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LEADING ARTICLES

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

MEDICAL PRACTICE

NEWS AND NOTES

SUPPLEMENT

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CORRESPONDENCE

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters should be typed with double spacing between lines and must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Measles eradication policies

SIR,—Measles eradication policies were well discussed by Dr N D Noah in his leading article (3 April, p 997). He regretted that in England and Wales we are limping along with a measles vaccination rate of around 50% and advised that we should raise the rate at least to the 80% or so attained for diphtheria, tetanus, and polio vaccination.

The key figure for this purpose is the family doctor. He needs to be convinced, and through him the parents need to be convinced, both of the safety and efficacy of measles vaccine and of the dangers of measles disease. When only half the doctors in our area advocated measles vaccine, our vaccination rate was under 50%. Then in 1977 you published my research showing that measles vaccine was safe to administer and that it gave a 99% protection rate in subsequent epidemics.[1] This naturally altered our opinions and the advice that we gave to mothers, and we increased our own measles vaccination rate to 83%. There has never been a health authority immunisation clinic in our semi-rural area, so the whole responsibility falls on general practice—ourselves, our employed practice nurses, and our attached health visitors, with the support of the computer appointment system. We achieve annual vaccination rates for all the children registered with us of 99% for diphtheria, tetanus, and poliomyelitis; 83% for measles; and 78% for pertussis. We hope to improve our results, which are achieved by the sustained enthusiasm of our team and our close relationship with our patients. We are accustomed to high response rates in the preventive measures which we undertake; thus in the total population blood pressure survey in the age group of 35 to 64 years, which formed part of the MRC mild hypertension trial, 92% of our patients attended for screening. Last week Minerva asked (29 May, p 1640): "Should not the DHSS and community physicians be doing more about measles vaccination?" Her question invites the answer "yes," but it also invites the question, "Has she not heard of general practice?"

Devastating encephalitis may follow an apparently mild attack of measles disease, as Dr Christine Miller reminds us (22 May, p 1559). We now seldom see new cases of measles, but I can confirm her message from recent personal experience. A 5-year-old girl developed measles, although I had previously immunised her at the age of 13 months. One week after the onset she developed quite severe encephalitis. She stopped eating and drinking and entered a trance-like state, with neck stiffness, a left sixth nerve palsy, a right lower motor neurone facial palsy, trismus, muscle tone and tendon reflexes increased in her arms and diminished in her legs, and bilaterally upgoing plantar responses. She developed an episode of twitching spasm and extensor rigidity. The viral complement fixation test showed a raised titre of 1:128 to measles. She was treated with intravenous fluids and anticonvulsants and steadily improved, making a complete recovery in three weeks.

After such an experience, I hope that I will never again have a child patient with acute measles encephalitis, and I believe that we should all work together towards measles eradication.

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[1] Jordan WM. *Br Med J* 1977;ii:523-4.

The way ahead for rehabilitation

SIR,—Daphne Gloag's timely leading article (22 May, p 1509) about the recent Northwick Park conference touches on the role of the "rehabilitation consultant" in the new health district. She highlights the importance of the holistic approach to patient care.

The problem for the would-be holistic doctor in hospital or in the community is an organisational one. Many agencies and disciplines are involved in health and social care (one cannot split the two), and senior con-