CORRESPONDENCE

Control of Rabies

Sir,—I am pleased to hear that the Committee of Inquiry on Rabies (10 July, p. 63) has laid down its concern at the possibility of this disease again becoming endemic in the United Kingdom. The real problem, as the committee says, is the importation of dogs and cats, and they confirm the necessity that dogs and cats imported into this country should undergo a six months’ quarantine on entering Britain. They also recommend that points of entry should be restricted to a limited number of airports and seaports. With this once again I agree, but speaking personally as the Port Medical Officer for the Port of Teignmouth, which most certainly would not qualify as one of these “points of entry,” I cannot guarantee that the large number of coastwise and foreign ships which visit Teignmouth, in 1970 some 651 of them, could not contravene this regulation, as at least one-third of them carry dogs and cats as pets. The masters of these ships are warned on entry that it is illegal to bring pets ashore, but the only effective supervision is that which can be given by the customs officers and the police. Although these officials do all that they reasonably can, I would be the last person to guarantee that no animal could get ashore from one of these coasters. I feel very strongly that illegal importation of domestic animals is a strong possibility, and would very much like to see an international regulation prohibiting domestic animals from being carried on these small ships. I am, etc.,

H. Davies
Devon County Council,
Newton Abbot

Smallpox Vaccination

Sir,—Professor George Dick (17 July, p. 163) has put forward a very strong case for the abolition of routine smallpox vaccination. His admirable summary of the conditions prevailing today will convince many thinking people that the time is ripe to abolish the procedure. As one who has had much to do with various forms of immunization for many years I feel obliged to support his contention heartily, with one proviso. In the case of a sudden scare, there must be neither Ministerial nor press campaigns to induce masses of people to seek sudden protection, as was the case some years ago relating to both smallpox and diphtheria. This crash procedure leads to treatment of many subjects who should not have been inoculated, as there is no time to get proper histories. Doubtless a number of severe reactions and deaths described by Professor Dick can be traced to failure to ask adequate questions, and sometimes by the utilization of extra staff who did not realize the nature of essential inquiries.—I am, etc.,

Guy Bousfield
Broadbridge Heath,
Sussex

Heparin in Acid Solutions

Sir,—I am responsible for vaccinating about 150 adult males every week, and by employing the multiple pressure technique have considerably reduced the morbidity. The “good scratch,” given previously often produced considerable systemic and local reaction. If the multiple pressure technique was universally employed, would it produce a trend towards reduction in complication and death rates sufficient, perhaps, to render vaccination a lesser hazard than the risk of smallpox itself?—I am, etc.,

C. D. E. Morris
R.A.F. Station Medical Centre,
Swinderby, Lincoln

Freedom from Amphetamines

Sir,—In general I would join in congratulating the group of doctors, led by Dr. F. O. Wells of Ipswich (17 July, p. 176), who have entered into a voluntary ban on the prescription of amphetamines. However, attention should be drawn to a group of patients who suffer by this ban, and who do not appear to have been mentioned in discussions so far. I refer to those chronic neurotics who have been maintained on a small dose of amphetamine for many years, who suddenly find their supply terminated. This usually happens when circumstances oblige them to change their practitioners. Such a patient suffers from withdrawal effects, including lethargy and depression, and seeks relief from these in other prescriptions such as tricyclic antidepressants, which in his case are ineffective and have unpleasant side effects. This measure having failed, the patient may seek sedation for prolonged psychotherapy, if available, for which he has neither the time nor the motivation. The patient is thus converted from a well-
compensated neurotic taking a small dose of amphetamine to a highly distressed human being making excessive demands on an already busy service.

In my view there is a strong case to be made for excluding patients who have been on amphetamines for several years from the current witch hunt, although I agree that no neurotics should be started on the drug at this point in time.—I am, etc.,

COLIN BERRY

Central Hospital, near Warwick

Sir.—Sir George Godber is reported as saying (17 July, p. 176) that "there was almost nothing that amphetamines could do which was not done better by other drugs," but he does not spell out what are the exceptions that he has in mind.

Before anti-amphetamine enthusiasm reaches the climax of a total ban, may I mention one type of case in which des- amphe-latine (as I shall refer to it) may be of value? I have, to my surprise, discovered that it is not uncommon. In my practice I see about two a year; but some of these are adults on whom other treatments—tricyclic antidepressants, for example—have been tried and failed.

Desamphetamine may be presumed to be effective in such cases not only because it lightens sleep, but also because of its action in facilitating conditioning and habit formation.1 The dose has to be exact, just below the level at which will prevent sleep. But once the dose is found by experiment, the response is usually gratifyingly rapid. It would be a great pity if, because of widespread abuse of this drug, we were to be left without any effective treatment for a very distressing condition.—I am, etc.,

J. R. James

Southsea, Hants


Halothane Hepatitis

Sir.—The article by Professor William W. Mushin and his colleagues (3 July, p. 18) illustrates one of the problems inherent in attempting to keep comprehensive anesthetic records.

By the time a problem needs investigation, it is too late to obtain all the relevant information from the best of such records. To give but two examples—it appears to be impossible to be sure that the breathing apparatus used to administer the halothane was free from infection, and the method of preparation of the degree of purity of the halothane is not stated.—I am, etc.,

T. H. S. Burns

Department of Anaesthesia, St. Thomas's Hospital, London S.E.1

Penicillin Prophyaxis

Sir.—In "Therapeutic Conferences" on upper respiratory tract infections (10 July, p. 101) you express recommendation that all upper respiratory infections should be treated conservatively except in "special risk" cases. By their own admission it is impossible to distinguish between viral and bacterial tonsillitis and it is impractical to swab all cases.

There are various reasons for the reduction in the number of cases of rheumatic fever and nephritis, and one of these must be a result of the treatment of tonsillitis with penicillin. It has been my own practice to treat all cases of tonsillitis with penicillin, realizing that many of these are viral (I obviously select an alternative antibiotic for those who are allergic to penicillin). I swab all cases that I do not treat.

I would agree that too many antibiotics are too freely prescribed, but surely this is the result of unfamiliarity and not because we do not want an increase in the number of "at risk" cases.—I am, etc.,

GEOFFREY GOWER

Horsham, Sussex

1 Johnstone, M., British Journal of Anaesthesia, 1964, 36, 718.
4 M. E. Dodson

Department of Anaesthetics, New Malago Hospital, Kampala

562.

Penicillin Prophyaxis

Sir.—I can assure Dr. R. Williams (10 July, p. 110) that the immunosuppressive effect of anesthetic agents is neither a clinical impression nor a figment of the imagination. It is an established fact1 which he must accept whether or not it disheartens him. He will be glad to know that steps have been taken to see what can be done about it. An electron microscopic study has shown that halothane has no adverse hepatic effects in species not susceptible to viral hepatitis.2 The electron microscopic and other features of allergic liver necrosis have been described.3 It is interesting to note that micon- chordial swelling is one of them, as in viral hepatitis.4

Hepatologists eminent or otherwise are adept at selecting references to suit their purpose. They regard the report from Denver5 as the first to draw attention to the occurrence of liver necrosis in one patient after halothane anaesthesia. They ignore a subsequent publication from the same source6 describing similar hepatic necroses after other forms of anaesthesia.

As a point of medical history, Dr. Williams may be forgiven for his unfamiliarity with the problems of anaesthetic practice. The publication of his advice to anaesthetists is difficult to understand. It is a pity he was unable to suggest a non-immunosuppressive anaesthetic technique for patients who require multiple anaesthetics and who show signs of viral infection after the first.—I am, etc.,

W. M. JOHNSTONE

Department of Anaesthetics, The Royal Infirmary, Manchester

4 Sherlock, S., Gut, 1971, 12, 324.