Correspondence

Symposium on bronchitis

Sir,

May I comment on the complete absence of any mention of the early stages of bronchitis in babies and young children. Are we to infer that this disease is a different entity in the two age groups? It is difficult, probably impossible, for one doctor to con the natural history of bronchitis from its inception soon after birth, its waning as the lusty years of later childhood banish it to its slow seepage back to the chest as vitality imperceptibly diminishes from 40 to 60 years of age.

Another speaker stated that the cilia are capable of moving solid matter at a rattling good pace up the respiratory mucous membrane to the point where it could be swallowed. This suggests to the writer that agents causing bronchitis are swallowed, digested, and absorbed into the hepatic detoxicating system. After a latent interval hyperplasia and hypersecretion initiate bronchial catarrh. This would meet the case of infants and children who do not smoke and are least exposed to the air contaminants thought to be associated with bronchitis.

We might reflect that the protein and carbohydrate they consume could easily become the substrate of mucus, which is only a combination of protein and polysaccharides. This would explain the apparent differences in causation if it be assumed that both groups ingest the agents causing bronchial catarrh.

Romford. P. D. MULKERN.

A survey of migrainous neuralgia

Sir,

I was surprised to find no reference to Charlin's syndrome in the survey recorded by Hardman and Hopkins in your *Journal* of March 1966.

It is not as infrequent as reported. I have seen three cases—all of which responded to nasal packing with cocaine and adrenaline combined with Neocortef eye-drops. Ergot preparations were found ineffective. I wonder whether anyone has tried Tegretol in these cases.

Blackwood, Monmouth. D. K. RAY.

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