ADOS-G total scores and in the proportions regressing were small and entirely non-significant. The study still had power to detect a quite modest difference between cases and controls, of just one tenth of the range of normal variation: "Comparison of the combined case and control groups had 80% power to detect a mean titre difference of 45% (or 0.16 $\log_{10}$(mIU/ml)".[1]

The method of using peripheral blood mononuclear cells (PBMCs) as a proxy for gut mucosa has been employed in earlier studies[2 5] and by Dr Wakefield.[6] Measles virus replicates widely in immunologically active cells and if present in the gut mucosa, would be expected to be present in PMBC.

The proportion of children with regression (21%) is as expected from other studies and does include children whose parents date the onset of regression and autism to within 2 weeks of the MMR vaccination.

Further research into gastrointestinal symptoms in ASD is certainly needed. We have assessed (as described) a range of gastrointestinal symptoms in cases and controls (report in preparation) and many parents of children reported past vomiting, abdominal pain, diarrhoea and constipation (fewer reported current symptoms). We defined enterocolitis (the term used by Wakefield) as described, a definition familiar to paediatric gastroenterologists and replicable. Only one child in the control group had such a constellation of symptoms. A period of 14 days should be just long enough to exclude short term infections.

Dr Wakefield continues to assert a causative relationship between the MMR and autism. While no one study on its own can be considered absolute proof, the accumulated evidence of epidemiological and clinical studies, including our own, shows no plausible *causative* link between MMR and autism. More than a coincidence in timing is needed. Dr Wakefield's findings have not been independently confirmed. The d'Souza paper provides evidence of the "vulnerability of PCR technology to support claims of association" with high likelihood of false positives.[2] An alternative question that can be asked of proponents of the view put forward by Wakefield and colleagues is: "What *is* the scientific evidence of such a link?".

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Competing interests: None.

Accepted 1 July 2008

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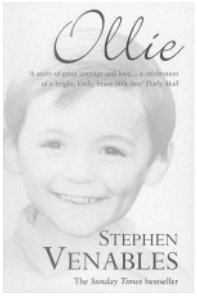
BOOK REVIEW

Ollie

Written by Stephen Venables. Published by Arrow Books Ltd, London, 2007, pp 400, £6.99 (paperback). ISBN: 10-0-09-947879-X



Ollie is a true account of a brave boy with autism who is later diagnosed with leukaemia. Ollie's father, Stephen Venables, is a fantastic and experienced writer who is able to draw in the reader. The book is an honest portrayal of the difficulties faced by a family when a child is diagnosed with autism and subsequently leukaemia. It gives incredible insight into life with an autistic child, helping the reader imagine how the disorder takes over and dominates family life.

Frequently, trainees feel they have had very limited exposure to autism, their knowledge being based on the film *Rain man*. Reading this, I was able to empathise and see how a diagnosis of autism affects everyday family life. From a paediatric training perspective, it is much easier to understand and remember the key features of autism reading this book than a textbook. For example, it portrays what Ollie was like at nursery school – useful if you are asked to carry out a school visit. The book made me aware of the detail that families remember of encounters with the medical profession. For professionals, a patient may be one of many we see each day, whereas for the family, the encounter and its details are far more memorable. We read of how Ollie's family set out guidelines for staff regarding the way they would like Ollie to be treated. There are also many pages where hospital medicine is described from a family perspective, so acute paediatric trainees will also benefit. A well thought out index and bibliography provides useful reference material for professionals, making it easy to refresh memories on different therapies.

The book describes in detail the pathway from parental concern to a diagnosis of autism and the various types of treatment. Many alternative therapies are discussed as Ollie's mother Rosie tries desperately hard to find anything that might help, including dietary supplementation as well as restriction. The education process is covered well, and a description of a battle with the local education authority is included. I learnt many things about alternative therapies and how Ollie's family felt. Discussions of different therapies are fairly balanced, as the family weigh up the benefits and disadvantages of each, as well as acknowledging the medical profession's scepticism on occasion. The Lovaas method, which often is not covered in conventional community paediatric textbooks, is described as part of the narrative. The author has woven explanations of different techniques into Ollie's story, maintaining a balance of opinions with accounts of why and how Ollie's parents chose techniques they thought would help him.

However, this book comes with a caution. Many of the controversies surrounding autism are discussed, and although opinions are given equal weight, the book cannot be used as medical fact. For example, Ollie was described as having an "overall pattern of reduced health" immediately following his MMR, and it is stated that "perhaps… the combined vaccine at fifteen months did lasting damage".

I would not recommend this book to parents of autistic children when the diagnosis is first made as it is almost too raw and tragic, especially in light of Ollie's subsequent death from leukaemia. However, I would strongly recommend this book to all paediatric trainees and consultants, regardless of whether they are based in the community or not. I hope those that read it will be inspired to reflect upon how their interactions with families are seen by the families themselves.

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CORRECTION

doi:10.1136/adc.2007.118844corr1

A C Pasqualotto, *et al*. Voriconazole plasma monitoring. *Arch Dis Child* 2008;**93**:578–81. The last sentence of the results section of the abstract should read "Phenobarbitone caused important drug interactions with voriconazole for one of the patients".

Arch Dis Child: first published as on 22 September 2008. Downloaded from http://adc.bmj.com/ on April 9, 2024 by guest. Protected by copyright.