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Control of Rabies

SIR,—I am pleased to hear that the Committee of Inquiry on Rabies (10 July, p. 63) has once again expressed 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," one cannot guarantee that the large number of coastwise and foreign ships which visit Teignmouth, in 1970 some 651 of them, could not contra-

vene 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

SIR,—In Professor George Dick's article on smallpox vaccination (17 July, p. 163) and the leading article provoked by it (p. 129) the complication and death rates for vaccination are quoted with no indication of the method employed. To make the procedure safer the multiple pressure technique is recommended and becoming employed by an increasing number of doctors, particularly

those newly graduated from medical school.

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 unfortunate patient may be referred for prolonged psychotherapy, if available, for which he has neither the time nor the motivation. The patient is thus converted from a well-