

of this economic appraisal, I feel that this is an important issue which the authors could have elaborated upon further in the discussion.

It is clear that considerable savings would accrue from the development of a test to distinguish patients with Gram-negative sepsis. Indeed, sensitivity analysis was used to good effect to determine the likely cost-effectiveness ratios for different test performance characteristics. Furthermore, as the authors point out, if a target level of cost-effectiveness was sought before the test could be adopted, the probability of disease needed to

achieve this degree of efficiency could be regarded as the threshold for treatment. This would be of value in aiding decisions about the value of a test when it is ultimately developed. Herein lies the great strength of this paper, inasmuch as it will serve to guide the implementation of this new and apparently costly drug at both local and national levels.

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Errata

Vol. 2, No. 4, 1992, page 277: Please add this reference – Goldman J, Weinstein MC, Goldman PA, Williams MS. Cost-effectiveness of HMG-CoA reductase inhibition for primary and secondary prevention of coronary heart disease. *Journal of the American Medical Association* 265: 1145-1151, 1991

Vol. 2, No. 5, page 424: Please include the following authors' names – *David Evans*, Special Program for Research and Training in Tropical Diseases, The World Health Organisation, Geneva, Switzerland; *Deborah Freund*, The Bowen Research Center, School of Public Health and Environmental Affairs, Indiana University, USA; *Robert Dittus*, The School of Medicine, Indiana University, The Regenstrief Institute for Health Care and The William Roudebush Veteran Administration Hospital, Indianapolis, Indiana, USA.