

a defect may be important in some isolated instances of cot death. In the meanwhile I would suggest that Dr. Englander's theory be added to the rest of many dozens of non-proven theories put forward to explain "cot death."—I am, etc.,

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Latex Agglutination Test for Australia Antigen

SIR,—We were interested to see Mr. J. M. Leach and Mr. B. J. Ruck's paper (4 December, p. 597) in which they state that the latex agglutination test for the detection of Australia antigen was both rapid and reliable. Presumably this paper was submitted before a recent discussion on this technique organized by Pfizers Ltd. was held (22 November 1971). Those present, many of whom had tried the latex agglutination test, agreed that it had considerable potential. However, it was generally felt that a variable but significant number of false positive results made its use for diagnostic purposes premature and that further efforts on the one hand to increase its sensitivity and reliability and to improve its safety in handling on the other were required. We therefore hope that this technique will not be generally employed until such improvements have been made and further trials conducted.—We are, etc.,

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Clinical Tutors and Medical Centres

SIR,—The leading article "Clinical Tutors and Medical Centres" (4 December, p. 572) perpetuates the traditional assumption made by the profession that pharmaceutical companies are unable to transmit or present balanced objective information, a point of view which was more easily justified 20 years ago than in the case in 1971.

In my experience the many executives responsible for the elaboration, presentation, and vetting of information destined for the medical and allied professions are undertaking their duties with an increasing sense of social and professional responsibility; moreover, with a genuine desire to ensure that all relevant information is placed before the prescriber in a manner which enables him to exercise his intellectual judgment in deciding the role, if any, which any medication may have to play in his armamentarium.

In my view the pharmaceutical company cannot properly fulfil its obligation to disseminate that information unless it is given free and unfettered access to the platforms of the postgraduate centres and the editorial columns of the medical press. The clinical tutor and the journal editors should, of course, be equally free to ensure that all and any material so conveyed or published is accompanied by an independent and expert critique.

It is only in this way, through construc-

tive and critical exchanges, that the profession can be assured if they will receive the information service it deserves.—I am, etc.,

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Simpson and Hans Andersen

SIR,—In the article entitled "Three Letters by Sir James Young Simpson"¹ the third letter contained an invitation to dinner at Dr. Simpson's home to Dr. John Moir in honour of Hans Christian Andersen, during the latter's visit to Scotland in the summer of 1847.

Making my own investigations here in Copenhagen, I found a reference to this event by H. C. Andersen in his memoirs *Mit Livs Eventyr*² published in Copenhagen in 1855 (translated into English under the title of *The Fairy Tale of My Life*³).

Apparently the dinner took place on 17 August, and Andersen writes: "I came in contact with several famous people in social life . . . at the home of the excellent Dr. Simpson . . . 'The Danish Walter Scott' was the name of honour with which many people honoured me, unworthy though I was. Mrs. Crowe, the authoress, presented me with her novel *Susan Hopley* which has also been translated into Danish. We met at the home of Dr. Simpson, and in the large circle which was gathered there several experiments were made with breathing in ether. I thought it distasteful, especially to see ladies in this dreamy intoxication; they laughed with open, lifeless eyes; there was something unpleasant about it, and I said so, recognizing at the same time that it was a wonderful and blessed invention to use in painful operations, but not to play with; it was wrong to do it; it was almost like tempting God; a worthy old gentleman took my part and said the same; by asserting what I did I seemed to have won his heart."

Andersen also made the following entry into his diary: "August the 17th: Dinner at Dr. Simpson, where Mrs. Crowe and another poet drank ether. I had the feeling of being among two insane who laughed with open eyes; there was something frightening in this; I found it outstanding for operation, but not to be used to tempt God."

It is common knowledge that Simpson in November 1847 first used chloroform in his living room, but it may not be so well known that he used ether inhalation for entertaining his guests.

H. C. Andersen's host on this visit to Scotland was Carl Joachim Hambro (1807-77). His wife, Caroline Marie (1810-52), was sick and for this reason spent some recreation time in Scotland, and happened to be one of Simpson's patients. This is how Andersen met Simpson. The Hambro family⁴ were of Danish origin, and Andersen must have met them or at least heard of them in Copenhagen, where they were well known. It was together with Joseph Hambro (1770-1848), whom Andersen had met in London, that he went to Scotland, leaving London on 10 August.

Joseph Hambro had started as a street vendor in Copenhagen, selling laces and other small merchandise; subsequently he acquired his own milliner's shop, expanded,

made trade contacts in the Danish islands in the West Indies—the Virgin Islands—and established a banking firm. In 1821 he negotiated a loan for Denmark in England, and as a result was elected a *Højraad* (court advisor) by King Frederik VI. In time Carl Joachim became a partner in his father's firm, but emigrated to England in 1839, where his father followed him in 1840, possibly because, as a Jew, he could not be elected to the *Stænderforsamlingen* (the House of Representatives). In London Carl Joachim opened a banking firm, which, thanks to his father's connexions, grew fast. In 1850, at the end of a three-year war between Germany and Denmark, Carl Joachim procured another English loan for Denmark, and was duly elected a baron in 1851 by King Frederik VII for services rendered.

Finally, I found mention of Dr. John Moir in the *Danish Medical Journal* of 25 March 1847. A Danish medical doctor, H. C. Saxtorph (1813-75), having studied in Edinburgh in 1843 and apparently well known to Simpson, published a report⁵ communicated to him by Simpson on the latter's first experiences with the use of ether anaesthesia in six delivery cases. The first of these were stated to have been performed on 19 January 1847; in another case, on 3 February, Dr. John Moir is mentioned as having performed a forceps delivery.—I am, etc.,

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- 1 Gaskell, E., *British Medical Journal*, 1970, 2, 414.
- 2 Andersen, H. C., *Mit Livs Eventyr*. Copenhagen, Gyldendal, 1951.
- 3 Andersen, H. C., *The Fairy Tale of My Life*. Copenhagen, Arnold Busck, 1954.
- 4 Dahl, S., and Engelstoft, P., *Dansk biografisk Håndleksikon*. Copenhagen, Gyldendal, 1920.
- 5 Saxtorph, H. C., *Ugeskrift for Læger*, 1847, 2.R., B.6, 264.

Specificity of Exercise in Exercise-induced Asthma

SIR,—We were very interested in the paper by Dr. K. D. Fitch and Mr. A. R. Morton (4 December, p. 577) on the effects of different types of exercise in asthma. Their results are similar in many respects to those which we published a few months ago on the effects of cycling, treadmill running, and free range running.¹ However, we standardized the exercise by monitoring oxygen consumption as well as heart rate and other ventilatory parameters, and were thus able to control the work being done more accurately than by measuring heart rate alone. Subsequently, we have also studied the response to swimming and arm exercise using similar methods.

We found running to be a more potent stimulus to bronchoconstriction than cycling or the other forms of exercise. Free range running was even more potent than treadmill running. The relatively small difference between treadmill running and cycling found by Dr. Fitch and Mr. Morton may have been due to the matching of work based solely on pulse, or to the fact that some patients received drugs known to reduce exercise-induced bronchoconstriction.² With regard to the mechanisms of exercise-induced asthma we have measured levels of IgE before and after exercise in six subjects and they showed variable changes. We have also carried out detailed studies of blood