

used on all patients which is "free of side effects, cheap, and simple."

May I suggest a method which has proved infallible in that in the 21 years of its use I have had no incidents of pulmonary embolism, fatal or non-fatal, in 7,000, personal consecutive cases of major varicose vein surgery—surely a high-risk procedure? It is as follows. Before the operation patients are told that when they awake they will find the foot of their bed raised 9 in (23 cm), and that there will be a cradle in the bed to allow them free movement of their feet, so that they can carry out simple flexion and extension at the ankle. They are shown the exercises before they go to sleep and most of them wake up doing them involuntarily; the remainder are reminded by the nursing staff. They continue these simple calf muscle pumping exercises during their post-operative stay (it becomes a habit every 2-3 minutes, 3-4 times). The blood does not slow down in their legs, they do not develop venous thrombosis, and all the expensive paraphernalia of electrical and pneumatic stimulation can be avoided.—I am, etc.,

STANLEY RIVLIN

London N.W.1

Malaria Risk to Travellers

SIR,—An obligatory, unscheduled stop when flying across Africa cost the life of one of my friends, and I have, in peace-time, seen two incautious members of H.M. Forces dying of cerebral malaria. A few weeks ago I was one of a party of visiting surgeons in South Africa. Our hosts advised anti-malarials before staying in a game reserve. There we found two-thirds of the park excluded because of the unusually high risk of malaria caused by the wet season.

Professor B. G. Maegraith (21 April, p. 175) makes a good point when he says that carriers have a responsibility to see that their passengers are warned in time. Perhaps the B.M.A. would raise the matter with the airlines.—I am, etc.,

CHARLES WELLS

Hoylake,
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Prescribing Mandrax

SIR,—Southampton Local Medical Committee recently considered the abuse of the drug methaqualone, which is included in one of the hypnotics frequently prescribed.

The committee had been informed that addiction could be rapid and that withdrawal symptoms are just as bad as those from heroin. We are attempting in this area to impose a voluntary ban on this drug similar to that which has been operating for amphetamines in many areas recently.

It is hoped that many other local medical committees and other groups will take a similar stand in the hope that addicts will have no easy access to methaqualone in the future.—I am, etc.,

P. R. SMITH

Secretary,

Southampton Local Medical Committee
Southampton

Deputizing Services

SIR,—I refer to recent articles and correspondence on the subject of deputizing ser-

vices for family doctors. I am surprised to find that no mention seems to have been made about their most important effect on the doctor who uses them frequently. If used on most or all nights and weekends, the doctor will not witness a substantial proportion of the acute episodes of illness that occur in his practice, and this must surely result in a gradual but significant diminution in his clinical experience and acumen. In contrast, the family doctor working in a rota with other local doctors will compensate for time off duty from his own practice by being on duty for several practices at a time when his turn comes round.

This objection and the less important points about access to records, knowledge of the patient, and the image of family medicine constitute powerful reasons for restricting the use of deputizing services to exceptional circumstances. If we allow them to flourish unchecked, we shall make the Gadarene swine seem like wise old sages.—I am, etc.,

DARRYL TANT

Luton, Beds

Increased Dosage of Disodium Cromoglycate

SIR,—May I suggest a simple explanation for the failure of some asthmatic children to respond to disodium cromoglycate (Dr. J. M. Smith, 5 May, p. 303)? The gelatin capsules which enclose the powder are hygroscopic. If the tin of capsules is kept in the kitchen or bathroom, or if the top is not screwed on tightly, the fine powder aggregates and assumes the consistency of grains of sand. Such a capsule fails to yield its contents.

I suggest that the advice of Dr. Smith to increase the number of capsules used each day is unnecessary if strict measures are taken to keep the capsules dry. There is a need for a desiccant sachet to be added to each tin. I have, in the past, drawn the attention of the Committee on Safety of Medicines to this matter, but no action has been taken.—I am, etc.,

A. M. W. PORTER

Camberley, Surrey

Breech Management with Fetal Blood Sampling

SIR,—To test the suggestion made by one of us (27 January, p. 229) that the fall in fetal pH during breech delivery reported by Dr. B. W. Eliot and Mr. J. G. Hill (23 December 1972, p. 703) was due to placental bed retraction we have measured the girth of the mother sequentially through the delivery of the breech.

Six mothers were studied; none of them were obese and all were at term and delivered live, mature infants. The girth was measured at the umbilicus at the times during delivery that Dr. Eliot and Mr. Hill made their pH estimations—that is to say, when the breech was distending the perineum, when it was delivered to the umbilicus, and before delivery of the head.

At the start of the delivery the girth measurement of the six women ranged from 37 to 39.5 in (93-100.7 cm). There was a uniform decrease in girth in all patients of 1.5 in (3.8 cm) as the breech was delivered to the umbilicus, but a further decrease of

only 1 in (2.5 cm) as the infant was delivered to the head.

The greatest decrease in girth therefore occurs at the time Dr. Eliot and Mr. Hill reported the greatest decrease in fetal pH, and these results seem to support the suggestion that the pH changes during breech delivery reported by these authors were due to retraction of the placental bed rather than cord compression.—We are, etc.,

DAVID J. S. HUNTER
K. VAUGHTON

John Radcliffe Hospital,
Oxford

Contraindication to Smallpox Vaccination

SIR,—The recent occurrence of smallpox in London has brought in its wake an inevitable crop of vaccinations, most of them for travel purposes. When he vaccinates against smallpox the clinician must of course think about the contraindications. If he wishes to refresh his memory about these and seeks guidance in the British literature, or at any rate in that part of it which is readily accessible, he may find himself perplexed.

The six authorities I consulted fall into three groups. Christie¹ and Kaplan² give no list of contraindications but caution against vaccination in pregnancy and in patients with eczema. Eight contraindications to primary vaccination but not to revaccination are listed by Price³ and the Department of Health and Social Security,⁴ whose edicts might lead the clinician to infer that revaccination can be carried out with blissful disregard of the contraindications. Dixon⁵ explicitly, and Warin⁶ by implication, include revaccination as well as primary vaccination as being subject to the usual contraindications. Surely the clear advice which these authors give is the correct one.—I am, etc.,

A. S. V. STEELE

London S.W.5

¹ Christie, A. B., *Infectious Diseases; Epidemiology and Clinical Practice*. Edinburgh, Livingstone, 1969.

² Kaplan, C., *British Medical Bulletin*, 1969, 25, 131.

³ Price's *Textbook of the Practice of Medicine*, ed. R. Bodley Scott. London, Oxford University Press, 1973.

⁴ Department of Health and Social Security, *Memorandum on Vaccination against Smallpox*. London, H.M.S.O., 1972.

⁵ Dixon, C. W., *Smallpox*. London, Churchill, 1962.

⁶ Warin, J. F., *Practitioner*, 1971, 206, 483.

Smallpox Vaccination Certificates

SIR,—I have just had a smallpox vaccination because of intended foreign travel. The vaccination was performed at my hospital by a recently appointed haematology registrar, who duly signed my International Certificate of Vaccination. All well and good, but I then had to take this certificate to the local authority for a stamp which states that the Medical Officer of Health authenticates the doctor's signature.

This is, of course, nonsense. Firstly, the M.O.H. does not stamp the certificate, but a clerk does, and secondly, and more importantly, even if he did he could not possibly be familiar with many of the signatures which appear on the certificates. Surely it is about time this stupid and time-wasting practice was stopped.—I am, etc.,

A. K. CLARKE

Erith, Kent