The concept of the study was imaginative, but it should have been continued for longer and/or recruited more couples. Behaviour modification to avoid HIV transmission risks remains the only method we have for combating AIDS, and it is too important to be predicated on unsound "nil risk" conclusions.

Gary Reynolds
Department of Public Health Medicine, Chedy Health Authority, Mold, Chedy CH7 3FZ, UK

What is soluble?

Sir—"Science, as famously defined by Sir Peter Medawar is the art of the soluble" writes a Lancet book reviewer (July 23, p 250). Medawar answered Arthur Koestler's question (in The Act of Creation)—why did scientists not engage in "intense research" on "the genetics of behaviour"—by pointing out that "the problem is very, very difficult" and is unlikely to yield to "direct assault". He went on, "No scientist is admitted for failing in the attempt to solve problems that lie beyond his competence ... If politics is the art of the possible, research is surely the art of the soluble. Both are immensely practical-minded affairs" (The Act of the Soluble, 1967, p 87). I doubt if Medawar would have thought his epigram improved by the substitution of "Science" for "research". The epigram on politics that inspired Medawar came from the German Chancellor, Bismärck in 1867.

D R Laurence
37 Denning Road, London NW3 1ST, UK

Sex differences in measles fatality and Edmonston-Zagreb measles vaccine

Sir—Dirita and Karim (May 28, p 1366) indicate that use of high-titre Edmonston-Zagreb (EZ) vaccine at 6 months of age coincided with a significantly higher case-fatality ratio for girls with measles admitted to the measles wards at Clainvood Hospital, Durban, South Africa, than for boys. However, it seems unlikely that an increase in risk of death from measles in girls who received high-titre EZ vaccine was responsible for the sex-specific changes in case-fatality ratios seen in girls and boys in the post-EZ period.

A reanalysis of community data from Machakos, Kenya, shows that measles case-fatality ratios declined simultaneously with improved immunization coverage with standard doses of Schwarz vaccine at 8-9 months.1 The decline in case-fatality ratio was more rapid for boys, leading to significantly higher case-fatality ratio for girls despite a general decline in the severity of measles. Hence in the initial phase, boys in Machakos may have benefited more. We do not know whether these similar trends in case-fatality ratios, for different vaccines in different sites, were caused by the same factors.

Available data on mortality in children admitted to the measles wards at Clainvood do not permit an inference that high-titre EZ was ineffective in preventing measles or that it was responsible for the sex-specific changes in case-fatality ratios.

We doubt if the sex-specific changes in measles case-fatality ratios are related in any way to our observations of a higher incidence of non-measles deaths in girls receiving high-titre Schwarz and EZ vaccines at 5 months compared with girls given standard doses of Schwarz vaccine at 10 months.

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John Bennett, Peter Aaby, Francois Simondon, Badara Samb, Hilton Whittle, Awa Marie Coll Sank, Lauri Markowitz
Task Force for Child Survival and Development, Atlanta, Georgia 30307, USA; Danish Epidemiology Science Centre, Statens Serum Institut, Copenhagen; UR Maladies Infectieuses au Paralysées, ORSTOM, Dakar, Senegal; MRC Laboratories, Baréï, The Gambia; Université Cheikh Anta Diop, Dakar; and Centers for Disease Control and Prevention, Atlanta