the National Drugs Advisory Board in Dublin in March, 1968. A full report is being prepared.

While the association of bulk sales of these aerosols to occasional asthma deaths appears established, the exact nature of causation is not known. There is a need for more basic research on the effect of isoprenaline in man. It may well be that certain asthmatics develop an idiosyncrasy to it rather than a dose-dependent effect on a hypoxic myocardium in severe airways obstruction. This thought has occurred because of the beneficial use of intravenous isoprenaline in some low output states not always with a healthy myocardium or fully oxygenated arterial blood, and because of the apparently innocuous or moderate airways-obstruction present in many asthmatics shortly before an unexpected death.—I am, etc.,

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Manipulation for Lumbar Disc Prolapse

SIR,—The patients of Britain will have reason to welcome Drs. J. A. Mathews and D. A. H. Yates's pioneer paper (20 September, p. 697), offering visible proof by contrast radiography of the reduction by manipulation of the disc protrusion in lumbago. The hitherto unconvinced medical man need doubt no longer.

Early this century, lumbago was regarded as a disorder of muscle,¹ hence the question of manipulation did not arise. This idea held sway for 41 years, when a body of clinical evidence was put forward² that the entity responsible was a displaced fragment of disc. This concept has now gained all but universal acceptance. But the next step in logic—to reconsider treatment—has lagged behind. Even today the standard attitude towards an attack of lumbago, reducible perhaps in one session of manipulation, is rest in bed, supplemented by heat (to the unaffected muscles), massage (ditto), and exercises (ditto), exactly as in the old days of "fibrositis." Such temporizing usually works in the end, of course, but why should physiotherapists' time be wasted on treating the tissue not at fault when a direct approach to the lesion is so feasible and so rewarding? Surely they should no longer be asked to employ their skill in measures that lost their theoretical justification 24 years ago. Otherwise our neglect forces patients with a simple disorder into the hands of lay manipulators. I have in my day trained one thousand physiotherapy students in spinal manipulation and other manual techniques. Let them be sought out and asked to give logically defensible treatment in this type of case.

Quite apart from the question of the relief of avoidable pain and disablement, if the medical profession as a whole now takes note of, and acts upon, this important research, the gain to industry and to the finances of the N.H.S. would be considerable.—I am, etc.,

London W.1.

JAMES CYRIAX.

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Subnormal Hospitals

SIR,—Sir Hugh Rose (13 September, p. 652) appears to blame the Mental Health Act, 1959, and the resulting abolition of the Board of Control for the ills of our hospitals for the mentally ill and subnormal. The facts do not support this argument.

The origins of many of our present troubles can be traced to the period when the Board of Control was functioning. Hospitals were starved of money by mean vote-anxious local authorities, ultra-authoritarian administrative structures were established and maintained, staff selection was unsatisfactory, training inadequate, and a therapeutic milieu tolerated that was destructive of the patients' personality. The majority of hospitals were poorly maintained and inadequately supplied with furniture, equipment, and even food. By 1951 the total cost per patient per week in one hospital was still only £3 4s. and many others were similarly or more deprived.

The Mental Health Act, 1959, in fact, made easier the changes that were necessary to improve these neglected prison-like establishments masquerading as hospitals. The changes in admission procedure and the decrease in legal restriction made a freer atmosphere possible in which more emphasis could be placed on treatment than custodial care. Unfortunately, passing a law does not necessarily change people's attitudes, and the most important change that should take place in any backward hospital is a change in attitude of the staff. This can be achieved by better and more careful staff selection, ongoing educational programmes for all grades and types of staff, and the establishment of non-authoritarian therapeutic community-type regimens. The resurrection of the Board of Control would not help bring about these changes.

The proposed Hospital Advisory Service (*Supplement*, 5 July, p. 5) could play an important part in improving hospital care, provided its personnel were appropriately qualified, had persuasive personalities, and were allowed freedom of action. The effective development of such an advisory service, backed by a hospital commissioner with the twin functions of ombudsman and patients' guardian, more democratic hospital management, and a fairer share of available money, could rescue our psychiatric and subnormality hospitals, together with the geriatric and chronic sick services, from their present ditch of despair.—I am, etc.,

J. A. WHITEHEAD.

Prestwich, Manchester.

SIR,—In your leading article (23 August, p. 426) you say that the sorrows which have befallen the mental hospitals all began in 1967 with the publication of *Sans Everything*. What *Sans Everything* did was to focus not only public attention but also official attention on a situation which should have been seen and attended to years before by those responsible for the management of these hospitals. It revealed a state of affairs that ought never to have been allowed to develop. The general attitude to these hospitals—apathy on the part of the public who could not visualize any personal need of them; disdain on the part of all other doctors who regarded anything "mental" as beneath their dignity; calculated indifference on the part of hospital

management committees whose members served as part of a public service chore; neglect by regional hospital boards whose main concern was with general hospitals—all combined to make the present state of affairs nothing but a logical outcome. Add to that the suppression of disturbing indications of trouble on the grounds of being against the public interest by managements afraid to face the facts and there is the background for what is now coming into the open: the desperate reactions of people overburdened and underestimated.

The seeds of trouble were sown in 1948 and were soon to come into growth. The politicians, to their own satisfaction, had organized these hospitals so that lay managers overruled the former medical direction, with business-efficiency offices taking precedence over remedial departments. While offices and the paper-chase expanded, the caring and rehabilitation and training departments contracted. Clerical staff proliferated while nursing and occupational staff were kept below the official establishment level. Type-writers were more readily come by than teaching material for staff or patients. Despite these conditions much good work was done. The tragedy of it to me was that the public were denied the knowledge of the work being done, particularly in the mental deficiency hospitals.

I have always regarded mental deficiency as a field in which education and medicine collaborate. I know the author of the remark which is described in your leader as bitter cynicism. In its original form it was "Psychiatry is the Cinderella of medicine, but mental deficiency is its illegitimate child."—I am, etc.,

Poole, Dorset.

DONALD MAGRATH.

Extra-articular Manifestations of Rheumatoid Arthritis

SIR,—I wish to draw attention to the rarely occurring meningitis that may complicate rheumatoid arthritis. After an admittedly not completely exhaustive search, I have been able to find only one reference in the literature.¹

I have had the opportunity to study two cases which came to necropsy recently. Both were colliers, aged 60 years and 73 years respectively. Neither case had been recently investigated in hospital. The former, who also suffered from Caplan's syndrome, presented with what appeared to be generalized purulent meningitis. This showed no definite evidence of a microbial aetiology, and active collagen necrosis with a typical cellular reaction was present histologically. The second case presented with focal thickening of the right half of the tentorium cerebelli. Sections of this showed fibrous replacement of areas which strongly suggested that they had previously been the seat of collagen necrosis. The kidneys showed evidence of necrotizing papillitis.

These cases appear to represent each end of the pathological spectrum, the former the phase of activity, the other the repair phase.—I am, etc.,

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A. L. WELLS.

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