factors during childhood. The men in our study were born during the first world war or in the years immediately afterwards. Even though Sweden did not play an active part in the war, material deprivation prevailed for some of the population during this period, particularly in the cities. In Norway a significant positive correlation was found between county age adjusted mortality from coronary heart disease and county infant mortality during the early years of the same cohorts, which suggests that poverty in childhood followed by prosperity may be a risk factor for coronary heart disease.²⁸ Similar findings were reported from Britain.²⁹ These findings could offer an explanation of the change in the social class distribution of coronary heart disease.¹⁸ Various other causes of death are associated with childhood poverty, which suggests that probably several factors are operating.³⁰

Circumstances differ among occupational classes. Material deprivation in itself is, however, unlikely to be important as, our study population would have been comfortably off during most of their adult lives. Nevertheless, some aspects of life circumstances such as occupational hazards are not evenly distributed. Accidents at work during follow up were not common, but the small excess of deaths from cancer in the lower occupational classes may perhaps be attributed to work conditions even if dietary factors may be more important.³¹ Men in the lower occupational classes had less psychological stress than others, though this association cannot be taken at face value, as an abstract concept like stress might be recognised more readily among better educated people.

Another variable in circumstances concerns social networks. Several studies have shown a higher mortality among people who lack social and community ties than among those with more contacts.³² In our study marital state was clearly associated with occupational class, and both factors were independently associated with total mortality, whereas only occupational class was independently associated with the incidence of coronary heart disease. Marital state is, however, only one indicator of social support, and probably other network factors are also unevenly distributed among the different occupational classes.

As only present occupation was registered mobility between classes could not be studied. Furthermore, no data on class of origin were collected. Consequently downward drifts in occupational class secondary to selective mechanisms could not be controlled for. There was no levelling off, however, in the mortality differentials with time, which probably would have occurred if there had been a major selection due to pre-existing illness. When men with a prior history of myocardial infarction were removed from the analyses it made no difference to the results.

In conclusion, we found a clear inverse relation between occupational class and the incidence of coronary heart disease and total mortality entailing many excess deaths in the lower socioeconomic strata. Possible reasons include differences in patterns of risk factors, and in lifestyle, effects of occupational hazards, and low social support, but no clear answer to why class differences persist has been forthcoming. The magnitude of the problem certainly warrants further study, not least from a preventive point of view.

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Corrections

Sustained compression and healing of chronic venous ulcers

An editorial error occurred in this paper by Mr Stephen D Blair and others (5 November, p 1159). In the third sentence of the second paragraph under Patients and methods ("Elset; Seton") was transposed. The sentence should have read: "This was compressed with a standard crêpe bandage, which preserved the elastic energy of the main compression bandage (Elset; Seton) and made application easier."

Damp housing and childhood asthma: validation of reporting of symptoms

Two editorial errors occurred in this paper by Dr D P Strachan (12 November, p 1223). In the fourth paragraph of the Results "83% (58/700)" should read "8.3% (58/700)," and the sixth paragraph of the Discussion should start, "Lack of sensitivity and random errors in the test procedure may have reduced the power of the study to detect a true relation between reported mould and bronchial lability. The negative findings, therefore, do not exclude an association."