

defence. It is only by propaganda directed at the Home Office and by energetic local action that the present inadequacies can be met, but we must never allow the statesmen to have their heads as suggested in the last paragraph of Dr. Berenbaum's letter. Even if they take responsibility for it, the medical profession will still be left to clear up the mess the politicians have created. We must tell the public the truth now and induce the Home Office to do the same. After a fairly extensive association with all workers in civil defence, I am convinced that there is not one who has any illusions about the appalling effects of nuclear warfare.

Dr. Berenbaum maintains that the medical services will be disrupted if a scheme on the scale suggested by Colonel Ahern is put into action. If the country is to survive at all this scheme will be the minimum we require. Other medical services, except those of the most urgent and vital character, will have to cease even before the shooting starts. This disruption will be but one part of the total survival plan which will have to be put into operation. If we are to face annihilation and to save anything from it, every man, woman, and child and every possible activity in which they engage will have to be subordinated to this provision. Even though millions are killed and much of this country and Western Europe are destroyed, we, who believe in ourselves, must have faith that our essential values are worth saving and that this saving can be effected.

In the past the Home Office were not planning on a large enough scale. There are signs now that they are getting away from the last war mentality, and this new approach is the result of the work of knowledgeable and imaginative members of the armed Services and civil defence organizations. There are plenty of memorials in the Health Service already to the work of politicians. A vital matter like this must not be left to their unaided efforts. The medical profession has taken too little interest in civil defence, but we must now play our proper part, and make our voices heard. We cannot avoid taking responsibility for the medical services in the defence of the nation.

—I am, etc.,

Shrewsbury.

E. N. OWEN.

### Treatment of Asthma

SIR,—The article on the drug treatment of asthma by Dr. R. S. Bruce Pearson (*Journal*, October 11, p. 905) was both welcome and timely. It deals comprehensively and lucidly with a clinical problem which is becoming increasingly difficult in general practice, owing to the many diverse preparations which are now available, each understandably but none the less confusingly extolled by its manufacturer. May I, however, be permitted to offer some comments which arise from experience in a fairly typical general practice? The treatment of acute cases is not easy outside hospital, and I am chary of employing relatively large doses of corticosteroids on patients whom I cannot keep under continuous surveillance; in the few cases where I have tried it, I have found that corticotrophin has secured better results than the corticosteroids. Indispensable as these drugs now are in status asthmaticus, prophylactic measures outside hospital cannot usually include them, and in my view intravenous aminophylline remains the general practitioner's best standby in acute adult cases.

In less serious cases, and especially in early cases, I would suggest that sedatives can play an even more important part than Dr. Bruce Pearson suggests. I submit that all asthmatics are suffering from anxiety, and that the anxiety may be a primary cause of the asthma. In any event, anxiety predisposes to attacks, and the attacks induce more anxiety; this vicious circle can sometimes be broken by the use of suitable sedatives alone, or preferably in conjunction with antispasmodics to reduce the frequency and severity of attacks. I thus entirely concur with Dr. Bruce Pearson that a combination of sympathomimetic and xanthine substances with a sedative is most suitable in these cases, but disagree with his advocacy of keratin coating to delay absorption for prevention of nocturnal attacks.

In my experience the resin-ephedrine complex which he dismisses earlier is the most effective method of securing both sustained action for prophylaxis of day or night attacks

and reduction of the side-effects of ephedrine. This preparation (I believe "asmapax" is the only one of this kind on the market) contains theophylline and sedatives as well as the resin-ephedrine complex, and thus answers both Dr. Bruce Pearson's prescription and his comment on the high price; it is difficult to compare the cost of a medicament used 12-hourly, and combining several drugs, with the several components used at shorter intervals. Upon investigation I find that asmapax treatment costs the N.H.S. an average of 2s. 4d. weekly, surely a modest sum when compared either with the cost of corticosteroids or with the saving in suffering, working hours, and night visits which I find can be effected with this preparation.—I am, etc.,

London, N.W.2.

H. MARGULIES.

SIR,—As a psychiatrist treating a small but steady flow of asthmatic children and adults I wish to thank Dr. R. S. Bruce Pearson for his admirable article on the drug treatment of asthma (*Journal*, October 11, p. 905). While undoubtedly a large number of these patients have to receive palliative treatment only, and the best one can hope for is to make their lives a little more tolerable to them than it was before, there is no doubt at all that it is possible to cure a few of those that have been resistant to the orthodox management or derived only partial benefit, by the simple means of hypnosis and, especially, autohypnosis.<sup>1</sup>

This is not a panacea, but is, with the necessary persistence, learnable; it is not time-consuming, and has few if any absolute contraindications. Apart from the important fact that it seems to help when nothing else does in the case of some patients, many have undoubtedly the capacity for profiting to some extent; it has especially often been remarked to me that "hangover" from drugs and other side-effects are completely absent. This particular technique can be easily acquired and has been used widely in Germany. There are literally dozens if not hundreds of publications in the German language on the matter.—I am, etc.,

Derby.

D. J. SALFIELD.

### REFERENCE

- <sup>1</sup> Salfeld, D. J., *Brit. J. med. Hypnot.*, 1957-8, 9, 2.

### Malaria and Anaemia in Infancy

SIR,—Drs. R. G. Hendrickse and M. A. R. King (*Journal*, September 13, p. 662) have made an important contribution to the practice of paediatrics in West Africa by showing the relationship between malaria and the anaemia that is so frequent in infants here. An early verbal report of their findings had led us in this hospital to use routine suppressives on all Welfare infants. There are about 900 Welfare attendances at the hospital each week, and anaemia amongst these infants was at one time quite common. Over the last year it has been our practice to give a monthly tablet of pyrimethamine. This costs the hospital only 1.1d. per tablet. Since introducing this measure severe anaemia has become unknown amongst these children, and palpable spleens are uncommon.

Drs. Hendrickse and King offer no explanation for the frequency of negative blood-films. I should like to suggest that this may be due to small doses of quinine. The local mothers in this area are familiar with patent medicines containing quinine, and it is my experience that they may visit a local medicine stall for a dose of this before bringing their child to hospital. This small dose may temporarily clear the blood of parasites.—I am, etc.,

Wesley Guild Hospital,  
Ilesha, Nigeria.

D. C. MORLEY.

### Congenital Deaf-mutism

SIR,—Dr. L. Fisch (*Journal*, September 13, p. 692) finds it difficult to accept the evidence set out in my article (*Journal*, July 26, p. 201) on congenital deaf-mutism and criticizes the results of audiometry. I realized only too well the pitfalls associated with this method of examination, but, so far, there is no objective vibration. Awkward and