said on March 5, that the drug does something and it may lead to something better.

It is sad, but easily understood, that the drug firms are now producing this medicament under various names. Some of us had already started a controlled experiment before the publicity. To date I agree with Dr. Tanner that it is too early to give any information, except that patients should not have false hopes raised and that doctors in general should not prescribe it until the results of controlled experiments are known.—I am, etc.,

Market Drayton, Salop. PETER W. EDWARDS.

Congestive and Simple Glaucoma

SIR,—May I submit that the word "simple," as applied to glaucoma, should be dropped (see *Journal*, March 29, p. 712)? It is too vague, and there are other well-established terms which are more descriptive. Primary glaucoma occurs in two main forms—namely, congestive and non-congestive. The congestive kind is generally *acute*, and the non-congestive generally *chronic*. There is also an intermediate variety, mildly congestive and generally *subacute*.

I think that the recognized classification into acute, subacute, and chronic groups covers the ground satisfactorily; and it has the merit of indicating differences which are important in practice.—I am, etc.,

Birmingham. D. PRIESTLEY SMITH.

SIR,—Mr. R. Affleck Greeves's appreciation (April 5, p. 764) of Mr. S. J. H. Miller's study of glaucoma symptoms needs no endorsement from me; but I hope that Mr. Miller's plea for more widespread vigilance towards the disease in its early stages will not pass unanswered because of Mr. Greeves's later criticism. The detection of significant changes in the central fields before the disk can be said to be pathologically cupped is, in my experience also, the first conclusive evidence of "simple" glaucoma in a small but definite group of cases. The problem of early changes in such cases is, in my opinion, a part of the more general one of the (visual) signs of lesions of the optic nerves and chiasma in which, I venture to suggest, the evidence of perimetry and scotometry is commonly of greater value in assessing the presence and extent of early changes than an opinion based upon ophthalmoscopy alone. Would Mr. Greeves not agree that the finding of characteristic field changes in these circumstances tends to diminish rather than increase the risks of misdiagnosis?—I am, etc.,

London, W.1. H. E. HOBBS.

Medical Aspects of Tobacco Smoking

SIR,—Dr. R. Bodley Scott (March 29, p. 671) appears to be in doubt about the fundamental nature of tobacco smoking. I agree with his view, thrice affirmed, that it is a drug addiction, but he also refers to it six times as a habit. Now every day-to-day activity comes within the *O.E.D.* definition of a habit, "A settled tendency or practice": even murder might, I suppose, become habitual! Nevertheless I think it wrong to refer to a drug addiction as a habit. The habit factor is purely incidental (as it would be in habitual murder!).

The sentence, "*The moralist* (italics mine) will find matter for reflection in the thought that over one-quarter of the country's income is now derived from the addiction of its inhabitants to tobacco and alcohol," implies that tobacco smoking is a moral issue—a vice. The urge to procure his drug and the drug's effects often result in actions or omissions by addicts which do not conform to the moral code of non-addicts. Clearly, however, moral degeneracy is secondary to drug-taking. It is a symptom: the disease is drug addiction.

It is surely indisputable that the drug addictions, including nicotinism and alcoholism, are specific diseases. They are specific, intermittent intoxications, each with its aetiology, symptomatology, pathology and psychopathology, and treatment. Because of their frequency, and the toxicity of tobacco smoke and of alcohol, they are probably, moreover, the most important diseases in this country. Yet they are readily preventable and curable. We virtually prevent addiction to opium and heroin, stronger drugs, but we evade our duty in respect of tobacco and alcohol. We have allowed addiction to these drugs to reach such vast proportions, indeed, that our evasion constitutes surely the greatest breach of faith in the history of medicine.

Its cause is not far to seek: a high proportion of our profession is addicted to tobacco or alcohol, or to both, and our evasion of duty is evidence of our moral degeneracy, which is symptomatic of our addiction. Whilst this may explain, nothing can excuse, our perfidy.—I am, etc.,

Wallasey. LENNOX JOHNSTON.

SIR,—I was extremely interested to read the article by Dr. R. Bodley Scott (March 29, p. 671). I disagree with him when he says that "asthma, due to tobacco, must be rare." From personal experience, I have found that certain brands, especially those used for pipe-smoking, tend to bring on attacks of asthma.

I have suffered from bronchitis almost all my life, but was lucky enough to be born into a family of non-smokers. About 20 years ago I acted as an "illness" locum for three months at a sanatorium situated in delightful country 600 ft. above sea level. It was then that I started having nightly attacks of asthma. My chief blamed everything except his own "stinking" pipe. About nine months later, when I was taking a university course, my attacks returned, causing a great many missed lectures, including the degree examination, in spite of my repeated unsuccessful requests to my colleagues to refrain from smoking.

As a chest physician, I have met numerous patients who, like myself, are convinced that tobacco smoke provokes attacks of asthma.—I am, etc.,

Leeds. DAVID A. HERD.

SIR,—With reference to the relationship between cigarette-smoking and bronchial carcinoma described by Dr. R. Bodley Scott (March 29, p. 671), and particularly the 15-fold increase in that disease between 1922 and 1947, there seems to be one discrepancy.

The steep rise in bronchial carcinoma, we are told, started in 1922, but over-indulgence in cigarette-smoking existed long before that date.

May I suggest another substance of known carcinogenic power, exposure to which fits in exactly with the dates of the rise in this disease? I refer to the paraffins in automobile exhausts. Our city streets and main roads had their atmosphere steadily contaminated by exhaust gases as the motor-car increased in numbers from the early 1920s, until the diesel engine arrived in the early 1930s to add its disgusting quota of half-burnt crude oil to the air.

It should be possible to check this suspicion, since those who live in cities and along main roads breathe air which is far more heavily contaminated than those who live elsewhere.—I am, etc.,

Droitwich. E. SHIRLEY JONES.

Value of Histamine Skin Test in Ménière's Disease

SIR,—I send this belated comment lest a test which has proved in many hands of great value should perhaps be cast aside because of adverse criticism based upon a misunderstanding of its purpose and function.

The histamine skin test does not profess to make a diagnosis, whether of Ménière's disease or allergy or of anything else. It claims only to divide patients with Ménière's syndrome, already diagnosed, into groups. Wherefore controls consisting of subjects with other diseases or no disease, of which so much is made in Dr. M. Haggie's article (1951, 2, 1057), are not in fact controls at all and have no bearing on the point at issue. However, Dr. Haggie does confirm the claim made for grouping, for in his series of Ménière cases he obtained almost precisely the same proportion of "positives" as I have in any published series. This fact was apparently obscured for him, since he makes no comment on it, by the finding of an identical proportion of "positives" in his controls. Regrettably, instead of asking himself why and continuing his investigation, he fell back on statistics and contented himself with saying, "So there."

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