unnecessary to win his favour. The physician of to-day, with his antibiotics, his sulpha drugs, insulin, liver extract, and the like, was fully armed and should have no need to impress the patient by more dubious means. . . . When the physician was independent of his patient the battle was won. . . . The system of merit awards to specialists meant that in future their promotion would depend less upon their patients' likes and dislikes and more on the verdict of their fellow consultants.

Sir, even in this modern world, I find these views surprising. The wisdom of the ages and the whole trend of research shows that any attempt to heal the patient's disease alone is doomed to failure; that only by making a man whole can he ever be well, and that the attempt to cure a man's physical ailments while leaving his soul sick can only increase confusion. And yet Lord Moran is in effect telling us that it does not matter to the patient whether the injection is given by a sympathetic friend or a bully. Surely the personality of the doctor and his understanding are the main factors in treatment?

In any case, what does Lord Moran mean by "fully armed"? Are we armed against cancer, tuberculosis, cold in the nose, rheumatism, hypertension, infantile paralysis, or a broken heart? If so, I am unaware of it. I am also unaware of any decrease in disease. Indeed, I am painfully aware of the opposite—for example, peptic ulcer and lung cancer.

It is no comfort to me to know that the awards committee has the matter in hand. I can only be thankful that Lister lived before he had to "obtain the verdict of his fellow consultants" as a condition of his advancement.—I am, etc.,

London, N.W.4. R. W. COCKSHUT.

Admission of Poliomyelitis Cases to Hospitals

SIR,—Your correspondents have gone to great lengths to justify the admission of cases of poliomyelitis to either general or fever hospitals. In this country it would seem that practically all such cases are admitted to hospitals, in addition about one-third as many more are admitted to hospital who are found not to have poliomyelitis. I would suggest that these are valid reasons for not sending to hospital every patient whose illness is suggestive of poliomyelitis.

There can be few more exhausting or frightening experiences for a child than being moved from its home environment to a hospital. It is generally accepted that these very conditions have an unfavourable effect on the progress of the disease. The fatigue and excessive handling of a journey to a hospital bed may perhaps change a non-paralytic to a paralytic case. Many such children could be nursed in their own beds by the child's own family under the direct supervision of the family practitioner, all of whom have the child's confidence. By the time the disease is suspected, the other members of the family will almost certainly be infected. The dangers from further exposure are probably negligible. Expert help in diagnosis, management, and aftercare can, in most areas, be obtained in the patient's own home or in out-patient clinics.

Generally speaking, the children who should be quietly nursed at home, provided conditions are suitable, are abortive cases (who often include siblings of known cases), and children with slight weakness only. Such cases form a significant proportion of hospital admissions. Immediate admission should be restricted to cases with more widespread paralysis or showing possible respiratory or bulbar involvement. These cases should be admitted to the hospital (general or fever) which, in the view of the practitioner, can provide the best nursing and medical care within the limits of distance. Your expert rightly states (September 13, p. 617): "The interests of the patient should take priority over the theoretical slight risks to others which are involved in sending the patient to a general rather than a fever hospital."—I am, etc.,

Huddersfield. W. P. SWEETNAM.

Inhalants in Bronchial Asthma

SIR,—We were interested to read the comments of Drs. Monica K. McAllen and H. Herxheimer (October 18, p. 879) on our article, and would like to reply to the points raised.

We agree that experiments have been performed as a result of which it has been claimed that isoprenaline is a more effective bronchodilator than adrenaline. We cannot agree that all our patients suffered from mild asthma. Some of them used the inhalants on an average 7 to 10 times during a 12-hour period. We cannot comment on the comparison of 2% to 3% isoprenaline solutions with neb. adrenal. et atrop. co., as the solution we used ("neo-epinine" No. 2) contains 1% w/v isoprenaline sulphate. If conditioned reflexes play a part in the relief obtained from inhalants, they presumably played a part for the good in the assessment of the isoprenaline solution when it was used 8, 9, or 10 times in a 12-hour period.

In conclusion, we can only repeat that in our experiment, in which the four inhalants were used as unknown solutions for a period of time and in such a manner that direct comparisons between them all were possible, no statistical or clinical difference in their effects was detected.—We are, etc.,

E. LEWIS-FANING.
Cardiff. E. J. PARR.

Asthma in Childhood

SIR,—Dr. C. B. S. Fuller's article (September 20, p. 636) on asthma in children is valuable and instructive. He does not state his opinion about the tonsils alone, apart from the adenoids, as being the cause of asthma. It would be interesting to know this. It is my experience that the pathological adenoids are the important factor in keeping the nasal and sinus mucous membranes in an unhealthy state, and, by extension, the bronchial mucous membrane, as well causing a varying amount of respiratory obstruction and chest movement defects.

From custom the tonsils in children are commonly combined with the adenoids for criticism and execution, but this should not be so for several reasons. Further, I do not think that the adenoids (or tonsils if pathological) are a causative factor, but only a contributory factor. That has been my experience in my children with asthma. It is worth consideration that the greater operation of removing the tonsils might act as a trauma initiating asthma in a nervous child.—I am, etc.,

London, W.1. C. HAMBLEN-THOMAS.

Treatment by Radioactive Tantalum Wire

SIR,—It may be of interest to record one of the first cases of malignant disease other than of the bladder (which has already been reported[1]) to be treated by radioactive tantalum wire.

A man (a patient of Mr. F. D. Saner) aged 71, with a two months' history, was admitted with a large squamous carcinoma (biopsy) of the right cheek, including the adjacent parts of both lips, and infiltrating its whole extent. It was all grossly septic. He received *x*-ray therapy, 3,000 r in two weeks, which reduced the growth somewhat and improved the sepsis. A month later six lengths of radioactive tantalum wire were inserted at a spacing of 1¼ cm. to the whole area. The wire assumed the curvature of the lesion and, owing to its thin diameter, produced less tissue disturbance than radon seed chains, which have previously been used.[2] The reaction was similar to a radium implantation of the same tissue dose of 7,000 r in seven days. All induration and active growth seems to have cleared up at the time of writing.—I am, etc.,

London, N.7. ANTHONY GREEN.

REFERENCES

1 Wallace, D. M. (1952). *Proc. roy. Soc. Med.*, **45**, 199.
2 Green, A., and Jennings, W. A. (1951). *J. Fac. Radiol. (Lond.)*, **2**, 206.