

What is already known on this topic

Progress is being made in some low and lower middle income countries towards achieving the millennium development goal on under 5 mortality

What this study adds

National improvements in under 5 mortality, in line with the millennium development goal, are as likely to be accompanied by increasing as decreasing inequalities in child mortality within countries; adding an equity dimension to this goal would give an impetus to adopting policies that tackle health inequalities

data allow us to give only indicative results rather than make statistically robust assessments of trends in inequality in under 5 mortality. This points to a need to strengthen health information systems for equity purposes.³

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Ethical approval: Not needed.

- 1 Gwatkin DR, Rutstein S, Johnson K, Suliman EA, Wagstaff A. *Initial country-level differences about socio-economic differences in health, nutrition, and population*. 2nd ed. Washington, DC: World Bank, 2003.
- 2 Gwatkin D, Rutstein S, Johnson K, Pande R, Wagstaff A. *Socio-economic differences in health, nutrition, and population*. Washington, DC: World Bank, 2000.
- 3 Bambas Nolen L, Braveman P, Dachs JNW, Delgado I, Gakidou E, Moser K, et al. Strengthening health information systems to address health equity challenges. *Bull World Health Organ* 2005;83:597-603. (Accepted 13 October 2005)

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Corrections and clarifications*Influenza pandemics and avian flu*

We introduced an important editorial error in this Clinical Review by Douglas Fleming at proof stage (*BMJ* 2005;331:1066-9, 5 Nov). While rephrasing a sentence, we inadvertently omitted the word "not." So in the box titled "Learning point: Example 4" the penultimate sentence should read: "Pregnancy is not a contraindication for vaccination." In the full text (HTML) version of this article on bmj.com, an electronic glitch resulted in an additional error: part of the main article appeared with the text of the same learning point box. All these errors have been corrected in the online versions of the article on bmj.com.

Rethinking breast screening—again

A confusion in the original text of this Personal View by Cornelia J Baines led to a change of intended meaning during the editorial process (*BMJ* 2005;331:1031, 29 Oct). In the third paragraph from the end, the sentence starting, "The reductions in breast cancer mortality..." should read: "Methodologically sound trials have found that the reduction in breast cancer mortality that can be attributed to screening does not even remotely approach 50%."

*A memorable patient***A ship too far**

We saw the look of despair in his eyes as his trolley was wheeled out of the anaesthetic room. After a long wait, the news had come from the intensive care unit that his operation had to be postponed because, as often happens, no bed was available. Unfortunately, the last bed had been claimed for a patient who had taken an overdose. We trainees, too, had our reasons to be disappointed at the postponement, since this was to be the first laparoscopic radical gastrectomy for distal gastric malignancy performed in our hospital. However, the patient's look as he was wheeled past us suggested much deeper feelings than mere disappointment.

We met him later on the ward. He was an extraordinary man whose wartime experiences fascinated us. "It was 60 years ago, and I was in the RAF," he began. "On Friday 13 January 1944, after being evacuated from Singapore, our ship was torpedoed by a Japanese submarine. We tried to make a raft out of hatches, but when we got it into the water it rolled over, and so we hung onto it, half submerged in the deep sea. It was 18 hours later when an Australian ship spotted us and started collecting the scattered crew members from the ocean. It appeared that hope and a second chance at life was sailing towards us, but then suddenly it changed its direction and started sailing away. 'Oh Lord, no. You

show us mercy and then take it away.' Then, when all seemed lost, the ship changed its direction and started coming back. We were rescued. I was told later by one of the ship's crew that if they had sailed head on towards us we would have drowned with the water turbulence, and so the ship had to make a deviation and approach us from the side. You know, doctors, later that day I tasted the best tomato soup that I ever had in my life."

He said, "Today that feeling of life ebbing away came back and I relived the experience as I was being sent back from theatre. I have cancer, and I felt as though my salvation, my operation, like the ship, had abandoned me. The postponement of my operation brought about feelings that were identical to those I had 60 years ago when, after 18 hours in the water, the ship came for us and then turned back."

The old man spoke from his heart, and we thought about how often we never take time to think about what goes on inside the minds of our patients. We had failed to appreciate how a casual postponement could equate to a struggle to survive while starving, cold, and weary in the dark waters of adversity.

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