epidemiology. These differences lead inevitably to a different emphasis and frequently to a different methodology of teaching.

I find it surprising that I have to write this for the benefit of Drs Wright and Stanley. In my experience students and staff alike at Queen's are fully aware of the differences and discuss them quite openly. My clinical academic colleagues in the Queen's Medical Faculty are continually striving to resolve the conflict, in order to integrate better the teaching of community medicine with clinical experience.

A glance at the general practice overall learning objectives of the Queen's University, Belfast (October *Journal,* p. 595) reveals a balance between clinical objectives and those related to population medicine (for example the uses of epidemiology in service, teaching and research in general practice). These objectives do not conflict because they reflect the work and interests of general practitioners in the NHS.

Finally I disagree with Drs Wright and Stanley that the issue of departmental status is a separate matter. The differences already defined, and the enormous scope and breadth of each discipline, make it preferable that each should enjoy independent status and work harmoniously in partnership, each developing its own philosophy of education and credibility.

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Eliminating Polio

Sir,

In 1979 Save the Children initiated a programme aimed at eliminating polio as a threat to children throughout the world. To date the STOP Polio Campaign, of which I am Chairman, has administered over six million doses of vaccine and has conducted or supported immunization campaigns in 11 Third World countries. This Campaign has the unqualified support of the World Health Organization, and Campaign staff have usually co-operated with local health authorities to combine polio vaccination with full Expanded Programme on Immunization. Even if eradication is a distant target it is impossible not to appreciate the benefits even of partial success.

If eradication is to be achieved, Save the Children must obtain more financial support to continue and expand this activity. This brings me to the reason for this letter. British parents are able, free of charge, to have their children protected under the NHS. It might be that if given the opportunity, they would be happy to make a small donation to enable us to afford a less fortunate child in the Third World similar protection.

What we have in mind is placing a collection box in general practitioners' waiting rooms accompanied by a suitable poster, and perhaps the doctors administering immunization could draw parents' attention to it. If any of your readers would be prepared to help in this way, either by accepting a collection box or by organizing collection of the boxes, perhaps they would write to me, c/o Save the Children Fund, Mary Datchelor House, 17 Grove Lane, London SE5 8RD.

JOHN BUTTERFIELD
Regius Professor of Physic
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Nuclear Warfare

Sir,

We welcome the recent statement by the College (November *Journal,* p.708) in relation to nuclear warfare, and in particular the unequivocal warning to Government that following major attack involving the use of nuclear weapons no organized medical aid would be available to survivors, and that prevention of nuclear war offers the only security against its consequences. However doctors should consider most carefully the terrifying significance of the words in paragraph 1 of the statement—"that any major attack involving the use of nuclear weapons would prove catastrophic to the extent of threatening the extinction of all civilized life". If any other public health hazard could be so described, we in the medical profession would be shouting warnings from the housetops, heedless of the niceties of political boundaries.

We may have no mandate, as a College, "to support or oppose any particular strategy", but we have a continuing responsibility, as part of our commitment to preventive medicine, to warn and to keep warning the Government and the public of the extent of death, disease and injury resulting from nuclear explosions, and actively to support any policy which genuinely reduces this danger.

In the recent controversy over seat belt legislation, Government responded only to energetic and repeated representations by the Royal Colleges. Surely, even more, in a situation that "threatens the extinction of all civilized life", the College cannot simply make a statement and leave it at that. It is imperative that our voice be heard urgently and repeatedly in what must be the greatest public health challenge of our time.

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Measles Vaccine

Sir,

Dr M. J. Knightley and Dr R. T. Mayon-White (November *Journal,* p. 675) reiterate many of the invalid assumptions on which children are denied measles vaccine. In doing so, however, they give credence to another mythical contraindication. The fact is that egg allergy is not a reason for withholding vaccine (Kamin *et al.,* 1965) although caution is necessary in immunizing anybody with a known allergy to anything. Live-attenuated measles vaccine, prepared in chick fibroblast culture, has been safely used in numerous egg-allergic individuals. (Brown and Wolfe, 1967; Katz, 1978; Ford and Taylor, 1982.)

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References

Kamin, P. B., Fein, B. T. & Britton, H. A. (1965). Use of live-attenuated measles virus vaccine in children allergic to egg protein. *Journal of the American Medical Association,* **193,** 1125-1126.

Brown, F. R. & Wolfe, H. I. (1967). Chick embryo grown measles vaccine in an egg-sensitive child. *Journal of Pediatrics,* **71,** 868-869.

Katz, S. L. (1978). Safety of measles vaccine in egg-sensitive individuals. *Journal of Pediatrics,* **92,** 859.

Ford, R. P. F. & Taylor, B. (1982). Natural history of egg hypersensitivity. *Archives of Diseases in Childhood,* **57,** 649-652.

Antibiotics in General Practice

Sir,

By sheer chance, October's *Journal* arrived by the same post as my copy of "Epidemiology and Research in a General Practice" by Dr G. I. Watson. It