

she had in no way been upset by the gluten, and indeed had gained a little weight. Two adults suffering from idiopathic steatorrhoea showed no clinical change when given a wheat-gluten-free diet for 11 and for 21 days respectively, nor when gluten was added to the same diet for a similar period. Fat-balance studies showed absorption of 48.2% and 45% respectively by the two patients on gluten-free diet, and 60% and 53% respectively when gluten was added to the diet. Five other patients suffering from the malabsorption syndrome who were being maintained on the usual low fat, restricted carbohydrate, sprue diet were given gluten 15 g. daily, to be taken with their food for six days. In no cases did this addition cause any deterioration in the bowel habit, or discomfort.

If it is believed that wheat gluten has a deleterious effect in the adult or adolescent case of coeliac disease or in idiopathic steatorrhoea, and that this effect is due to an idiosyncrasy or allergy, it would be expected that some sign of improvement would be noted when the wheat gluten was removed from the diet, but this was not found to be the case. If the effects were due to a toxic action, further deterioration would be expected when an excess of gluten was given, but this did not appear to be so. Indeed, no evidence was obtained from this investigation to suggest that gluten was playing any part in the causation of the fat malabsorption syndrome. It must be noted, however, that the test periods during which gluten was deleted or added to the diet were usually of short duration (six days) except in three cases, and the possibility exists that different results might have been produced if all the experiments had been continued for several weeks.—I am, etc.,

Edinburgh.

H. T. SWAN.

REFERENCES

- 1 "Coeliac," Utrecht, 1950, M.D. thesis.
- 2 *Lancet*, 1952, 1, 836.

Asthma in Childhood

SIR,—I would like to enter into verbal combat with Dr. Cyril Josephs (October 18, p. 881) concerning bronchial asthma in children. The most convenient way of viewing this condition is to divide it into three groups; (1) true allergic asthma (I hope to demonstrate to your correspondent that such a condition does exist), (2) asthma associated with psychological disorders, and (3) asthma secondary to other lung conditions such as bronchitis and sometimes bronchiectasis.

From our practice, which is chiefly industrial, I took 10 children, all of whom suffered from severe recurrent attacks of bronchial asthma, and carried out dermal sensitization tests on them. Seven showed reaction to a specific allergen, and in each one of these seven cases a positive family history of asthma or an associated allergic disorder was elicited. In four of the subjects eczema, flexural in site, was also present. Of the remaining three cases, those not reacting to the tests, no positive family history was obtained. In two of these a strong psychological element was present, and in the remaining case the little boy was a sufferer from chronic bronchitis.

The cases showing a sensitivity were all cured with courses of desensitization with the particular allergen and have been followed up for three years. The associated eczema cleared up in all but one case. From the three non-allergic subjects I took a control and administered a course of normal saline injections without effect.

I found the provoking substances were all of the inhalation group, and I have not tried to eliminate them environmentally. Of course the series is small, which it really must be in general practice, but it has convinced me at least that allergic asthma does exist and may respond to such type of treatment as has been discussed. I quite agree with Dr. Josephs that a psychological element may be found in many sufferers from the condition, but these are surely distinct from the true allergic phenomena, though sometimes they may co-exist.—I am, etc.,

Derby.

BERNARD JACOBSON.

Perseverance in Artificial Respiration

SIR,—Dr. F. C. Eve (October 18, p. 879) asks for details of cases of long-continued artificial respiration. We can supply at least one authenticated case. The late Mr. W. A. S. Calder, of Chance & Hunt, Ltd., was tireless in preaching the value of continued effort, especially in connexion with hydrogen sulphide, and in November, 1934, the Association of British Chemical Manufacturers issued a special Safety Circular No. 70, from which is taken the following:

"... particulars of evidence which has led him to conclude, from his extensive wartime experience of cases of gassing by hydrogen sulphide, that by continuing efforts of resuscitation, long after all reasonable hope might appear to have been abandoned, fatalities may almost invariably be avoided. He informs us that there was a very large number of men who were rendered completely unconscious by this gas, yet there was not a single fatality among them, although in some cases it required many hours of hard work to bring a man round."

An account is then given of a case on June 9, 1910, when a worker was overcome by hydrogen sulphide in a canal boat and lay unconscious for probably half an hour before he was discovered. After Schaefer artificial respiration for some three hours on the canal bank, this treatment was supplemented by oxygen. Mr. Calder went on to say:

"After several hours' further treatment, the man revived and, as soon as possible, hot coffee was given; he was hauled to his feet and made to walk about with a man on each side holding him up. He gradually recovered, regaining the use of his limbs, and was then wrapped in blankets and sent to hospital. He returned to work on July 16. Apparently the accident had no permanent ill effects, although he was described as a man who was particularly susceptible to asthma and bronchitis previous to his accident."

The concentration was considered to be at least 1% of hydrogen sulphide. The doctor in attendance reveals from his diary: "I was called at 7.30 a.m. and stayed until 8.30, then I had to leave, but came again at 10 a.m. and remained with him to 1 p.m., when he began to come round. I left then, but was back at 2.30, and at 3.15 he was removed to hospital. He was entirely unconscious for over six hours, and I am sure that it was only the continuous application of oxygen that saved him."

Mr. Calder also reported that on another occasion seven men became unconscious after an escape of gases containing 35% of hydrogen sulphide. In this case the men were all brought round without the use of oxygen. The worst of these cases took "several hours' treatment, yet the man some years afterwards went on active service in 1914."

The Safety Circular ends by remarking that, although the above experience is confined to the effects of hydrogen sulphide, it suggests that it would be worth while in cases of poisoning by other gases to continue artificial respiration long after it would seem to be hopeless. It is realized, of course, that these results are partly due to the peculiar action of hydrogen sulphide, but they do seem to support the value of long-continued artificial respiration.—I am, etc.,

Association of British Chemical Manufacturers, ALLAN J. HOLDEN.
London, W.1.

The Harveian Oration

SIR,—While of course agreeing with Lord Moran in wanting "to purge the practice of medicine of all those elements of humbug," there is a very great danger indeed in making it unnecessary to win the favour of the patient. May not the pendulum swing the other way and the patient's confidence be lost? One hears so frequently: "I was told nothing," "I see a different doctor each time," "It means waiting so long, so many tests and examinations and then being told nothing," "I never see my own doctor, always an assistant," etc.

Indeed, the last sentence of the Oration, as reported, might have been in large block letters, for the human touch is fast vanishing from the Welfare State. The sentence was as follows: "The danger in this was that in the cultivation of medicine as a science the physician might neglect medicine as an art."—I am, etc.,

London, N.W.8.

HENRY CHURCHILL.