control subjects that could have limited the observed exercise capacity in the patients.

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**References**


**Reply**

The aim of our study was not to list known potential influences on Doppler diastolic indexes but to relate those indexes to the patient’s professed symptomatic status and exercise capacity so that each patient in effect served as his or her own control. Our patient group was closely matched with a normal group for comparison of Doppler indexes and exercise capacity. No patient had significant mitral incompetence and all had normal findings on coronary angiography at a time unrelated to the current study. Although beta-adrenergic blocking agents may have a limiting effect on oxygen uptake in trained men (1), in patients with hypertrophic cardiomyopathy, these agents have a beneficial effect on diastolic function and patient symptoms (2,3). Verapamil is more likely to alter diastolic indexes and has a tendency to normalize them (4). However, only four of our patients were taking verapamil during the study and their inclusion does not influence our results in 40 patients.

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**References**


**Correction**

A correction should be made to Table 2 in the article by Rihal et al. in the May issue of the Journal (Rihal CS, Gersh BJ, Whisnant JP, et al. Influence of coronary heart disease on morbidity and mortality after carotid endarterectomy: a population-based study in Olmsted County, Minnesota [1970-1988]. J Am Coll Cardiol 1992;19:1254-60). The numbers in the last line of Table 2 were incorrectly transposed from Table 1. The authors apologize for the error and provide the following corrected version:

**Table 2: Distribution of All Postoperative Cardiac Events Through July 1, 1989 Among Olmsted County Residents Who Underwent Carotid Endarterectomy During the Period 1970 to 1988**

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Cardiac death</td>
<td>8</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td>Myocardial infarction</td>
<td>13</td>
<td>14</td>
<td>20</td>
</tr>
<tr>
<td>CABG or PTCA</td>
<td>4</td>
<td>4</td>
<td>19</td>
</tr>
<tr>
<td>Pulmonary edema</td>
<td>4</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Ventricular tachycardia</td>
<td>3</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Patients with ≥1 event</td>
<td>21</td>
<td>23</td>
<td>40</td>
</tr>
</tbody>
</table>

Definitions and abbreviations as in Table 1.