

functions) and devolution of decisions on staffing to the local level. Crown health enterprises (similar to NHS trusts) contract for services and negotiate pay and conditions with their workers.

Local pay bargaining, which is currently being debated in Britain, began to operate in the early stages of New Zealand's health reforms despite protestations by the nurses' and junior doctors' unions. Industrial action by the junior doctors' union in 1991 was not successful in the main because of two factors. Firstly, new industrial legislation effectively weakened influence of unions, and, secondly, there was minimal support from the New Zealand Medical Association (whose members are mostly general practitioners) and the Association of Salaried Medical Specialists. The recent campaign by the BMA (whose membership includes more than 80% of British doctors) against the introduction of local pay bargaining was successful mainly because of solidarity among medical staff and the active participation of senior consultants.

What happened next in New Zealand might happen to doctors' pay and conditions of employment in the NHS if local pay bargaining was introduced. In the first year of local pay bargaining one of the crown health enterprises in the South Island of New Zealand offered junior doctors 20% less pay than was offered to doctors in other parts of the country. The junior doctors took strike action, whereupon the crown health enterprise employed doctors from overseas. The same scenario was apparently repeated by another crown health enterprise in the North Island some two years later. Powell's letter confirms that consultants are now being given similar treatment. Local pay bargaining may control wage costs, but this has been to the detriment of the morale of staff and perhaps to the quality of service. The BMA has had the courage to resist local pay bargaining on behalf of its members, but resistance will be harder should the nurses and midwives lose their current industrial action against it.

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1 Powell I. Applications for senior medical positions in New Zealand. *BMJ* 1995;310:1200. (6 May.)

## Reporting research in medical journals and newspapers

EDITOR.—Vikki Entwistle reports that British medical journalists base their stories on full research articles and not on the journals' press releases.<sup>1</sup> In contrast to the journalists whom she interviewed, the respondents in a comparable study in the Netherlands said that they did not use the letters to the editor as a source of information because they are not peer reviewed.<sup>2</sup> Entwistle, however, did not find many letters reported in newspaper articles. In our study we differentiated between sources of ideas (that is, items that created awareness or sparked an interest) and sources of information. Press releases and letters to the editor served only as sources of ideas.

Although it is not clear from Entwistle's article, we assume that she searched the newspapers for articles only on the Friday of each week. We searched the newspapers continuously for four months. Dutch newspapers seemed to report research articles up to three months after the original publication. This suggests that the data reported by Entwistle might be an underestimation of the number of newspaper reports based on articles in the *Lancet* and *BMJ*.

Like Entwistle, we found that medical journalists base their stories on full research articles. An interesting difference concerned the

Scientific and professional medical journals mentioned in 45 articles in five Dutch newspapers (June-September 1991)\*

	No of mentions
<i>New England Journal of Medicine</i>	17
<i>Lancet</i>	11
<i>Nature</i>	4
<i>BMJ</i>	2
Dutch journals	6
Other journals	6
Total	46

\*One article mentioned two scientific journals.

value attached to editorials, which seems to be much higher in the Netherlands. The Dutch consider an editorial to indicate the importance of a specific issue. Moreover, editorials put things into perspective.

In our study we found that 45 of the 178 newspaper articles on drugs were based on publications in medical and scientific journals (table). The *New England Journal of Medicine* was the journal most often used by Dutch journalists. We wonder whether British medical journalists focus more on British medical journals.

Besides looking at what appeared in the newspapers we interviewed Dutch journalists about their opinions and reported use of different sources of ideas and information. The journalists relied greatly on peer reviewed professional information. Little value was reportedly put on information from the pharmaceutical industry, even though the industry meets the needs of the journalists by supplying them with copies of articles in scientific journals. This reported disregard of information from the pharmaceutical industry is not substantiated by analysis of what journalists write: then the role of the pharmaceutical industry is evident.

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1 Entwistle V. Reporting research in medical journals and newspapers. *BMJ* 1995;310:920-3. (8 April.)

2 Van Trigt AM, de Jong-van den Berg LTW, Haaijer-Ruskamp FM, Willems J, Tromp TFJ. Journalists and their sources of ideas and information on medicines. *Soc Sci Med* 1994;38:637-43.

## Evaluating the measles immunisation campaign

### Evidence on measles is unreliable

EDITOR.—D M Salisbury and S D Horsley justify the success of the measles and rubella immunisation campaign by using data that cannot be criticised.<sup>1</sup> Regrettably, such data cannot be used to give year on year comparisons for measles infections. Data collected by public health departments on measles notifications—the only data that have been available over a number of years in England—show no indication of benefit from the highly expensive campaign last autumn. Figures recently declared to general practitioners in Brighton, Hove, and Lewes indicate that more cases of measles were notified in the first quarter of 1995 (n=11) than in the first quarter of 1994 (n=9).

Salisbury and Horsley use data collected from central laboratories on proved measles infection. Although salivary antibody diagnosis is far more reliable, only in the past few months have general practitioners notifying certain diseases been asked

to submit salivary samples for confirmatory diagnosis. As would be expected, the number of notifications greatly exceeds the number of confirmed cases—as it always has done. Consequently, such data cannot be used to prove the success of the disruptive use of £20m at a time when other health care costs are being reduced.

I would like to see an independent evaluation of the mass immunisation campaign before any further public money is spent in this way.

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1 Salisbury DM, Horsley SD. Measles campaign. *BMJ* 1995;310:1334. (20 May.)

## Prayer can prevent the end of the world

EDITOR.—D M Salisbury and S D Horsley write that the recent measles and rubella immunisation campaign is already showing that transmission of measles among schoolchildren has been interrupted; indeed, the several million doses of vaccine used would have been of poor quality if this were not the case. The authors also say that the expected epidemic has been prevented.

The world is full of sin, and I predict the end of the universe this autumn but will pray for its deliverance. When life goes on as normal I will then write to the *BMJ* and say that my prayers have prevented the forecast destruction. There would be as much scientific evidence for that statement as for Salisbury and Horsley's second conclusion above.

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1 Salisbury DM, Horsley SD. Measles campaign. *BMJ* 1995;310:1334. (20 May.)

## Sexism in advertisements

EDITOR.—At a time when more women than men are entering medical schools in Britain the old stereotypes of "nurse equals woman" and "doctor equals man" should be crumbling.<sup>1</sup> In the issue of 8 April, however, they crop up unexpectedly in the advertisement for Innohep.<sup>1</sup> I trust that all concerned will exercise more thought in future.

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1 Advertisement. *BMJ* 1995;310: facing p 904 (clinical research edition).

## Correction

### Euthanasia debate

A typesetting error occurred in the second letter in this cluster (3 June, p 1466). The end of the fourth paragraph should have stated that Britain has more than 200 hospices with over 3000 inpatient beds [not 300 as published] for a population of 50 million.

### Events per person year

Owing to an editorial error, two of the authors of the second letter in this cluster were omitted and the letter was published as being solely from Kalevi Laitinen (3 June, pp 1469-70). The three authors should have been Eliisa Löyttyniemi, biostatistician; Kalevi Laitinen, medical adviser, and Juhani Tuominen, senior biostatistician, who are all from Leiras Oy at the address published.