

CORRESPONDENCE



Retraction: Shamim et al. Nonsurgical Reduction of the Interventricular Septum in Patients with Hypertrophic Cardiomyopathy. *N Engl J Med* 2002;347:1326-33.

TO THE EDITOR: On October 24, 2002, an article about septal ablation with alcohol for hypertrophic cardiomyopathy was published in the *Journal*.¹ The majority of those named as authors of the article did not have an opportunity to review and verify the data and to approve the manuscript. This unfortunate situation came to light when the article was published. In view of this irregularity in the submission process, we request that that paper be retracted. We believe that the alcohol-ablation technique described is a useful procedure in selected patients with hypertrophic cardiomyopathy, and other data support this view.^{2,3} We also want to make clear that the Cleveland Clinic Foundation was not involved in the study but was mentioned purely as an address for correspondence. We hope that readers of the *Journal* will understand that this retraction is designed to maintain the integrity of the scientific process.

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1. Shamim W, Yousufuddin M, Wang D, et al. Nonsurgical reduction of the interventricular septum in patients with hypertrophic cardiomyopathy. *N Engl J Med* 2002;347:1326-33.
2. Faber L, Meissner A, Ziemessen P, Seggewiss H. Percutaneous transluminal septal myocardial ablation for hypertrophic obstructive cardiomyopathy: long term follow up of the first series of 25 patients. *Heart* 2000;83:326-31.
3. Mazur W, Nagueh SF, Lakkis NM, et al. Regression of left ventricular hypertrophy after nonsurgical septal reduction therapy for hypertrophic obstructive cardiomyopathy. *Circulation* 2001;103:1492-6.

Measles, Mumps, and Rubella Vaccination and Autism

TO THE EDITOR: The publication of a controlled epidemiologic study on the measles, mumps, and rubella (MMR) vaccine and autism (Nov. 7 issue)¹ represents a major advance. The great volume of material circulating on the Internet about a possible link between the MMR vaccine and autism cannot undermine the strength of the design. However, the study has some methodologic problems. A review of the clinical records for only 40 of the 316 children with autistic disorder is inadequate. That was clear in another review, which focused on 493 self-selected British children with autistic syndrome²: without a multidisciplinary review of lifetime records, important errors would have been unavoidable. Al-

though it would be difficult, with the use of clinical criteria one could identify subgroups among most of the children, notably subgroups with regression.

The power of the current study¹ was high (80 percent to detect a relative risk of 1.5) but misleading. Let us assume hypothetically that there is a vulnerability to MMR-induced disease in 10 percent of the children with autism. We can assume further that 80 percent of the overall group with autism and 95 percent of the subgroup with vulnerability have been vaccinated. In a nested, case-control design within the Danish cohorts, the odds ratio for MMR in the subgroup would be 4.17; for all the children with autism combined, the odds ratio would be 0.97,