there must be some means of organizing refresher courses, seminars, etc., but it must not be allowed to dictate terms of entry to practice.—I am, etc.,

J. MILLER AITKEN

Dundee

British Academy of Psychopharmacology

Sir,—The Collegium Internationale Neuro-Psychopharmacologicum (C.I.N.P.) was founded at the second World Congress of Psychiatry, in 1955, and its aim was to bring together scientists working in all branches of neuropharmacology. This collaboration between the C.I.N.P. and all national associations is close and effective. The C.I.N.P. Executive Committee always regretted that there had so far been no society or academy of psychopharmacology in Great Britain. This fact has been particularly regrettable as pioneering studies in many fields of psychopharmacology and pharmacopsychiatry were carried out by British scientists.

With pleasure we heard the news telling that a British Academy of Psychopharmacology has now been established (2 March, p. 391). It is my conviction that foundation of such an academy will further stimulate psychopharmacology in Great Britain. Therefore I have pleasure in congratulating this newly established academy on behalf of the C.I.N.P. Executive Committee and I wish the British Academy of Psychopharmacology success in its future endeavours.

H. HIPPIUS
President, C.I.N.P.

University Psychiatric Hospital,
Munich

Epidemic Neuromyelitis

Sir,—The finding of abnormal lymphocytes in some of the patients affected by epidemic neuromyelitis (E.N.) in the Great Ormond Street epidemic (23 February, p. 301) is reminiscent of the Dalston (Cumberland) epidemic in 1955, in which atypical lymphocytes were found in 30% of the patients and could be detected for as long as 18 months after the onset of the illness. This suggests that the prolonged convalescence in some cases is due to persistent smouldering of an infective process.

In a previous communication1 I have drawn attention to the peculiar association of E.N. with poliomyelitis. E.N. appears to alter the normal epidemiological pattern of poliomyelitis. In 1955 the spread of an extensive type-1 poliomyelitis epidemic around the coast of Iceland was blocked by the appearance of a concurrent epidemic of E.N. in two towns and also in a district (Akureyri) in which there had been a severe epidemic of E.N. a few years previously. Children in one of the towns affected by E.N. showed unexpected antibody responses to poliomyelitis vaccination the following year.2

The case incidence of both the Dalston1 and Iceland2,3 types of E.N. shows an almost equal sex ratio, with male predominance in some of the children’s age groups, suggesting an infective, non-hysterical aetiology.

A new clinical entity, subacute myelo-optic neuropathy (S.M.O.N.), which appeared in Japan in the late 1950s and 1960s, has certain features in common with outbreaks of E.N. in other parts of the world. Controversy has existed as to whether the condition is caused by a virus infection or by the use of cloquinoil for the treatment of diarrhoea. Both agents have shown to produce similar neuropathic lesions and, when combined, appear to produce a severe neurotoxic effect in man. I have watched the Japanese investigations with interest since a virus was isolated from patients suffering from S.M.O.N. which inhibited the growth of poliovirus.4 This effect was neutralized by serum from one of these patients. Then Inoue et al.5 reported the isolation of a virus, from which they prepared an anti-serum which neutralized the C.P.E. (incomplete cytopathic effect) produced by other viruses from the stools and also the C.P.E. produced by all viruses isolated from the spinal fluid of S.M.O.N. patients. They considered that the low neutralizing antibody titre found in the serum of the S.M.O.N. patients might explain the subacute relapsing course of the disease.

It was most unfortunate that the attempt to isolate the virus from the Great Ormond Street patients by Dr. M. E. Saller and his colleagues was frustrated by a mechanical breakdown during a vital stage of the isolation procedure. However, until it is known whether Inoue’s virus can be neutralized by serum collected with E.N., it would be wise to avoid the use of cloquinoil for diarrhoea in patients presenting with features of this syndrome.—I am, etc.,

J. GORDON PARISH

Department of Rheumatology and Rehabilitation,
St. Mary's Hospital,
Colchester, Essex

5 Ohtsu, K., K. Nishimura, and Nakamura, Y., Lancet, 1971, i, 853.

Attitudes to Abortion

Sir,—Your leading article (13 April, p. 69) is a sad reflection of the confused thinking in current medical and national ethics. From the time of Hippocrates until 1967 abortion was unacceptable to the majority of doctors. You admit yourself that it "is abhorrent to many people" (you do not suggest why this should be). Yet now you consider it "useful" that the Lane report may cause the fading away of "shrift and emotional argument," and you accept that "no major changes will be made in abortion law in Britain in the foreseeable future." The use of these words implies an attitude of censure or at least distaste. But what is distasteful or reprehensible in arguing for the retention of a profession’s ethical standards? And why should people not strive for the repeal of a law which permits the wholesale destruction of human life? Perhaps this is what you dislike as being "shrift and emotional"—perhaps the profession and the country would like to do more than "argue for and against the Act." Yes, Sir, this is a matter for human emotion—the emotion of pity for the human being deliberately liquidated as surely as by bullet, bomb, or gas chamber. And yet you surely would lament the latter.

And if abortion is morally right in some cases, why not in all? What right has any of us to say that one fetus shall die and another not? Why not accept abortion on demand? What could be more regrettable than the law which enforces primitive medicine in the Great Britain of 1974? It is time for the law to be changed. Perhaps the fact that the Act permits a woman to have an abortion on the advice of a single doctor could be more any more regrettable than selective abortion, and if morally right, why deny any fetus the right to be killed? You must be consistent.

So do not deny the argument and present, for if these fads we shall all suffer further devaluation of human life.—I am, etc.,

MICHAEL MORRIS

Buckden, Hunts

BRITISH MEDICAL JOURNAL 4 MAY 1974

Alternatives to Animal Experiments

Sir,—We welcomed the Stephen Paget Memorial Lecture on this subject by Professor J. L. Gowans (23 March, p. 557), and we welcomed your leading article (p. 528) with interest.

There are several points in both we would like to comment upon concerning certain conclusions drawn from the data presented, but contentions to the two issues tact.

The first concerns the number of animals required for the provision of culture material. One of the recognized advantages of such systems is their economy in this

Alternatives to Animal Experiments

Sir,—We welcomed the Stephen Paget Memorial Lecture on this subject by Professor J. L. Gowans (23 March, p. 557), and we welcomed your leading article (p. 528) with interest.

There are several points in both we would like to comment upon concerning certain conclusions drawn from the data presented, but contentions to the two issues tact.

The first concerns the number of animals required for the provision of culture material. One of the recognized advantages of such systems is their economy in this

Alternatives to Animal Experiments

Sir,—We welcomed the Stephen Paget Memorial Lecture on this subject by Professor J. L. Gowans (23 March, p. 557), and we welcomed your leading article (p. 528) with interest.

There are several points in both we would like to comment upon concerning certain conclusions drawn from the data presented, but contentions to the two issues tact.

The first concerns the number of animals required for the provision of culture material. One of the recognized advantages of such systems is their economy in this