sated by the rarity with which emergency visits are necessary.

Status asthmaticus must be one of the more common causes of emergency admission to hospital, yet in this general practice of over 4,000 patients there have been only nine occasions in the last six years when an adult asthmatic patient has been admitted as an emergency. Analysis of these nine emergency admissions shows that in four cases the episode which necessitated admission was apparently the first overt manifestation of asthma which the patient had experienced. Three emergency admissions were not for status asthmaticus (two being for spontaneous pneumothorax and one for complete obstruction of the main bronchus by a plug of aspergillus). Thus, in six years there have been only two occasions when a patient, who was already known to have severe asthma, has required emergency admission for status asthmaticus.

During the last six years a prospective study of all patients with asthma has been in progress. Twenty-eight patients have required treatment with steroids. All patients are followed up regularly and the dosage of steroid is carefully controlled by measurement of peak expiratory flow. At least one attempt is made to discontinue steroid therapy and this has been possible in nine patients. In the other 19 patients relapse occurred, despite very gradual reduction of dosage and, in several cases, injections of corticosteroids. In those patients who require continuous steroids the dose is kept as low as possible, the aim being not to achieve complete reversal of their airway obstruction but rather to find that dose which just suppresses their symptoms of asthma. In many patients the maintenance dose of prednisone is 4-7 mg. per day, apart from temporary increases for exacerbations, and only five patients required a dose greater than 10 mg. per day.

It is important to recognize that chronic asthma may become unaccountably refractory to a dose of steroid which previously has suppressed it satisfactorily. Usually such refractory periods are of short duration, but in some patients it proves impossible to revert to the previous maintenance dose. Although Dr. Maunsell and her colleagues found that in general there was no tendency for prolonged treatment, this certainly does occur in some individual patients.—I am, etc.,

IAN GREGG.

London S.W.15.

Deaths from Asthma

SIR,—If the physical outlet of an emotional disturbance is blocked by an effective suppressor—that is, a corticosteroid—which also has the delayed effect of increasing mortality, the mortality first falls and then rises slowly; or it may fall and then stay level if the pressure to have asthma from the bottled-up emotional disturbance is balanced by the lowered mortality from the corticosteroids. When less effective suppressors (the pressurized aerosols) which have an acute mortality are introduced a few years later the death rate will rise immediately. Children will be most affected, because their parents will assiduously administer the suppressive agents not knowing that their emotional

relationship with their children is the most common cause of the asthma.

When the public and the medical profession realize that asthma is a symptom of a cry for emotional help, and that it can be entirely relieved by giving the necessary assistance and desensitizing the patient when there is an allergy, the suppressive agents will be used with sufficient discrimination to allow their effectiveness to be realized advantageously.—I am, etc.,

Plymouth,
Devon.

ALEX FORBES.

Pelvic Examination

SIR,—The letters on the subject of pelvic examination (30 March, p. 839) indicate that the left lateral position is a kinder and quite satisfactory alternative to the "patient on her back and her legs supported [?] restrained] by a nurse or in stirrups." The left lateral position is ideal for the initial examination of the unmarried or the teenager, or for demonstrating the signs of prolapse, but it has no advantage over the dorsal position in other cases, and is much less satisfactory for teaching undergraduates to examine the pelvis of the female.

The technique described of the patient's legs being supported by nurse or stirrups has surely been generally abandoned as unnecessary, the exception being under operating conditions in theatre or for induction of labour.

In outpatient clinics or in ward beds the patient can lie on her back covered from chest to knees by a sheet. If, on request, she flexes her knees, places her heels together, and allows her knees to fall widely apart, her pelvis can be examined digitally or per speculum without her being further uncovered. This last point needs to be emphasized in the training of doctors and gynaecologists, for I regret to say I frequently see patients exposed from the waist down to facilitate pelvic examination. It seems as if the examiner believes that his complete lack of embarrassment removes the possibility of the patient feeling embarrassment.—I am, etc.,

Glasgow.

J. A. MCGARRY.

Ventilation Equipment

SIR,—We think readers should be informed or reminded, whichever applies, that despite assertions that the Ambu-E valve cannot be assembled incorrectly it is possible to reassemble this valve in the wrong way.

One of us was recently given an Ambu bag for ventilation of a patient who was being transferred from one ward to another. He was greatly confused when he found that he could not maintain ventilation smoothly. Expiration was only possible if the face mask was lifted between breaths, because the apparatus was functioning as a to-and-fro system without the absorber. The reason why was not immediately obvious, but later inspection showed that the rubber valve normally positioned at the outlet of the bag had been put over the expiratory port, thus completely stopping escape of gases through the normal channel. The patient could only

breathe out into the bag, which had of course refilled meantime.

Inspection of a valve will reveal that the rubber flap-valve within it easily and neatly slips on to the expiratory port, and the mistake could occur in any department where staff unused to the mechanics of such things are expected to wash and clean the bag after its occasional use.—I am, etc.,

MURRAY P. KELLY.

Rigshospital,
Copenhagen.

Measuring Blood-flow in Dialysis

SIR,—An adequate blood-flow is essential for effective haemodialysis. Measurement of the blood-flow along the arterial and venous blood lines connecting the patient to the artificial kidney is customarily performed by timing the progress of an air bubble along a fixed distance and calculating the flow rate from a graph. Inaccuracies arise if the tubing is not horizontal and the flexible plastic tubing is difficult to maintain at a constant distance between two fixed points for measurement.

This can be remedied by the use of a simple device consisting of a wooden plank with a measured distance marked out on it. The plastic blood lines are held in position along these distances by a series of "Terry" clips, and to ensure that the board is horizontal during measurement a spirit level is screwed on to the device. For compactness and convenience the length of tubing can be doubled back along the known distance so that the device can be made portable for use in home dialysis. This apparatus is easily made for a cost of under 10s.—I am, etc.,

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Oral Lichen Planus and Betamethasone

SIR,—It may be of interest to know the results of following up the patients treated with oral Betnovate, reported upon earlier (13 January, p. 86). These are as follows:

Remained healed	13
Recurrence	2
Continuing to take Betnovate	2
Partial improvement maintained	1
Lost to follow-up	12
	30

Of the 12 that failed to attend again two were severely ill patients and two lived in distant parts of the country. The two patients who had recurrence of lesions were both young (that is, 20 and 21 years), but in neither case was the recurrence severe enough to cause complaints. These results are gratifying but somewhat surprising to me in that I would not have expected so minute a dosage of a corticosteroid to have so persistent an effect on what must be regarded as something more than a mere local lesion.

May I also point out a possible source of misunderstanding in my article? The trial was concerned only with betamethasone-17-valerate (Betnovate, Glaxo), and it is this