Disodium Cromoglycate in Allergic Respiratory Disease

SIR,—In "Today's Drugs" (15 April, p. 159) you state "patients with severe airways obstruction may have difficulty in using the Spinhaler."

However, patients unable to use the Spinhaler due to severe airways obstruction can be given disodium cromoglycate (Intal) as an aqueous solution administered by a nebulizer. The contents of an Intal capsule dissolve readily in 2 ml of sterile water if shaken vigorously for a few minutes in a small bottle. An appropriate quantity of either isoprenaline or orciprenaline solution may be added.

This method is successful, I have found, in children too young to use the Spinhaler and adults unable to operate the Spinhaler due to severe asthma. The aerosol in all cases was generated by a "Bennett Twin Nebulizer."—I am, etc.,

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Physical Medicine—a Misnomer?

SIR,—Dr. H. L. F. Curry (15 July, p. 172) is to be applauded for pointing out that "physical medicine" has become an increasing anachronism. For many years now I have advocated that the phrase should be abandoned.[1] "Physical medicine" suggests methods—electricity, massage, heat—now largely obsolete, and not at all a department devoted to diagnosis and treatment in rheumatoid disorders and in orthopaedic medical conditions, and to rehabilitation. Little advantage accrues from enlarging the name to "rheumatology and physical medicine," whereby a division of medicine is incongrously wedded to methods of treatment; methods moreover little suited to rheumatoid conditions.

One alternative is "locomotor medicine," but this label smacks too much of neurology. In my view the comprehensive name is "orthopaedic medicine." This title automatically creates a department of orthopaedics in which the surgical disorders of the moving parts are seen by a surgeon and the non-surgical by a physician. All that I can say is that this logical arrangement worked happily during my years as orthopaedic physician at St. Thomas's Hospital.—I am, etc.,

JAMES CYRIAX

London W.1

1 Cyriax, J., *Textbook of Orthopaedic Medicine*, Vol. 1 4ht edn., p. 714, London, Baillière, 1962.

Smallpox Vaccination

SIR,—As an army man I am naturally even more wary than some of my civilian colleagues of letting go of a safety measure that has saved whole communities, service and otherwise, even if one has to admit that statistically at least it is as hard on the unfortunate individual scapegoat as it is beneficial to the community.

One of the king pins in the present avant garde move to abolish smallpox vaccination appears to me to be the fact that epidemiologists and others stake their reputation that *no known reservoir of smallpox exists*—that is to say, smallpox is purely, simply, essentially, and intrinsically a human pox disease. While conceding that present knowledge suggests that this is so, students of medical history will possibly recall the high hopes held by our predecessors to eradicate yellow fever by means of that most excellent of vaccines, the yellow fever vaccine, and the disillusionment of dealing with this tropical disease when vast reservoirs of the virus were discovered in the jungle canopy.

Apropos Dr. L. M. Hambraeus (24 June, p. 771) the following extract from a personal communication by Dr. D. A. Henderson, Chief, W.H.O. Smallpox Eradication Unit gives him a measure of support and may be of interest to your readers.

"I believe that evidence is very clear and thoroughly documented that vaccination of newborns is a safe and effective procedure. I think there are also technical reasons why vaccination of the newborn may be, in fact, a safer procedure than vaccination of the older infant. Specifically, the newborn normally will have some maternal antibody and thus in effect, one does vaccination under the protection of vaccine immune globulin. Evidence to date indicates that the procedure is at least as safe as vaccination of infants at a later age."

This makes good sense as in the numerous (but never absolute) contraindications to to smallpox vaccination we are advised to resort to this procedure under cover of anti-vaccinal immunoglobulin.

Nevertheless I hold that as established by tradition in our union rules, each medical man must above all considerations act according to his honest judgement, his best ability, and his conscience in dealing with his patients, as if he were advising members of his own family. I am, etc.,

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Discharge from Psychiatric Hospitals

SIR,—Both Dr. D. A. Spencer (10 June, p. 653) and Dr. M. Quinn (15 July, p. 174) mention the role of the local authority in providing accommodation for patients who no longer need to be in hospitals for the mentally handicapped and mentally ill. Dr. Quinn goes on to state that his local authority is regularly informed of numbers awaiting accommodation.

My experience in psychiatric hospitals has demonstrated the need for the hospital itself to do something about providing accommodation as well as the local authority. Local authorities vary, some providing a wide range of accommodation while the others provide little. Patients who leave hospital require various types of accommodation, depending on their residual disability and their individual needs. Most local authorities have little in the way of accommodation except welfare homes and a few hostels. Some welfare homes are no better than the long-stay "back wards" of old mental hospitals.

Every hospital for the mentally ill or mentally handicapped should organize a variety of schemes to provide homes in the community for its ex-patients. These should include boarding-out schemes, group homes, and a lodgings bureau that finds digs, bed-sitters, etc. Many local authority housing departments are willing to let council houses for hospitals to use as group homes, and boarding-out schemes usually flourish if there are personnel interested enough to invest time in developing them. If hospitals approach the problem of patients in hospital who should not be there in this way, they will find that their inpatient population decrease, staff morale improves, and no-one is in a position to claim they have patients in hospital unnecessarily.—I am, etc.,

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Immunological Responses in Pregnancy

SIR,—In their paper on immunological reactivity in pregnancy (15 July, p. 150) Dr. Ronald Finn and others reported impaired phytohaemagglutinin (PHA) transformation of lymphocytes from pregnant women compared with controls. In a similar study[1] I found no difference between these two groups. This discrepancy may arise from the fact that in my experiments a constant number of lymphocytes (1 million per tube) was used throughout, whereas Dr. Finn and his colleagues used a constant volume of blood, without counting the lymphocytes. Since the total lymphocyte count in the peripheral blood tends to fall during pregnancy[2] it is probable that a lower concentration of lymphocytes was present in the experiments involving pregnant women than with the controls. This factor might well account for the lower responsiveness of the lymphocytes from pregnant women, since the degree of concentration and crowding of the cells determines the rate of transformation.[3]—I am, etc.,

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1 Watkins, S. M., *Journal of Obstetrics and Gynaecology of the British Commonwealth* (in Press).
2 Altman, P. L., *Blood and other Body Fluids*. ed. Dittner, D. S. Washington, Federation of American Societies for Experimental Biology, 1961.
3 Watkins, S. M., and Moorhead, J. F., *Cell and Tissue Kinetics*, 1969, 2, 213.

Examination Fees for Diplomas

SIR,—Dr. T. F. P. Mackintosh (15 July, p. 178) in his criticism of the Examining Board of the Royal Colleges for doubling the entrance fees for the postgraduate diploma examinations, offers no suggestion as to how else the Examining Board is to balance its accounts to match rising costs or to maintain and modernize its facilities other than by a substantial increase in its main source of revenue.

My committee much regrets the necessity for these increases and any hardship they may cause to junior staff and others. Dr. Mackintosh will, I am sure, appreciate that in comparison with the increases of salaries of junior staff since 1935 when the D.C.H. was initiated the new level of entrance fee cannot be considered unreasonable.

We share Dr. Mackintosh's belief in the value of these diplomas to general practitioners, as well as to doctors from overseas (often grant-aided), and also to other medical