so the odds ratio is highly imprecise in this analysis. Only oral cavity and pharynx cancers in Vietnam veterans were significantly elevated, although the doubling of risk on nasal/nasopharyngeal cancer in Vietnam veterans is of interest in light of findings in other studies. The continuing excess of soft tissue sarcoma, non-Hodgkin’s lymphoma and Hodgkin’s Disease is consistent with findings in other studies of people exposed to herbicides.

The time period 1988–1993 represents a latency of approximately 18–28 years from the time of maximum use of Agent Orange in Vietnam. This is comparable to the latency range for most solid tumours, and may capture the time period of most interest for tumours induced by exposures in Vietnam. Nevertheless, additional years of follow-up may still be desirable in order to cover the long latency period of some tumours. Also, pooling of data on rare tumours such as nasal/nasopharyngeal cancer and liver and biliary tract cancer is indicated in order to improve the power and precision of risk estimates.

REFERENCES

Childhood and Adolescent Leukaemia

From ROSLYN WEINGARTEN

Sir—I am writing in reference to the article written by Wang and Haines on childhood and adolescent leukaemia.1 The authors state that subtype classification before the 1950s was not precise; therefore only those cases diagnosed after 1962 were included in the multivariate analysis. However the Figure 4 graph included subtypes for the years 1936–1991, and does not give any indication of how the data for cases before 1962 were compiled, or why they were included. In addition, it is mentioned that several systems of classification and coding for primary site and histologic type were used, but the authors never pointed out which methods were used in the standardization of the results, if indeed they were standardized. Since much of the paper discusses survival trends, some reference should have been made to new treatment modalities for leukaemia that may have effected survival over time.

REFERENCES

Editor’s Note: There was no Author’s Response to this letter.

Effectiveness of Meningococcal Vaccine in Brazil

From EDUARDO A COSTA

Sir—The paper ‘Assessment of the Direct Effectiveness of BC Meningococcal Vaccine in Rio de Janeiro, Brazil: A Case-Control Study1 touches briefly the essence of an important case selection bias (last paragraph of the first column of p. 1056) which has undoubtedly underestimated the efficacy of the vaccine for children under 4 years of age and, also, for the cities outside the Capital. Some of the heterogeneity of the effect of the vaccine, apart from sampling variation, is probably due to a non-homogenous age and geographical selection bias effect.

Although other aspects of this paper deserved to be considered, as the 71% estimate of vaccine coverage