end over the past 40 years the results, with few exceptions, have been only modest. Can Dr Rothman offer any epidemiologic ideas on the nature of the difficulties? Are we asking the wrong questions of each other? What next?

Another grand feature of the Third Age is the contribution of medical care to the health of the population throughout life but greater, of course, in later life. Huge expenditures of time, money, and effort in health services research have again yielded but moderate dividends, on such crucial issues as the outcomes of services for the elderly, for example. The challenge to epidemiology is plain and becoming more urgent as "economics" progressively dominates. It is only too evident that there are serious problems for us in methodology, but status problems too. What can be learned from critical analysis of past successes in this field? Do the aetiologic studies, superbly described by Dr Rothman, indicate possible lines of advance? Can we better define the scope for experiment?

The hungry sheep . . .

J N MORRIS
Department of Community Health
London School of Hygiene and
Tropical Medicine

PS Having devoted the greater part of my professional life to it, much indeed in pursuit of a single factor, I hope it is unnecessary to add that none of this is to gainsay the importance of disease-specific analytic and aetiological research.

Multiple sclerosis on islands

Sir—It seems that rates of multiple sclerosis (MS) are higher in island populations than in control mainland populations at the same latitude.1 2 This suggestion is consistent with the idea that MS is a sequel of some rather uncommon infection which has subsequent deleterious consequences only if it is first contacted later than usual in life. This hypothesis has been noted to fit the high concordance rate in dizygotic twins as contrasted with the sib risk;3 and the suggestion that first borns are at greater risk than others.4

Lastly, epidemics have been described in Iceland and the Faroes, and possibly the Orkney Islands and Shetlands,5 which were suspected of somehow being initiated by the temporary immigration of British troops. I suggest that, in the absence of large-scale immigration, the pathogen will not have a large enough pool of infection to sustain itself on islands. Hence when large-scale immigration occurs, it gets reintroduced and the age at which residents first get infected will be higher than in the mainland
population. One might wonder whether these immigrations of British troops in these islands coincided with outbreaks of infection (eg, of measles or influenza or pneumonia).

WILLIAM H JAMES
MRC Mammalian Development Unit
Wolfson House
(University College London)
4 Stephenson Way
London NW1 2HE

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