

University of Vienna apologises for dismissing Jewish doctors

Tudor P Toma, *Vienna*

The University of Vienna has officially acknowledged responsibility for dismissing over half of its medical faculty during the Nazi regime. All the doctors dismissed were of Jewish origin or had a Jewish spouse.

Between 1938 and 1945 more than 173 professors and consultants were dismissed from the faculty of medicine in Vienna—more than half of the permanent staff. The hardest hit were the departments of medicine, neurology, and dermatol-

ogy. Those who survived the war made a new life elsewhere, some as prestigious academics in Britain and the United States.

A memorial bronze plaque was unveiled in the courtyard of the University of Vienna after a one day commemorative symposium, which preceded the opening ceremony of the world congress of gastroenterology last week. The plaque is “dedicated by the Faculty of Medicine to all teachers and students who were persecuted, exiled, or murdered

during the Nazi regime for racial or political reasons.”

The university’s action was triggered by Dr Leslie Bernstein, the chairman of the ethics committee of the American Gastroenterology Association. In 1995 he expressed doubts about the world congress being held in Vienna in 1998. He wrote to Günter Krejs, the president of the world congress, to ask what the University of Vienna had done so far as an act of reconciliation and whether it had acknowledged its part in the oppression of Jews during the Nazi regime. Professor Krejs replied then that it would “try hard to make a public recognition of the dark days in the University of Vienna.” □

BMJ buys *Western Journal of Medicine*

Jacqui Wise, *BMJ*

In a unique publishing move the BMJ Publishing Group, together with UCSF (University of California San Francisco) Stanford Health Care, has bought the *Western Journal of Medicine*. The new owners aim to make the journal into a *New England Journal of Medicine* for the west coast of the United States.

The journal, once owned by the California Medical Association, has 4000 subscribers and is also sent to 2000 members of the New Mexico Medical Association.

Richard Smith, editor of the *BMJ*, said: “Our long term vision is to turn it into a major international medical journal that will showcase the west coast of America. What happens in California tends to be what happens in the rest of the world sometime hence—for example, managed care.”

The *Western Journal of Medicine* has a strong tradition of being a practical journal, and Dr Smith aims to build on this while making the journal more readable. The journal will use the strengths of UCSF Stanford Health Care, which is an international leader in many aspects of health care, such as medical informatics, basic science, and quality improvement.

Bruce Wintroub, executive vice president and chief medical officer of UCSF Stanford Health Care, said: “We look forward to creating a unique general medical journal with the *BMJ*. The *Western Journal of Medicine* will reflect new information and health policy as it is developed by physicians and academics of the west coast of the United States. We think that this journal will be a forum for the measurement of healthcare quality as US medicine continues its transition to the healthcare system of the future.”

The journal wants to attract high quality original research. Dr Smith said that in some cases the *BMJ* and the *Western Journal of Medicine* may publish the same papers simultaneously. □

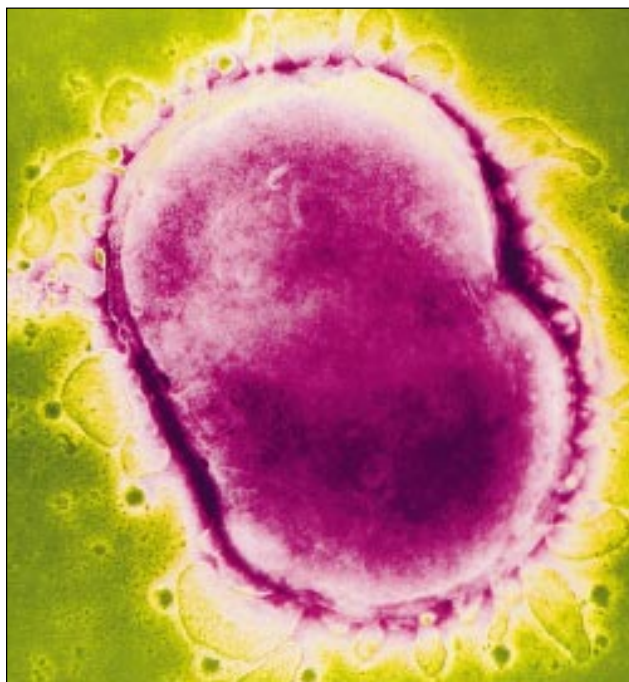
Meningitis B vaccine looks promising

Tony Sheldon, *Utrecht*

Dutch researchers believe that they have found an effective vaccine to combat group B meningococcal disease, which is responsible for about 500 cases of bacterial meningitis in the Netherlands each year.

Preliminary results of clinical trials with the new vaccine are encouraging, according to Dr Eileene Rouppe van der Voort of Amsterdam’s Free University. Large scale production of the vaccine is under way at the Dutch National Institute for Public Health and the Environment, and phase three clinical trials to determine the exact efficacy and duration of protection are planned. A vaccine could be included in the general immunisation programme by 2004.

Dr Rouppe van der Voort has been part of a team carrying out clinical studies since 1995 into the immunogenicity of the new Dutch vaccine, which was tested on children in Rotterdam and in Britain (in Gloucester). She concludes in her doctoral thesis, *Meningococcal Vaccines: a Continuous Crusade?*, that the vaccine was safe and showed minimum side effects. “Good bactericidal immune responses have been induced, especially in the younger age categories... [and] preliminary results of the



There are 500 cases of bacterial meningitis in the Netherlands each year

study in England suggest some immunological memory was induced,” she writes.

Most cases of meningococcal disease in the Netherlands are caused by meningococci expressing serogroup B capsular polysaccharide. This polysaccharide is not immunogenic (because of similarities with human tissues), so a vaccine based on this is not effective. But besides a capsule, meningococci are surrounded by an outer membrane. Researchers for the last 15 years have focused efforts on the surface structures found on this membrane. With

DNA techniques, a vaccine was developed based on the six most common variants of the meningococcus PorA protein, which are embedded in this outer membrane. The new, multi-valent, outer membrane vesicle vaccine has been shown to induce a multitude of antibodies for each variant. Researchers believe this could offer 70% protection against all the different strains of meningococcus bacteria. The vaccine could also offer full protection against 77% of all cases of group C meningococcal disease. □