

duction of new vaccines in developed countries and their availability in developing countries. Demonstration projects, such as those suspended in India, are not clinical trials; rather, they help accelerate access by providing local experience on the most regionally appropriate immunisation strategies. The projects were not industry studies; they were collaborations between the Indian Council of Medical Research, state health departments, and the international non-profit organisation PATH. For the projects that used its human papillomavirus (HPV) vaccine, GARDASIL, Merck provided the vaccine at no cost.

All the HPV vaccines used in the projects are licensed by the Drug Regulatory Authority of India, recommended by the Indian Academy of Pediatrics, the Federation of Obstetric and Gynaecological Societies of India, and by the WHO Strategic Advisory Group of Experts on Immunization, and have received WHO pre-qualification after extensive review of safety and efficacy data from global clinical trials. Leading international health organisations continue to recommend their use.<sup>3,4</sup>

Global women's health experts have called for the immediate delivery of proven technologies, including HPV vaccines and more effective screening approaches to help prevent cervical cancer in the world's poorest countries.<sup>5</sup> We must learn from the events in India, so that future projects to improve access to important health interventions are not derailed.

I am an employee of Merck and Co, which developed and markets Gardasil.

Mark Feinberg

mark\_feinberg@merck.com

Merck Vaccines, Merck & Co, West Point, PA 19486, USA

1 Larson HJ, Brocard P, Garnett G. The India HPV-vaccine suspension. *Lancet* 2010; **376**: 572-73.

2 WHO/ICO Information Centre on HPV and Cervical Cancer (HPV Information Centre). Human papillomavirus and related cancers in India: summary report 2010. [http://apps.who.int/hpvcentre/statistics/dynamic/ico/country\\_pdf/IND.pdf?CFID=4347898&CFTOKEN=70473061](http://apps.who.int/hpvcentre/statistics/dynamic/ico/country_pdf/IND.pdf?CFID=4347898&CFTOKEN=70473061) (accessed Aug 23, 2010).

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4 Slade BA, Leidel L, Vellozzi C, et al. Postlicensure safety surveillance for quadrivalent human papillomavirus recombinant vaccine. *JAMA* 2009; **302**: 750-57.

5 Union for International Cancer Control. Experts call for global delivery of proven technologies to stop cervical cancer in world's poorest countries. <http://www.uicc.org/membership/experts-call-global-delivery-proven-technologies-stop-cervical-cancer-world%E2%80%99s-poorest-cou> (accessed Aug 23, 2010).

## Hepatosplenic schistosomiasis

Peter Hotez and colleagues (Aug 14, p 496)<sup>1</sup> describe the need for drugs to treat schistosomiasis in Africa. But we believe that their Comment significantly understates the problem by not emphasising the severe effects of portal hypertension and variceal bleeding. Although splenomegaly is an important indicator of *Schistosoma* infection, it is the blood loss that is debilitating and often fatal.

We have made observations on a hyperendemic focus of *Schistosoma mansoni* infection in Africa. We noted that many patients with oesophageal varices were coming for endoscopy from one area of northwestern Zambia, so we did two consecutive surveys. We estimated first the proportion of adults who had a lifetime history of haematemesis, then in the second round the proportion of such adults who had *S mansoni* ova in stool samples. In the first round we interviewed 70 female heads of household to obtain information on 178 adults, 15 (8%) of whom were reported to have had haematemesis. In the second round we obtained a single stool sample from 68 adults with a lifetime history of haematemesis, and 45 (66%) of these had ova by means of the Kato-Katz technique.

Given that the use of heads of household as reporters will underestimate the prevalence of gastrointestinal bleeding, this community

is clearly severely affected by hepato-splenic schistosomiasis. There might be other communities in Africa similarly affected, and we concur fully that the need for mass praziquantel treatment for this neglected infection is very urgent.

We declare that we have no conflicts of interest.

Mwansa Lubeya, Carol Muloshi,  
K Sri Baboo, Sandie Sianongo,  
\*Paul Kelly

m.p.kelly@qmul.ac.uk

Tropical Gastroenterology & Nutrition Group, University of Zambia School of Medicine, Lusaka, Zambia (ML, CM, KSB, SS, PK); and \*Barts & The London School of Medicine, Queen Mary University of London, London E1 2AD, UK

1 Hotez PJ, Engels D, Fenwick A, Savioli L. Africa is desperate for praziquantel. *Lancet* 2010; **376**: 496-98.

## Another lesson unlearned: access to family planning in Niger

Samuel Loewenberg provides a vivid description of increasing hunger in Niger (Aug 21, p 579),<sup>1</sup> but gives insufficient emphasis to the imperative to increase access to voluntary family planning.

Niger has a total fertility rate of 7.4, 49% of the population is younger than 15 years, and the current population of 15.9 million is projected to grow to between 52 and 64 million by 2050,<sup>2</sup> making it the second most populous country in Africa. Only 15% of women enter primary school, and only one in ten uses any form of contraception. The total fertility rate of 3.3 assumed in "low" population projections for 2050 is unlikely to be achieved unless there is a much greater emphasis on voluntary family planning and education for girls. Adair Turner has commented, "How Niger is going to feed a population growing from 11 million today to 50 million in 2050 in a semi-arid country that may be facing adverse climate change is unclear."<sup>3</sup>

More needs to be done in agricultural and economic development, but the humanitarian agencies confronting malnutrition in Niger should work to make family planning more accessible, for example by striving to remove the many existing barriers to using contraceptives.<sup>4</sup> A practical first step would be to empower village volunteers to distribute injectable contraceptives, as is being done safely in other countries.<sup>5</sup>

I declare that I have no conflicts of interest.

Virginia E Gidi  
gineve@umich.edu

Bixby Center for Population, Health and Sustainability, University of California, Berkeley, CA 94720, USA

- 1 Loewenberg S. Niger's hunger crisis: a legacy of lessons unlearned. *Lancet* 2010; **376**: 579–81.
- 2 United Nations Population Division. World population prospects: the 2008 revision population database. <http://esa.un.org/UNPP/> (accessed Oct 6, 2010).
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## The influence of women in medicine

We must remember that the greatest challenge women have faced in medicine has been, and still is, overcoming the anxiety of being a woman in a male-dominated profession. It is sad that the efforts of several outstanding women who fought on how women could best advance in medicine can be so soon forgotten. Such women as Elizabeth Garrett Anderson (the first female physician in England) and Jex-Blake, who summarised the efforts of the early women physicians in her book *Medical Women*, spent much of their careers working towards women

being granted the right to become physicians; several women still do.

Both of us who presented at the Medical Women's International Association conference in Germany in July vehemently disagree with Richard Horton's Offline piece (Aug 21, p 578).<sup>1</sup> We have had the pleasure of meeting women who have indeed shifted boundaries in medicine, advocating for issues such as women's health and reproductive rights and raising their agendas in a way that men simply have not done.

Horton asks: "Is Medicine fundamentally deradicalising?" Alas, yes it is and therefore those who are radical, such as those mentioned above, shine that

much brighter. Medicine is not a liberal institution, unlike the arts; it does not favour expression, freedom of thought, or individuality—the ideal environment for radicals and revolutionaries to flourish—therefore any that do miraculously appear do so despite the environment, not because of it.

We declare that we have no conflicts of interest.

\*Sima Barmania, Olusimbo Ige  
simabarmania@hotmail.co.uk

656 High Road, Woodford Green IG8 0QJ, UK (SB); and Community Medicine Department, University College Hospital, Ibadan, Nigeria (OI)

- 1 Horton R. Offline: A question about the influence of women on medicine. *Lancet* 2010; **376**: 578.

## Department of Error

Keevil SF, Krestin GP. EMF directive still poses a risk to MRI research in Europe. *Lancet* 2010; **376**: 1124–25—In this Comment (Oct 2), the DOI shown in the margin was incorrect. The correct DOI is [10.1016/S0140-6736\(10\)61387-6](https://doi.org/10.1016/S0140-6736(10)61387-6). This correction has been made to the online version as of Nov 12, 2010.

Sutter RW, John TJ, Jain H, et al. Immunogenicity of bivalent types 1 and 3 oral poliovirus vaccine: a randomised, double-blind, controlled trial. *Lancet* 2010; **376**: 1682–88—In this Article (published online Oct 16), the fifth author's name was mis-spelled. The correct spelling is "Padmasani Venkat Ramanan". This correction has been made to the online version as of Nov 12, 2010, and also to the printed Article.

Kang S. Anecdotes in medicine—15 years of *Lancet Case Reports*. *Lancet* 2010; **376**: 1448–49—The print version of this Comment (Oct 29) omitted figure 2 and a weblink, which were present in the Online First version (published online July 13). The missing figure is reproduced here. These corrections have been made to the online version as of Nov 12, 2010.

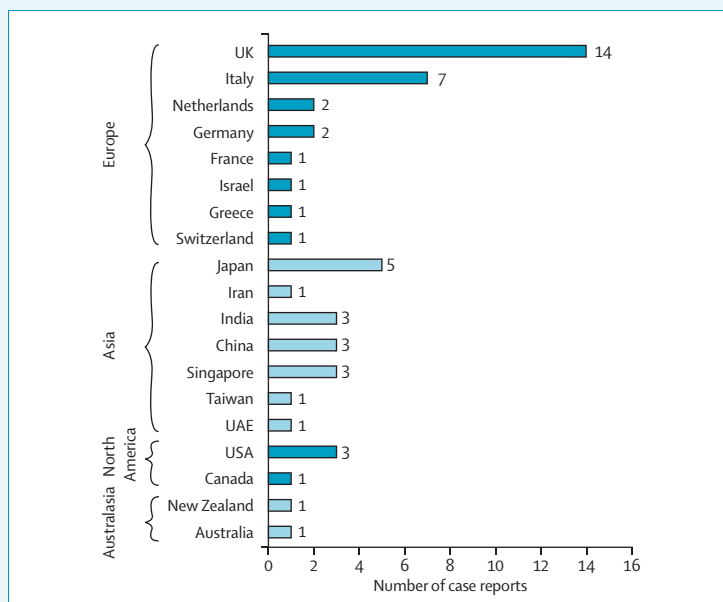


Figure 2: Country distribution of Case Report authors  
UAE=United Arab Emirates.