

**THE LANCET RETRACTS THE MMR PAPER**

In a historic act, on 2 February 2010, *The Lancet* retracted the 1998 paper by Andrew Whitfield, *et al.* which had proposed the controversial link between the MMR vaccine and autism. The paper “Ileal-lymphoid-nodular hyperplasia, non-specific colitis, and pervasive developmental disorder in children” was based on data from 12 children with developmental disabilities in whom bowel symptoms, colonoscopy and biopsy findings were described and suggested further studies to prove a link between MMR vaccine and autism. In a press conference before the paper was published, Whitfield said it would be prudent to use single vaccines rather than the combined vaccine of MMR till further proof was available.

The indiscriminate media orgy which followed resulted in sharp drop in vaccination in the UK and Ireland, and subsequent rise in measles and mumps cases - some culminating in significant morbidity and mortality. In 2004, the investigative reporter Brian Deer introduced a fresh angle and disclosed that Whitfield had been paid £55,000 by a group of solicitors who were seeking evidence against vaccine manufacturers. Many of the parents of the children in his study were also found to have been litigants. Whitfield himself had applied for a patent on a vaccine which was a rival of the MMR vaccine. Lack of disclosure of these facts to the journal at the time of publication was taken extremely seriously.

The case was then taken up by the General Medical Council (GMC) of Britain, which is responsible for licensing doctors and supervising medical ethics. The GMC has found Dr Whitfield guilty on many charges including having acted “dishonestly and irresponsibly”, showing “callous disregard” for the children involved in his study, conducting unnecessary and invasive tests including colonoscopies and lumbar punctures, lack of ethics committee clearance and having conflicts of interest.

Of the 13 original authors, 10 have later retracted the interpretation of the study and subsequent

research round the world has failed to prove the link between MMR and autism. The risks of giving academic credence to aleatory associations of diseases with something like vaccinations can be catastrophic (*The Lancet*, 2 February, 2010, *BMJ* 2010; 340: c696).

**PRESERVING FERTILITY IN CHILDREN WITH CANCER**

Survival rates in childhood cancers have improved dramatically from 58% to 81% between 1975 and 2005, according to statistics from the National Cancer Institute, USA. But on the flip side, a significant proportion of patients are subfertile. Options so far had included freezing ova or embryos till therapy was complete and subsequent IVF and implantation. However drugs used to induce ovulation may sometimes accelerate hormone responsive tumors and may be ineffective in prepubescent girls. Hence, a new technique of removing one ovary is now being proposed. The ovary is removed endoscopically, cut into pieces and frozen at  $-300^{\circ}$  C by a process called vitrification. When desired, the ovary can be thawed and then surgically implanted into the other ovary or ligament. This allows the woman to conceive naturally.

Two scientists from Scotland, Wallace and Kelsey have also developed a mathematical model of ovarian reserve from conception to menopause. They are trying to use it to predict which dose of cancer therapy may lead to loss of fertility. These may help to identify potential candidates for ovary freezing. According to them, the ovarian reserve of a 30 year old is 12 % of original capacity and falls to 3% by age 40. Hence women who are delaying childbirth due to career demands or lack of a partner may also consider this procedure (*Scientific American*, 3 February, 2010).

**THE INDIAN BAREFOOT DOCTOR**

The Medical Council of India (MCI) and the Union Health Ministry have proposed a 4 year new course – Bachelor in Rural Medicine and Surgery. This

initiative comes in the wake of failure of multiple attempts to lure medical graduates to rural areas. The MCI has also approved the curriculum with the course to be held in two phases, the first in a Community health facility and second in a Secondary level hospital. The aim is to encourage

students from rural areas who are willing to live and work in rural areas rather than coercing city slickers to do their bit for the country (*The Times of India* 6 February 2010).

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## INFORMATION TECHNOLOGY IN MEDICAL PRACTICE

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### NEW PUBMED INTERFACE: A PEDIATRICIAN'S PERSPECTIVE

We all woke up to the new PubMed interface in late October, 2009. The interface of the Pubmed has now been simplified, while still maintaining its functionalities. Major changes include (a) Limits, Preview/Index, History and Details tabs are consolidated in Advanced Search; (b) Display, Show and Sort By drop-down menus have been consolidated into Display Settings; (c) Links, such as Clinical Queries, Single Citation Matcher, Journals database, and MeSH, are now at the bottom of the Advanced Search screen. Help is located at the top of every page; (d) Limits Indicator and Results filters have been moved to the right side of results pages; (e) For printing, we now need to use our browser print function; and (f) display formats are modified to now include: Summary, Abstract, Abstract Text, MEDLINE and XML. Brief, Citation, and AbstractPlus formats are no longer

available. One of the most helpful new features is the auto-suggestions when entering search terms. This can help with spelling, give search term ideas, and save time by reducing the amount of typing. Find **Related Data** has replaced the database "Links" selections previously available on the Display pull-down menu on the right lower side.

Summary of changes from National Library of Medicine is available from [http://www.nlm.nih.gov/pubs/techbull/so09/so09\\_pm\\_redesign.html](http://www.nlm.nih.gov/pubs/techbull/so09/so09_pm_redesign.html). An instructive video on the newer interface can be viewed at <http://www.shockmd.com/2009/10/25/instructive-video-about-pubmed-redesign/>. There is still a general feeling that the new interface has not completely used the available Web 2.0 technologies and a user designed personal default page option is still missing.

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