are due to β haemolytic streptococci. There is usually dramatic improvement four to six hours after the first dose of the drugs, so if it is possible to avoid the establishment of an artificial airway during this period the crisis is over.

Tracheostomy and nasotracheal intubation by a skilled anaesthetist are both satisfactory methods for the relief of the airways obstruction. The choice of method will be determined by the skill of the team responsible for the care of these patients.—We are, etc.,

PETER D. PHELAN.
HOWARD E. WILLIAMS.

Royal Children's Hospital,
Victoria, Australia.

Urinary Tract Infections

SIR,—In this practice we find that the great majority of new cases of bacterial urinary infections are caused by organisms sensitive to sulphonamides. Thus, in the last four months, of all midstream urine specimens sent to the laboratory 53 were reported as having a significant bacterial growth (that is, more than 10^5 organisms/ml.) and of these 42 were sensitive to sulphonamides. Of the 11 sulphonamide-resistant specimens five were from patients already known to have chronic or recurrent urinary disease, leaving only six resistant specimens from new cases. These figures obviously apply only to those cases in which urine was sent to the laboratory. For various reasons a number of cases are treated without laboratory examination and the actual incidence of sulphonamide resistance is thereby probably exaggerated.

When confronted with a patient having symptoms suggesting urinary infection, our routine is to look at an uncentrifuged specimen with a 1/6th objective, and to send a mid-stream specimen of urine to the laboratory. If we find no pus cells no treatment is given. If pus cells are present in significant amount and if vaginal squames are absent, treatment is started with a sulphonamide. When the laboratory report returns, if the infection appears sulphonamide-resistant the patient is recalled, the urine is re-examined, and the patient asked about symptoms. If the infection seems to be responding sulphonamide treatment is continued; if not, treatment is switched to an appropriate alternative. On the whole there is close correlation between clinical results and in vitro sensitivity, but with the occasional case of in vitro resistance responding to sulphonamide treatment.

Our figures therefore support the opinion of your leader that a sulphonamide is a reasonable drug of first choice.

We are grateful to the laboratory staff at Queen Mary's Hospital, who have carried out all the examinations.

—We are, etc.,

J. H. S. HOPKINS.
K. BOHEIMER.
M. HENRY.

London S W.14.

SIR,—We were interested in your expert's contribution to this subject (7 September, p. 600) and the subsequent comments of Dr. D. Brooks (21 September, p. 745), Dr. M. H. Robertson (12 October, p. 121), and others.

The Mansfield Area Laboratory serves some 1,700 acute and chronic beds, and just under half (42%) of the coli-Proteus infections appear to be resistant to sulphonamides. The coli-Proteus ratio, however, is now below 2:1. The most marked change in resistance in yearly checks since 1963 has been the increased resistance in the last three years of *Proteus* spp. to nitrofurantoin. The most recent figures show the continued low resistance of 165 *Escherichia coli* and coliforms to the other three commonly used urine antibacterial agents compared with that of 200 *Proteus* spp.

	Resistant Organisms		
	Ampicillin	Nalidixic Acid	Nitrofurantoin
<i>Esch. coli</i>	4%	2%	2%
<i>Proteus</i> spp.	39.5%	20%	45%

In the autumn of 1967 the resistance of 149 *Proteus* spp. to nitrofurantoin was as much as 68%, compared with an average of 25% for 1963–5. It will be of interest to know the experience of other clinicians in this field.—We are, etc.,

R. MACIS.

J. N. WARD-MCQUAID.

Mansfield and District
General Hospital,
Mansfield, Notts.

Hypnosis for Asthma

SIR,—While not decrying Dr. Monica K. McAllen's warning concerning the indiscriminate use of hypnosis in severe asthma (26 October, p. 251), I cannot agree with some of the assumptions she makes. I fail to see the logic when she infers that because a patient feels better, even though his respiratory function is unchanged, he will lower the dosage of his steroid but at the same time increase the use of his bronchial dilator drugs. In my opinion the indiscriminate use of steroids in mild asthmatics, and particularly in children, leads to far more danger than indiscriminate use of hypnosis in severe asthma. I deplore the fact that patients are subjected to steroids and never have the chance of having hypnotic therapy. I am quite sure that we will see far fewer patients on long-term steroids in the future if hypnosis is more widely used. I should like to point out that hypnosis was only used as suggestive therapy in the trial.

Finally, I would like to say that the indiscriminate use of hypnosis in any condition is to be deplored, as is the indiscriminate use of drugs which are so widely prescribed today.—I am, etc.,

London W.1.

D. ZIMMERMAN.

Sudden Death in Asthma

SIR,—I wish to draw attention to the possible dangers of "asthma cures" sold over the counter.

The patient was an educated woman of 48 years who had suffered from bronchitis with asthma from the age of 5. Throughout her life she was treated along contemporary lines and had been thoroughly investigated and well advised by various chest physicians. She was treated with corticosteroids for the first time in

1965 on an intermittent basis at times of crises. In January 1966 she was given A.C.T.H. 20 units twice weekly. During these two years she improved dramatically in her mental outlook and physical abilities. She put on reasonable weight and, for the first time in years, was able to take on social activities outside the home.

On the day before her death she was seen in surgery because, although she had increased her A.C.T.H. to 20 units on alternate days as advised in exacerbations, she was still somewhat wheezy. She was also having her normal ephedrine, and although there was little cough she wondered if there might be an infective element. She was not worried, appeared happy, and was apyrexial with a good pulse. There was no cyanosis, but some minimal rhonchi throughout the chest. I felt that reassurance was required and gave a prescription for oxytetracycline, as she complained of a slight cough in the morning. That night she went to bed at her normal time and slept with two pillows until 6 a.m., when she and her husband awakened. She sat up in bed and took two inhalations of orciprenaline sulphate. She then emptied "about an eggcupful" of compound lobelia powder (lobelia and stramonium) into a saucer, ignited it, and inhaled the smoke for 5–10 minutes. She then made some gasping sounds and collapsed. When seen by me 5–10 minutes later she was pale, slightly cyanosed, the skin was moist, pupils dilated, the bladder had been voided, and heart and breath sounds were absent. Efforts at cardiac and respiratory resuscitation were to no avail.

At first the husband did not mention lobelia, and it was only on direct questioning afterwards that he told me of it. I had no knowledge that she ever used it, but learned that she had used it in this way for 20 years, but she had never previously been unwell as a result. Had I not questioned the husband in detail I should never have known of her habit. If I had known of it I might well have dismissed it as a relatively harmless herbal mixture. The sale of "old-fashioned" herbal compounds may increase if the asthmatic finds himself short of supplies after surgery hours. Needless to say, I hope that the sale of these old remedies will be stopped immediately.—I am, etc.,

Hatch End, Middx.

GEORGE McLAREN.

Conference Bureau

SIR,—I am sure that many others in the medical profession have had cause to regret that either they could not attend a meeting because of commitment to another conference or, as secretaries of a meeting, found their proposed date clashing with another. This seems to be an ever-increasing problem and perhaps a conference bureau at B.M.A. House might be the answer.

Here, for a fee, conferences might be booked so that the dates did not clash with a similarly related specialty, and lists of good hotels in the area and facilities for the entertainment of accompanying wives could be available. I am sure that many medical societies, associations, and large postgraduate centres would use such a service. Undoubtedly there would be requests from foreign visitors for the next year's consolidated United Kingdom list of medical meetings, and the bureau could supply them with the date and location of any meeting, and the name and address of the particular secretary.—I am, etc.,

D. W. BRACEY.

Peterborough District Hospital,
Peterborough, Northants.