

Correspondence

The child with a cough

Sir,

I would like to endorse very strongly Dr Seymour Dubb's letter (*J. roy. Coll. gen. Practit.*, 1969, 18, 195.) Although I do not like the diagnosis 'croup' I feel his advice about increasing the humidity of the surroundings is very valuable in most cases of respiratory infection.

The respiratory passages are lined by mucus glands and ciliated epithelium and any dust or infected particle landing on the epithelium is carried to the oesophagus by the ciliated epithelium. The maximum time for a particle to travel from the nethermost part of the lung to the oesophagus in health is about 20 minutes, and 20 minutes is the time taken for most infectious micro-organisms to reproduce, so that although mucus is a good culture medium the bacterial population cannot rise appreciably unless the flow of mucus is somehow retarded. The main way in which this occurs is by nursing in conditions of low humidity.

The human species is two million years old but by this time scale bedrooms are a recent novelty and therefore rather an abnormal nocturnal environment. Due to the diurnal variation in atmospheric temperature the moisture in bedrooms tends to condense on walls and windows so that the free air in bedrooms gets very dry; this is largely unaffected by measures such as leaving the bedroom windows open. The first effect of this is to cause a drying of the bronchial mucus which becomes viscid and causes a nocturnal cough which is trying to the parents and perplexing to the doctor since the child is often quite normal when examined in the morning. Since the main defence of the respiratory system has been jeopardized the scene is set for secondary infection of many kinds, which as Dr Dubb says can be treated very well by old-fashioned steam inhalation in addition to more modern drugs.

Often such advice is resisted because granny has often advised mother to keep the child away from the damp, and we have to go through a laborious explanation of mucus flow and ciliated epithelium in order to make

our point clear; however, the effort is well worthwhile since the amount of subsequent recurrences is greatly reduced together with the amount of antibiotics prescribed.

This is a major problem in general practice since about 100,000 cases a day are dealt with in this country during the six winter months.

We should remember that lung disease in humid climates is relatively uncommon, whereas in desert surroundings respiratory disease is common and serious.

Marlow.

BRENNIG JAMES.

Boxing injuries

Sir,

Dr J. L. Blonstein's article on Boxing Injuries in the August 1969 edition of our *Journal* requires some supplementing.

I am writing as a man who has done some boxing way back in his youth and also as a doctor who was an ABA medical officer closely involved with a boxing club for five years before leaving for Canada. Since arriving in Canada an opportunity has not presented itself for me to resume duties as a medical officer to a boxing club, but I feel that my views are still fairly up-to-date.

Dr Blonstein's statistics are impressive and one cannot but accept them. However, if there was not a greater hazard to health than Dr Blonstein implies, there would not be so much agitation against boxing nor so many various safety suggestions put forward such as compulsory rubber or elasticized floor for boxing rings, head guards, pneumatic boxing gloves and so forth. Doctors who are medical officers to boxing clubs should not be too sanguine about the hazards.

My major disappointment in Dr Blonstein's paper is that he did not mention the ease with which doctors can stop a man from boxing if it is thought that it would be dangerous for the boxer to continue. Some 12 years ago, when I was in practice in Essex, a patient came to see me complaining that he had had a lapse of memory; he had fallen down and hurt himself and had been told that he had had an epileptic convulsion. This man, who was 29, had the face of a

'pug' and his affect was inappropriate. He had been a paratrooper and as an amateur over the previous ten years he had had nearly 500 bouts. The statistics of this young man's efforts are quite fantastic! I examined him and was unable to find any central nervous system abnormalities, other than his euphoria. He was 'punch drunk'. I warned him that if he continued boxing he was endangering not only his health but possibly his life. He took no notice of my admonitions, continued to box and no more than a month later had a grand mal seizure in Shepherd's Bush and landed up in the Postgraduate Hospital in Hammersmith where he had a craniotomy. From then on he earned a precarious living breeding dogs and was intellectually severely impaired. All people who are devotees of boxing will say a "Most unusual circumstance and case". I must hasten to add that I too am a devotee of boxing and am not just spreading alarm and despondency. I was not aware at that time how to stop this young man from boxing and forcing him to submit to a full assessment by a medical officer of the ABA. Doctors should realize that they only have to write to the ABA and explain the situation concerning a patient in order to get that boxer completely reassessed, an EEG performed, and if deemed advisable his card withdrawn and the man not allowed to box again.

When I was a boxing medical officer, the boxers had cards of different colour which they carried with them and these cards had to be presented at the time of the bout. Without this card, the boxer may not fight. I presume that this still occurs and that the different colours still remain—the aim of the different colours being that a boxer with a certain degree of skill should not be pitted against a boxer of considerably inferior or considerably superior skill, for obvious reasons. In this card there are spaces for a date and the doctor's observation as the result of his examination of the boxer. A doctor may ask for this card and write on it the recommendation which can only be superseded by a doctor of the ABA.

Let me now turn to a totally different point. It was with the greatest of difficulty and only after being most pig-headed that I managed to obtain reasonable conditions of work for myself in the course of examining boxers before a tournament. I found myself having to examine as many as 50 young men in a room that was more often than not

filthy and covered in dust. Boxers were being weighed. Trainers were shouting to one another. Boxers were dashing around looking for lost equipment. In the midst of this, a doctor was expected to examine a boxer and make a reasonable assessment concerning the young man's fitness for the bout that he was about to enter in the tournament. It took me something like 18 months to obtain a quiet room for myself in which I was able to work and see a boxer and talk to him alone. As a result of this many visiting trainers would come up and thank me for the way in which I had conducted the medical examination of their boxers and said that this had not occurred before. I say this, not in the spirit of arrogance, but purely to draw attention to the fact that doctors in these circumstances are expected to perform in surroundings and situations which they would not accept under any other circumstances.

My last point is to draw attention to the indescribably dirty and dusty surroundings in which boxers are expected to change. Frequently there are no shower facilities. There are often inadequate facilities just for washing. I suggest that because of the dirty conditions in which so many boxing bouts do take place, every boxer should have on his card a record of his immunization against tetanus. I am sure that Dr Blonstein and any other officer of the ABA would point out to me that no boxer to their knowledge has yet contracted tetanus. This, of course, is not a rebuttal. As a man who has always intensely admired athletes and has had a particularly warm spot in his heart for young boxers, it has always struck me as being particularly degrading to these young men to give them conditions such as I have described in which to pursue their sport.

A final question. Do boxing clubs still give cartons of cigarettes as prizes? To stop this outrageously stupid practice was one struggle I waged unsuccessfully!

Saskatoon.

JOHN Z. GARSON.

Medical record envelopes

Sir,

The problems arising from the inadequacy of the present E.C.6. and the E.C.6b envelopes have been aired on many occasions and there have been many suggestions as to how the general practitioner's records can be improved