

by about 8% a year in low risk men of similar age and severity. Hospital mortality among women remained constant. Improvement in 12 month mortality of hospital survivors was seen at all levels of age and severity in both men and women; this was equivalent to a reduction of about 7% a year, controlling for age and severity. Men showed an overall reduction in 12 month mortality of 15% a year.

Women were older than men and had more severe infarcts. Greater proportions of women had the severest prognostic factors of cardiogenic shock, ventricular standstill, and third degree atrioventricular block, and on average women had higher scores on the Norris index and Killip scale. Nevertheless, a higher overall mortality in women than in men, more so in the later years, was still evident after adjusting for these factors. Statistical modelling predicted that, although the hospital mortality of men was nearly twice that of women of similar age and clinical characteristics in 1969, by 1983 it was less than two thirds. For 12 month mortality of hospital survivors the ratio of male to female mortality was constant at about 0.8. Therefore a higher mortality rate in women with acute myocardial infarction^{25,26} cannot be explained by sex differences in the age or in the severity measures considered in this study.

Two predictors of mortality, the Royal Melbourne Hospital indices, were derived using the measured patient characteristics shown to be independently predictive of mortality in this study. These indices might prove to be useful because they are derived from large samples and give direct estimates of mortality. They suggest that ventricular fibrillation has become a less important predictor of mortality in recent years.

Patients who had never smoked were over 50% more likely to die in hospital than patients who had ever smoked, taking account of their ages and their having had more severe infarcts,²⁷ but the reasons for this are not clear.

There was a decrease of about 30% in the median time between onset of symptoms and admission to the coronary care unit over the study period, with at least a halving of long delays but no improvement in short delays. The decline in the severity of acute myocardial infarction over the study period was consistent, except that cardiogenic shock and ventricular tachycardia showed only a marginal decline in prevalence.

In recent years mortality from coronary heart disease has fallen in Australia,^{28,29} while that from acute ischaemic heart disease has fallen in the United States.³⁰ If the epidemic of clinical coronary heart disease is waning then the residual cases would be expected to occur among older people and might be less severe, as we have observed. Our data are, however, hospital based, and there are other possible explanations such as confounding by variables other than age or sex, a tendency for younger patients with acute myocardial infarction to seek treatment outside public hospitals, or a change in admissions policy within the hospital. Nevertheless, the time trends we have found are consistent with a waning of the epidemic of clinical coronary heart disease in the community.

Our analyses have shown that, despite the fact that more recently admitted patients have included a higher proportion of people with milder infarctions, their better prognosis was greater than could be explained by the lower severity of their infarction. This was particularly true among men, who constituted 80% of patients with acute myocardial infarction.

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Correction

Influence of maternal diet during lactation and use of formula feeds on development of atopic eczema in high risk infants

Two editorial errors occurred in this paper by Ranjit Kumar Chandra and others (22 July, pp 228-30). The conclusions in the abstract should read, "In families with a history of atopic disease [not eczema, as stated] mothers who breast feed should avoid common allergenic foods during lactation." The first sentence in the subjects and methods section should read, "In cases in which either of the baby's parents had a history [not a family history] of atopic disease mothers were asked whether they planned to breast feed exclusively."

Case-control study of infections with *Salmonella enteritidis* phage type 4 in England

Two authors' errors occurred in this paper by Dr John M Cowden and others (23 September, pp 771-3). In the last sentence of the first paragraph on p 772 "the first three" was omitted, and later in the sentence a percentage of 0.02% was given. The sentence should read, "Of 137 patients, 26 (19%) ate at least one of the first three products specified in the table compared with only four (2%) of the 196 controls."