

Adrenaline in Asthma

SIR,—The correspondence resulting from the letter of Sir Arthur Hurst (September 7, 1940, p. 337) has raised many points of interest. Apart from the reported failure of adrenaline in some cases, the danger of morphine in severe asthma has received timely warning from Dr. M. Park (January 11, p. 65).

In addition Dr. Park raises other points of interest in the very difficult cases of status asthmaticus.

(1) Can the pathological conditions which cause the different types of status asthmaticus be diagnosed clinically from the history or examination? These often can, for the causes of status asthmaticus are often the causes which produce the ordinary attack of asthma in the same individual. Occasionally it is otherwise, as in the case of a male asthmatic, hyper-pietic, who was under treatment for asthma in Stobhill Hospital. While improvement was being maintained he acquired an attack of fibrositis. For its relief he was given veganin tablets by a house-physician, and within thirty minutes he commenced having severe asthma. This defied adrenaline for three days, and he looked like dying. Intravenous aminophylline was then suggested, and its success was immediate. It would be interesting to know whether this medicine has good effect on other aspirin-sensitives.

(2) If so, are any of the different methods of treatment applicable particularly to a particular pathological state? and (3) Are there any other indications for the selection of the method of treatment, any contraindications, or is there anything noteworthy in the method of administration? Adrenaline should always be tried first and repeated, but three points in the treatment should always be kept in mind. First, the difficulty in getting rid of tough mucus plugs. As mentioned previously (November 16, p. 684), 30 to 40 grains of sodium iodide in 250 c.cm. glucose-saline solution should be given intravenously if there is no iodide intolerance. Other methods include bronchoscopic suction and emesis. Secondly, dehydration; this must be combated by saline-glucose intravenously, and it may be a life-saving measure. Also, the glucose supplies a source of energy. Thirdly, rest, oxygen inhalations, ether rectally or by inhalation, or barbiturates variously administered may be tried in appropriate doses in suitable cases. The discussion of the treatment of status asthmaticus is one on which considerable time and space may be spent, but its ultimate conquest depends essentially on the alteration of the physical or biochemical constitution of the individual which predisposes to the asthmatic diathesis.—I am, etc.,

Glasgow, Jan. 19.

GEORGE KRASNER.

The Fixed First-aid Post

SIR,—For some time past we have been reading in the *Journal* many views on the use and service of mobile units in A.R.P. These can only be gauged by the results and useful work done in each district. Of the fixed first-aid post we have heard nothing, except that some of your correspondents choose to ignore them, and speak of all cases being sent to hospital, just as if no intermediate source of help existed between the mobile unit and the hospital ward. As one in charge of a fixed F.A.P. in a London district which has suffered heavily, I think that excessive numbers of casualties are being whisked off to hospitals without any attempt being made reasonably to segregate them. This is due to the difficulties met with by the hard-worked ambulance services, etc.

In my view, most cases of injury, major or minor, can be dealt with satisfactorily at any fixed F.A.P. and so prevent the terrible rush of cases to already overworked and lessening numbers of hospitals. I know the answer to this suggestion is that the Ministry says "only walking cases to the F.A.P." It is with this attitude that I join issue. Most cases at the post can receive appropriate anti-shock treatment; haemorrhage can be controlled; fractures can be temporarily splinted; and patients allowed to recover in the warmth and bright surroundings of the F.A.P. After a reasonable time the ambulances can be summoned, and if correct treatment has been given the casualties can then be removed to hospital, where they can be put to bed and perhaps left till the following morning. This is much better than having ambulances bumping about through streets unknown to the drivers in the

dark and sometimes taking up to half an hour to reach the allotted hospital. This would also give the hospital staff a breathing space wherein to deal with other casualties as they arrive.

It is, in my view, an inhuman act to turn away from the F.A.P. any case capable of receiving adequate temporary treatment there, however serious the injury may be. I do not know what the experience and views of other medical officers of a F.A.P. are, but I fancy none of them would shirk dealing with any form of casualty brought to them.—I am, etc.,

DANIEL HUGHES,
M.O., Fixed F.A.P., London.

Feb. 5.

The Mobile Unit in Action

SIR,—It has been interesting to read the recent correspondence appearing in your *Journal* on the subject of mobile units, especially as everyone is not agreed as to the utility of these. The fully equipped and manned mobile unit consists of: (a) the personnel (a doctor, with one or more qualified nurses and lay persons trained in first aid); (b) the equipment; (c) the unit itself. As regards (a) it will generally be acceded that such a mobile personnel taken to the incident by car can be of great assistance in dealing with the injured; (b) this is at present carried in the unit, but such equipment could be taken to the incident by a light vehicle; (c) a mobile surgical unit large enough to accommodate patients during treatment might be of help at the incident, but many of the units now in commission are really not suitable for giving treatment in the unit itself, so that in such cases the only value of the unit is as a conveyance of equipment.

It would be interesting to have the views of medical men who have had actual experience with mobile units in action, especially as to whether the utility of the unit consists mainly in its transport value. Are many mobile units worthy of the label "mobile first-aid posts"?—I am, etc.,

J. F. MACDONALD,
Medical Officer of Health.
Chelmsford, Feb. 8.

Certificates for Night-shift Workers

SIR,—It has come to my knowledge during my duties in connexion with industry that it is viewed with considerable concern that certain men and women wish to avoid their due share of night-shift working.

At the present moment the Government is insisting, not only on such night work, but upon a record being kept of the hours each machine is in use; and those who, for no real physical disability, acquire from their doctors certificates recommending that they be excused night work, not only throw vital production out of gear, but in certain instances provoke others to plead the same medical excuse, with increasing interference with output and unrest in the shop concerned.

I would therefore put in an earnest plea for my colleagues in the profession to give such certificates only after satisfying themselves to the hilt that night work is definitely injuring the health of the individual worker.—I am, etc.,

Jan. 31. AN EXAMINING FACTORY SURGEON.

Medicine in a Changing World

SIR,—With reference to your leading article "Medicine in a Changing World" (January 18, p. 91), the first part of Sir John Orr's statement, "The medical profession contains within it experts on every subject that affects human welfare," members of any other profession or organization could lay claim to a similar statement, but public opinion, I think, would be against it in either case.

The second part of Sir John's statement, "It is the only organized group of men competent to make a statement on human needs," would, if true, place the onus of all economic and political affairs on the medical profession. On the economic side it is not pleasant to read in Sir John's statement that "the profession has been too much occupied with its own remuneration and failed to recognize its responsibilities towards the bigger issues of national life."

I think your leading article sums up the case clearly, and the majority would agree that "the cobbler must stick to his