

notes. Modification of the law concerning voluntary admission to allow complete freedom from the obligation to write regular statutory notes would free much of the psychiatrist's time for treatment in both hospital and clinic.—I am, etc.,

Dorchester.

ALBANY G. HUCKER.

Why No Rocking ?

SIR,—In the course of the last 50 years it would appear that the custom of rocking babies has practically died out in this country. Records going back to the earliest times show that the custom of rocking babies in cradles fitted with rockers was widely practised in many parts of the world. We ourselves have an old saying: "The hand that rocks the cradle rules the world."

There is no doubt that the rhythmic movement of rocking is particularly gratifying to a baby or small child and induces relaxation and sleep. It is particularly noticeable that children deprived of a normal home life, and who show emotional deviation in consequence, habitually rock themselves either from side to side or to and fro. A recent film on the rehabilitation of deprived children made by Dr. Jenny Rudinescu, of Paris, as part of a research undertaken for the World Health Organization, illustrates this strikingly. It is true that the modern pram which has resilient springs provides the child with a somewhat similar sensation for at least part of the day, but it certainly does not replace the old rocking cradle.

It would be interesting to know why the custom has fallen into disuse, since it obviously gives so much satisfaction to babies and would not appear to be in any way emotionally undesirable or to have produced any unfavourable results in the past. We have not only ceased to rock babies but we have also stopped rocking ourselves. In my childhood one could hardly go into a house without finding at least one rocking chair, whereas now they have become almost museum pieces. Rocking is still used a great deal in parts of America. Why have we deprived both ourselves and our children of this form of relaxation? In the stress of the modern world we need more help in relaxing, not less. So why no rocking?—I am, etc.,

London, W.9.

DORIS ODLUM.

Asthma in Childhood

SIR,—I have read Dr. C. B. S. Fuller's article, "Asthma in Childhood" (September 20, p. 636), with great interest. I feel strongly on this subject, because I was myself an asthmatic, and I have two brothers who were so afflicted. My mother, as well as being an asthmatic, has attacks of angioneurotic oedema. Two of us have mild eczema and one has hay-fever. This should satisfy those who like a family history. Despite this familial tendency to the so-called allergic diseases, I am convinced that asthma is very largely a psychological disorder. I think that this is by far the most important causal factor, particularly in children.

My experience of skin-testing, though admittedly limited, has shown this to be useless in asthma. Desensitizing to the offending protein has produced no improvement in the attacks, and as often as not the patient has never even come into contact with the protein in question. Sensitivity to food, I think, is very rare. All the common offenders, particularly milk, are found to be perfectly well tolerated when the young patient is in hospital. I have yet to find a case where the offending food can be guaranteed to cause an attack of asthma.

In a large number of asthmatic children it is the parents who need treating. Those cases which improve in hospital, at the country or seaside, or in any other change of environment, usually do so because they are removed from the home. Asthma becomes very largely an escape mechanism; escape from such horrors as food-forcing on the part of the parents, or examinations, or unwelcome sport at school. Once the child escapes something unpleasant by his attack, or gets undue attention because of it, the illness becomes a convenient habit and occurs quite unconsciously whenever undue strain occurs.

I therefore believe that treatment should follow certain definite lines, based on the above trend of thought. The parents should be told that the child is normal in all respects and must be so treated. He should never have to eat anything he dislikes, at home or at school, nor should he be made to take part in any sport he dislikes or fears. He should not be treated by a psychiatrist but by an "ordinary" doctor, and, if treated in hospital, should be attended by a general physician and not at a special clinic. Anything which fosters the belief that an asthmatic child is in a "class apart" is bad for the child. As regards the medicinal aspect of treatment, I think this is less important and usually fairly straightforward. Because asthma is a nervous disease, the most useful drugs for the prevention of attacks are bromide, chloral, and phenobarbitone. The antispasmodics undoubtedly give great relief during an attack. I am sure Dr. Fuller is right in mentioning the importance of associated nasal disease, but it is too often blamed for the attacks and its correction often fails to produce the expected dramatic results.

Whilst I realize that my dogmatic remarks may well call down a storm of abuse upon me, I take heart in the knowledge that my own attacks stopped when I left home, those of my elder brother stopped when he went to the war, and my many asthmatic doctor friends assure me they keep free from attacks by carrying an asthma inhaler in the pocket, even though they never use it. These few personal facts alone convince me there must be some truth in my beliefs.—I am, etc.,

London, S.E.5.

CYRIL JOSEPHS.

Smokers' Cough

SIR,—Once again we observe the popular fallacy concerning the use of saltpetre in cigarettes. We should like to make the following observations in connexion with Mr. C. Grantham-Hill's letter under the title of "Smokers' Cough" (September 20, p. 670).

No cigarettes made and sold in this country are permitted by Customs and Excise regulations to contain saltpetre, or any substance which could "materially increase the weight" of the tobacco. Also, no manufacturers make use of paper impregnated in any way to make the cigarette smoke quicker. The term "rice paper" when applied to cigarettes only denotes a paper which is thinner than that normally used for the machine-made article. Although thinner, the weight of paper per cigarette is up to 25% greater in the case of the home-made article, owing to the greater width supplied.

We feel that Mr. Grantham-Hill has missed the real reason why his cigarettes tended not to remain alight. It is surely due to the much higher moisture content which is present in the cigarette at the time of making and is removed by the manufacturers before sale, but which he has not removed. Also, a much higher degree of uniformity is obtained in the machine-made article. If, in the particular cases cited, any economy had been achieved, perhaps the smaller amount of tobacco smoked was itself responsible for the disappearance of the cough. We feel it rather disturbing that Mr. Grantham-Hill should have made such misleading statements based on conjecture rather than fact, when his surmises could so easily have been checked.—We are, etc.,

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Medical Officer.Godfrey Phillips Ltd.,
London, E.1.J. C. GILMOUR,
Research Physicist.

Hand Aspirator for Mucus Extraction

SIR,—For the past two years I have used a hand aspirator for mucus extraction (made to my design by Messrs. A. L. Hawkins, 15, New Cavendish Street, W.1) which appears superior to that illustrated on p. 598 of the March 15 issue of the *Journal*. The aspirator has the following advantages and uses:

Either hand can be used, and the hand is near the infant's face to control it. For aspiration three fingers release the deflated bulb, while the index-finger guides the tube and can open the lips. A bulb with a valve (to eject air only) as illustrated may be used, or one without a valve if the grub-screw is removed and its hole (which opens into the bulb's tube) is occluded by the thumb during suction but not during (re-) compression of the bulb. For