LEADING ARTICLES

Tests for infectious mononucleosis .......................................................... 1153
Pregnancy in the underweight woman ...................................................... 1154
Contraception by female sterilisation ...................................................... 1154
Pyogenic liver abscess ............................................................................. 1155
Is malignant diverticulitis a true bill? ...................................................... 1156

PAPERS AND ORIGINALS

Progestogens and cardiovascular reactions associated with oral contraceptives and a comparison of the safety of 50- and 30-μg oestrogen preparations T W MEADE, GILLIAN GREENBERG, S G THOMPSON ........................................... 1157
Progesterone, fluid, and electrolytes in premenstrual syndrome P M S O'BRIEN, COLIN SELBY, E M SYMONDS .......................................................... 1161
Neutropenia during allopurinol treatment in total therapeutic starvation I N SCOBIE, A C MACGUISH, C M KESSON, J R MCNEIL ........................................ 1163
Lorazepam withdrawal seizures J G HOWE ............................................. 1163
Meningitis caused by Campylobacter fetus ssp jejuni R NORBY, R V MCCLOSKEY, GUNILLA ZACKRISSON, E FALSEN ...................... 1164
Differences in serum ampicillin concentrations among patients under constant-rate infusion E BOUvet, C GILBERT, C GAUDÉBOUT, F VACHON ........................................ 1164
Hydralazine-induced hepatitis? D B BARNETT, S A HUDSON, P W GOLIGHTLY .......................................................... 1165
Circulating immune complexes appearing in Goodpasture's syndrome P VANHILLE, B RAVIART, L MOREL-MAROGER, P MAHIEU, F SANTORO ...................... 1166
Haemoperfusion for the theophylline overdose D B JEFFEYNS, S M RAPER, M HELLIWELL, D J BERRY, P CROME .................................................. 1167
Anorexia nervosa in diabetes mellitus C G FAIRBURN, J M STEEL ................................. 1167
Axillary hyperhidrosis, 20% aluminium chloride hexahydrate, and surgery C R W RAYNER, I D RITCHIE, G P STARK ................................. 1168
Corrections: Vitamin D supplements in pregnant Asian women: effects on calcium status and fetal growth BROOKE; Fluid deprivation due to Althesin solution affecting drop size WRAIGHT, COX .................................................. 1168

MEDICAL PRACTICE

Improving prospects for employment of the haemophiliac
JOHN STUART, CHARLES D FORBES, PETER JONES, GEOFFREY LANE, CHARLES R RIZZA, SUSAN WILKES .................................................. 1169
Medical research: civil liability and compensation for personal injury—a discussion paper
CIBA FOUNDATION STUDY GROUP .................................................. 1172
Post-marketing surveillance BARBARA J CULLITON, WALLACE K WATERFALL .................................................. 1175
Sleep disturbance in the young child M C O BAX ........................................ 1177
The way forward in the Soviet health service MICHAEL RYAN, GEORGE D FORWELL .................................................. 1180
Medicine and Books .............................................................................. 1182
Any Questions? .................................................................................... 1179
Personal View BETTY WESTGATE .................................................. 1184

CORRESPONDENCE—List of Contents .................................................. 1185

OBITUARY .................................................................................... 1191

NEWS AND NOTES
Views ...................................................................................... 1192

SUPPLEMENT

Community medicine: a sense of direction
K M PARRY, HELEN E ZEALLEY .................................................. 1193
BMA criticises Government computer plans .................................................. 1194
Charges to NHS patients ................................................................ 1194
BMA Notice: Medical advisers in the Pharmaceutical Industry Group .................................................. 1194
CORRESPONDENCE

Measles again

Sir,—We take strong issue with several of the opinions expressed by Dr Hillis Smith regarding the control and elimination of measles (15 March, p 766). These opinions ignore the achievements of organised measles control programmes such as the United States' effort to eliminate measles. Reported measles activity during 1979 (13 448 cases provisionally total) is the lowest ever reported in the United States, representing a decrease of 50% from the 1978 total and a 97% decrease from the total in 1962, the year before measles vaccine was licensed.

Dr Smith's argument for a selective immunisation policy is in part based on the belief that there has been a major increase in cases among adults. It is true that a larger proportion of measles cases occur in adolescents and young adults now than was the case before vaccine was available. However, this is a result of more striking decreases in incidence for younger age groups. All age groups have had significant declines in incidence: if we compare the period 1960-4 with 1976-8, there has been a 94% decline in reported incidence for those under 10 years of age, a 55% decline for those aged 10-14 years, and a 40% decline for those 15 years of age and older. Dr Smith also argues that there is waning immunity to measles for older age groups. However, published data show that the live measles virus vaccine induces excellent levels of haemagglutination-inhibition antibody, which persist at least 14 years after vaccination1 and that protection from exposure to measles does not wane significantly with time.2 Although cases of measles do occur in persons who have been vaccinated, investigation usually reveals that the majority of these persons were vaccinated before 1 year of age or received killed virus vaccine.

Dr Smith cites one investigation which describes adverse reactions experienced by adult vaccine recipients.4 A major limitation of this study is the lack of a control group, a problem acknowledged by one of the investigators.5 Moreover, in two studies of adult vaccinees which did include controls, there was no significant difference between vaccinees and controls in the incidence of serious reactions after measles vaccination.6

Finally, we believe it is important to emphasise the shortcomings of Dr Smith's proposal for a programme of "selective immunisation." Although such a programme might give protection to a limited number of children with certain underlying illnesses it ignores the serious complications of measles, for which susceptible healthy children are still at risk. These complications, which may be either immediate (for example, pneumonia, encephalitis) or delayed (for example, subacute sclerosing panencephalitis), can be prevented by vaccination.6 Moreover, it is unlikely that a selective programme would have a major impact on measles-associated mortality in England and Wales, which experienced an annual average of 25-6 such deaths from 1970 to 1977.6 In contrast, the annual average number of deaths attributed to measles in the United States in the same period was 36-6, even though the US population is more than four times greater than that of England and Wales.

In conclusion, we believe the progress to date proves that a plan to eliminate measles from the United States cannot be dismissed as merely a "Utopian ideal." Measles elimination is a realistic, safe, and humanitarian goal.

JOHN A FRANK
RICHARD A GOODMAN
ALAN R HINMAN

Immunisation Division, Bureau of State Services, Center for Disease Control, Atlanta, Georgia 30333, USA


New Spanish laws on organ donation and postmortem examination

Sir,—Dr Hillis Smith (15 March, p 766), impressed by the US reports on adult measles, suggests that in developed countries where acceptance of measles vaccine is insufficient to achieve near-eradication of the disease it might be better to vaccinate only children at special risk, who admitted will be difficult to select.

This view could be a matter of consideration if there was proof that live vaccine-acquired protection does wane after a number of years; but, 17 years after the beginning of routine immunisation in the United States, there is no such proof. All cases of measles in the United States can be explained by lack of vaccination, by vaccination with killed vaccine, or by failure of live vaccine to take. This occurs in less than 10% under normal conditions, and at a higher percentage when the vaccine has been improperly handled or has been given in the presence of maternal antibody or with immune serum globulin. The excellent persistence of antibody titre after 10 years in individuals who seroconverted after live measles vaccine further increases the prospect that protection against clinical disease will be as long lived after successful vaccination as following natural infection.

The decrease of measles virus circulation due to mass vaccination may have caused a