use oral clindamycin, or as a preoperative injection, intramuscular lincomycin as our antibiotic of choice.

The department treats approximately 75,000 new patients a year, of whom some 5,500 now receive lincomycin or clindamycin, making a total of 22,000 patients treated with these antibiotics during the past four years. Owing to the drug's rapid absorption and high tissue penetration the clinical results have been excellent and bacteriological monitoring shows that the staphylococci remain completely sensitive. The rapid resolution of acute soft-tissue infections has greatly reduced the number of patients' return visits, with consequent benefit to the cost and efficiency of running the department. Adverse reactions have been remarkably few. Three patients have had a transient generalized skin rash. A small percentage complain of dyspepsia and occasionally a patient who has had a few loose stools will remark, with an air of satisfaction, "that was good opening medicine, doctor." Only one patient has had incapacitating diarrhoea. He had about 15 motions a day for three days but then made a rapid recovery without symptomatic treatment from his own doctor.

An inquiry in the Leeds University department of surgery, where patients are given clindamycin from a very wide area, reveals that no patient has come under their care for colitis secondary to lincomycin or clindamycin therapy.

These observations suggest that lincomycin and clindamycin if used in isolation in the recommended dosage (600 mg of intramuscular lincomycin followed by 150 mg oral clindamycin 6-hourly for four days for the adult patient) are extremely effective and almost completely safe as an antibiotic of choice in the treatment of acute staphylococcal infections.—I am, etc.,

D. H. WILSON
Accident and Emergency Department, General Infirmary, Leeds

Squint

Sir,—On reading the discussion that has followed your leading article (17 August, p. 430) we feel that there is one point in particular that should be clarified. This is the desirability for early surgery in acquired childhood hypertropia and the hope that it may set it to be hoped for. Of the last 200 patients with squints having surgery at this hospital, excluding congenital cases and those without the possibility of a functional result, the most frequent age at initial operation was 3 years.

If surgery is delayed until the age of 5 years the prognosis for a functional result is poor. We therefore consider one of the points raised by Mr. G. V. Catford, Mr. K. C. Wybar and Mr. T. K. Lyle (5 October, p. 42) in their correspondence.

—We are, etc.,

DAVID TAYLOR M. D. P. CRICK
Moorfields Eye Hospital, London W.C.1

**"This correspondence is now closed.**

Role of Infection in Chronic Bronchitis

Sir,—I am amazed at the statement in your leading article, "Smoking and the Common Cold" (7 September, p. 594) that "there is now good evidence to conclude that the progress of airways obstruction associated with chronic bronchitis is unaffected by recurrent chest infections." Those of us who have spent a lifetime looking after chronic bronchitics have witnessed a different scenario. Though the role of infection in the pathogenesis and natural history of chronic bronchitis is uncertain, there is little doubt that the respiratory viruses, Mycoplasma pneumoniae, and Haemophilus influenzae (1) cause acute exacerbations of chronic bronchitis; (2) increase purulent sputum and produce inflammation, ulceration, and eventually fibrosis of smaller airways, thereby increasing airway obstruction; (3) further in cor pulmonale, particularly in the "blue bloater" type of chronic bronchitis, by increasing hypoxia which further elevates pulmonary hypertension; and (4) may even complicate intrinsic asthma with pulmonary eosinophilia and allergic alveolitis. There appears to exist a synergistic and reciprocal relationship between infection on the one hand and irritants and lung damage on the other. The latter predisposes to infection and infection aggravates bronchial damage and obstruction.

Then there is the evidence from the role of IgA, which may be decreased not only in chronic bronchitis but also in bronchial asthma. Even in cases of hereditary deficiency of α-antitrypsin infection may further contribute to parenchymal damage by release of elastolytic proteases from the increased number of phagocytes. Because the smaller airways, which are narrowed in chronic bronchitis, do not significantly contribute to airways resistance the measurement of FEV1 and FVC may not disclose the aggravating effect of infection, but long-term studies may show that recurrent infections have insidiously brought on scarring and narrowing of terminal bronchioles.

S. G. TAN

W. J. CONLiffe

Department of Dermatology, Leeds General Infirmary, Leeds

Disability and Coal Workers' Pneumocooniosis

Sir,—I am grateful to Dr. J. S. McLintock and his colleagues for their response (3 August, p. 343) to my paper (22 June, p. 652). But I beg of them to abandon the use of "bronchitis," which indicates a disease, whereas we seem to have got into the common sense that episodes of acute infection influence the progress of airways obstruction in these patients. If I remember rightly, however, the public not infrequently refers to "bronchitis" when they are ill, and we have got into the common view that bronchitis is a disease. How, then, is the public servant to express himself? I would prefer to use the term "bronchitis" and say that it is a disease, as many people think it is a disease, and I think it is good enough. I think the disease is a disease, and I think it is good enough.

But the public will never accept the term "bronchitis," which indicates a disease, whereas we seem to have got into the common sense that episodes of acute infection influence the progress of airways obstruction in these patients. If I remember rightly, however, the public not infrequently refers to "bronchitis" when they are ill, and we have got into the common view that bronchitis is a disease. How, then, is the public servant to express himself? I would prefer to use the term "bronchitis" and say that it is a disease, as many people think it is a disease, and I think it is good enough. I think the disease is a disease, and I think it is good enough.

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Department of Medicine, The Royal Victoria Hospital, Belfast

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