vaccines, there would be the possibility of undetectable viraemia and reversion to virulence.

The possibility of vaccine virus; reaching vectors would seem to be slight as even virulent virus fails to produce detectible viraemia after subcutaneous inoculation. This slight risk would be acceptable in areas where BEF is endemic and I suspect that a vaccine that produced viraemia would also be acceptable in such areas if it prevented disease.

The comparatively recent interest of standards authorities in Australia in viral vaccines for use in animals and birds is welcome. However, one result may be that vaccine development in the future will be done in stages. The initial development will be done, as at present, by vaccine producers or by research laboratories. Those doing the initial development will often not have the resources to prepare experimental vaccines from seedlots that would be of sufficient volume to provide both experimental vaccines and many years supply of commercial vaccine. Nor, I suspect, will they have the sagacity to predict the substrates and cloning procedures that will be required or the multiplication factors that will be allowed in the eventual standard. Second stage experiments will be required when promising vaccine strains are identified and used to produce vaccine seedlots. Probably only manufacturers will have the resources to produce these seedlots, and other laboratories will be able to assist by performing tests on vaccine produced from these seedlots.

We do seem to be at variance with our Victorian colleagues regarding the circumstances under which ephemeral fever vaccines might be used. We consider that they would be used where they are needed, in areas where disease is likely to occur, and not in areas normally free of bovine ephemeral fever. This has been the practice with other viral, bacterial and protozoal vaccines in Australia. The living vaccine against contagious bovine pleuropneumonia was used in endemic areas, as tick fever vaccines still are. The use of earlier vaccines against infectious laryngotracheitis was restricted to areas where obvious disease occurred. Vaccines are used to prevent disease, or to prevent amplifying hosts from transmitting disease to indicator hosts. Bovine ephemeral fever vaccines are required now, in areas where the disease is adding to the burdens of the cattle producer.

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DERMATOPHILOSIS OF HORSES AND CATTLE: AN EARLY AUSTRALIAN REPORT

The definitive description of bovine dermatophilosis and its causative organism, *Dermatophilus congolensis*, was made in 1915 by Rene Van Sacheghem in the former Belgian Congo (Lloyd and Sellers 1976). Seddon (1965) details the known history of dermatophilosis in Australia, stating that the natural infection was first recognised in sheep in 1928 and horses in 1940. Pascoe (1971, 1972) recently emphasised the importance of this disease in Australian horses.

A report was published late last century by Edward Stanley, F.R.C.V.S., Government Veterinarian for New South Wales, entitled "Epizootic Skin Disease (Prurigo) commonly known as Queensland Horse Mange" (Stanley 1892). From Stanley's description, this disease appears consistent with dermatophilosis.

Stanley's report states that the disease had been known in Queensland for several years prior to 1887 when it spread throughout the colony during a season of unusually heavy summer rains, disappearing with the onset of winter. Stanley observed the disease in many horses and some cattle around Brisbane and Ipswich in Queensland and in the Richmond and Clarence River districts of New South Wales. He described the skin lesions over the backline as consisting of multiple focal lesions from which tufts of hair could be plucked carrying the underlying scabs with them. He examined these scabs with a microscope fitted with an oil immersion lens (magnification up to 1000 times) and described the presence of spores and mycelia of what he termed a "vegetoid fungus". He satisfied himself that the disease was not due to parasitic mites, ringworm or "eczema" (? *Culicoides* dermatitis or "Queensland itch").

This appears to be the earliest record of dermatophilosis in Australia.

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