

BRITISH MEDICAL JOURNAL

160

SATURDAY 7 MAY 1983

LEADING ARTICLES

Malaria and pregnancy L J BRUCE-CHWATT	1457
A cooler look at lead DAPHNE GLOAG	1458
Hyperthyroidism and the heart TERENCE J WILKIN	1459
Regular Review: Regulatory peptides: key factors in the control of bodily functions JULIA M POLAK, S R BLOOM	1461

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Treatment of angina pectoris with nifedipine: importance of dose titration J DEANFIELD, C WRIGHT, K FOX	1467
Tuberculosis in unvaccinated children, adolescents, and young adults: a city epidemic J D HILL, D K STEVENSON	1471
Clinical range of neonatal rotavirus gastroenteritis J DEARLOVE, P LATHAM, B DEARLOVE, K PEARL, A THOMSON, I G LEWIS	1473
Platelet count: a simple measure of activity in Crohn's disease A D HARRIES, E FITZSIMONS, R FIFIELD, M J DEW, J RHODES	1476
Cerebrospinal fluid rhinorrhoea after cocaine sniffing E H SAWICKA, A TROSSEY	1476
Phaeochromocytoma: an unusual cause of chest pain P MCGONIGLE, S W WEBB, A A J ADGEY	1477
Measles serology in children with a history of measles in early life NELLIE ADJAYE, A AZAD, MARGARET FOSTER, W C MARSHALL, HELEN DUNN	1478
Therapeutic abortion and chlamydial infection G L RIDGWAY, G MUMTAZ, R A STEPHENS, J D ORIEL	1478
Ultrasonic assessment of stress fractures ALISON MOSS, ALASTAIR G MOWAT	1479
Anaphylaxis after bites by rodents E L TEASDALE, G E DAVIES, A SLOVAK	1480
Overlapping with General Practice: MP's surgery LAURIE PAVITT	1481
Challenges for general practitioner hospitals C D SHAW	1483

RECEIVED

MAY 20 1983

MEDICAL PRACTICE

Is the statistical assessment of papers submitted to the "British Medical Journal" effective?

MARTIN J GARDNER, DOUGLAS G ALTMAN, D R JONES, D MACHIN	1485
Statistical guidelines for contributors to medical journals DOUGLAS G ALTMAN, SHEILA M GORE, MARTIN J GARDNER, STUART J POCOCK ..	1489
USSR Letter: Spatial variations in the Soviet health service MICHAEL RYAN, RICHARD PRENTICE	1494
Letters to a Young Doctor: Administration PHILIP RHODES	1496
Aviation Medicine: Problems of altitude II: Decompression sickness and other effects of pressure changes RICHARD M HARDING, F JOHN MILLS	1498
Communicable Diseases: Sexually transmitted disease surveillance 1981	1500
New Drugs: Diabetes I: Insulins J NIALL MACPHERSON, JOHN FEELY	1502
Any Questions?	1488, 1501
Medicine and Books	1505
Medicine and the Media—Contributions from KENNETH C CALMAN, JONATHAN CHICK	1509
Personal View ARTHUR KAUFMAN	1510

CORRESPONDENCE—List of Contents

OBITUARY

NEWS AND NOTES

Views	1518
Parliament	1519
Medical News	1519
BMA Notices	1520
One Man's Burden MICHAEL O'DONNELL	1521

SUPPLEMENT

The Week	1524
Danger of losing Police Bill WILLIAM RUSSELL	1525
From the GMSC: Composition of General Medical Council	1526
Family practitioner services: management study proposed	1527
Child health services in France—vive la différence MICHAEL DRUCQUER	1529
Statutory sick pay and certification	1530

CORRESPONDENCE

Immunisation policies	
J A Dudgeon, FRCP.....	1511
Underdiagnosis and undertreatment of asthma in childhood	
A F Colver, MRCP.....	1511
Venography in the diagnosis and management of deep vein thrombosis	
C V Ruckley, FRCSED, and T A S Buist, FRCR; P A Ockelford, FRCPA, and others..	1512
Chest pain: heart or gullet?	
R J E Lee, MRCP, and others; Gillian I Leigh, MRCS; G J Archer, MRCP.....	1512
General practice in the university medical school	
M Marinker, FRCGP.....	1513
Audits of antibiotic prescribing	
Fiona M Moss, MRCP, and M W McNicol, FRCP.....	1513
Trimethoprim resistance in Gram negative urinary pathogens	
R W Lacey, MRCPATH; L J Downey, MB, and A J Martin, MB; Rosalind Maskell, BM; S J Pedler, MB, and A J Bint, MRCPATH...	1513
Agranulocytosis associated with Maloprim	
Susan Whitehead, MRCP, and C G Geary, FRCPATH; M Herbertson, MB, and R H Robson, MRCP.....	1515
Blood lead and petrol lead	
P C Elwood, FRCP.....	1515
Doctors and the bomb	
G D Kersley, FRCP; Jean West, MB; D S Josephs, MFCM; A S Garrett, MB; M J Macpherson, MRCP.....	1515
Aviation medicine	
D Gibbs, FRCP.....	1516
Rhabdomyolysis and systemic infection	
D H Kennedy, MRCP, and others.....	1517
Accuracy and value of the Haemoccult test	
D E H Llewelyn, MRCP.....	1517
Abortion on demand	
Jill Knight, MP.....	1517
Medical manpower	
A J M Cavenagh, MD.....	1517

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, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

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.

Immunisation policies

SIR.—Dr Charles Brook's leading article (2 April, p 1082) on immunisation policies requires an answer on several counts. I can find no mention in the reference quoted¹ of an increase in neonatal rubella in 1982. The statement attributed to Dr W C Marshall of an increased reporting of neonatal cases could be the result of his stimulus to paediatricians and others to report cases of congenital rubella syndrome to the Southern Registry when he took over from me in January 1982. The statement that: "No scientific defence is possible of the current British approach to rubella vaccination," is without foundation. The evidence was well prepared from detailed scientific studies and has been fully documented.² As far as I can see there is no reference in the article by Hinman *et al*³ that the UK policy is lacking in scientific support.

I am not surprised by the poor vaccine acceptance rates for measles and pertussis in the Brent Health District, to which Dr Brook refers. Having tried to teach the values of preventive medicine for many years, I am aware of the apathy and lack of interest in measles vaccination within our profession. I share the view of Professor A G M Campbell⁴ that measles is not such a trivial and innocuous disease that prevention is unnecessary. He suggests ways of improving the uptake of measles vaccine in this country, but I doubt whether we could reach a level of acceptance comparable to that of the United States without a change in attitude and some compulsion. And this is a big point—whether to use monovalent or combined vaccines and at what age immunisation should start. The two are interrelated.

Dr Brook is advocating a complete review of our immunisation policy; presumably against

rubella and measles, but this is not clear. It is as well to distinguish between strategy and tactics. With rubella the strategy, whether in the UK, US, Sweden, or elsewhere, is clear—the control and ultimate elimination of congenital rubella infection and therefore of rubella defects. The tactics, however, to achieve this purpose can be different. At a recent conference in Baltimore we discussed current vaccination policies,⁵ and there was general agreement that a policy that worked well in one country did not necessarily provide the best answer for another. Unless acceptance rates for measles vaccine can be improved in the UK a change to the US scheme, which is dependent on the use of combined measles-mumps-rubella vaccine and a degree of compulsion, could be disastrous for us. This does not mean that a review of priorities for receiving vaccine should not be undertaken. I agree with Hinman *et al*³ that it should, and women of childbearing age are a most important priority group for both countries. The US approach is having an impact on the control, but congenital rubella has not yet disappeared. An outbreak of congenital rubella in Chicago,⁶ admittedly in 1978, brought out some of the problems of vaccine delivery which are common to both our countries. None of the mothers in this episode had been vaccinated.

The US scheme is also based on the assumption that vaccine induced immunity will be lifelong.³ We are not so certain, and this particular problem was a key factor in deciding on our policy in 1970. Surveillance of immunity following vaccination is essential, as workers in this country have recently shown.⁷

I wonder whether Dr Brook has made the correct diagnosis in directing his wrath at those who help make policy decisions rather than at those whose responsibility it is to implement

them. Our main obstacles at present are apathy, ignorance, excuses, and above all failure in the delivery system. These can be overcome by an all out effort at intensifying our current campaign aimed at immunising 95% not 85% of girls aged 10-14 years and by a special effort at immunising susceptible women. Congenital rubella is a preventable disease. Let us deliver them to those who need them without losing our sense of direction.

J A DUDGEON

Bonnington, Kent TN25 7AZ

¹ Communicable Disease Report (CDR) 82/36 10 September 1982.

² Proceedings of the International Conference on Rubella Immunization. *Amer J Dis Child* 1969;110: 1-410.

³ Hinman AR, Bart KJ, Orenstein WA, Preblund SR. International strategy for rubella vaccination. *Lancet* 1983;i:39-41.

⁴ Campbell AGM. Measles immunization. Why we have failed. *Arch Dis Child* 1983;58:3-5.

⁵ Dudgeon JA. Current views on international control of rubella. In: Gruneley E, ed. *Conquest of agents that endanger the brain*. Baltimore: Johns Hopkins Hospital (in press).

⁶ Lamprecht C, Schauf V, Warren D, Nelson K, Northrop R, Christiansen M. An outbreak of congenital rubella in Chicago. *JAMA* 1982;247: 1122-33.

⁷ O'Shea S, Best J, Banatvala JE, Marshall WC, Dudgeon JA. Rubella vaccination: persistence of antibodies for up to 16 years. *Br Med J* 1982;282: 253-5.

Underdiagnosis and undertreatment of asthma in childhood

SIR.—In order to lend further weight to the points made by Dr A N P Speight and others (16 April, p 1253) and to widen the relevance of their survey, we report the following findings from a community campaign against childhood asthma in 4-11 year olds in west Newcastle.