

graduate education which many general practitioners receive (at any rate in therapeutics) is from the representatives, advertisements and mailed notices of the pharmaceutical firms. To return to Mr Levin's suggestion that the latter should rely less upon traditional methods of communication and more upon postgraduate medical centres, may I, in turn, make two further suggestions that he and his colleagues might consider?

First, pharmaceutical companies must make a much clearer distinction between promotion and their role, *faute de mieux*, as educators of general practitioners in therapeutics. Secondly, to achieve this (and at the same time to build up a great deal of goodwill in the profession), they should spend much more of their funds on genuine educational projects, such as supporting medical centres and sponsoring symposia, and much less on promotion.

For those of us who hold a deep conviction about the potentiality of the Health Service and the great contribution which good general practice can make to the well-being of the community, it is sad to recognise that the pharmaceutical industry is the only part of the medical scene which is financially solvent. The difficulties of obtaining financial support for research and for the pioneering of new ventures contrasts starkly with the apparent ease with which small companies spring up to copy drugs made and developed by other companies, and the lavish expenditure of nearly all companies on mailing advertisements, visits by representatives, colourful but biased films and luncheon parties at which the latter are presented.

IAN GREGG

Roehampton,
London.

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- Journal of the Royal College of General Practitioners* (1971). Editorial, 509-10.
Levin, R. (1972). *Journal of the Royal College of General Practitioners*, 22, 124-5.

The handedness of Kerrs

Sir,

I was intrigued by the account in *The Times* of the left handedness of the Kerrs and the Carrs. In 1936 when in Scotland I visited Ferniehurst Castle where the steps in the towers went clockwise to accommodate the left handed sword defence of the Kerr owners.

In 1951 I became aware of the general anti-clockwise movement throughout the animal world. It appears to be more usual for movement to be made in this direction than otherwise. I first noticed the ring-making propensities of roe deer and have many pictures of these rings, which usually show by the lie of the grass or other features that the running was from left to right. Later I discovered that animals in circuses, animals working eastern water pumps, certain types of mating spiders, birds circling in an aviary, natives dancing at a Corroboree, humans entering a bank by swing doors or dancing in a ballroom, mating

hedgehogs and snail shells also show the same feature. I sought a solution.

At present, the molecular structure of muscle—DNA helix—might suggest a reason. It does not explain, however, why some animals and climbing plants do the reverse. Experiments done for me at a primary school showed that in the earliest stages of school life children circle in ring games clockwise, but as they get older the percentage that become anti-clockwise reaches about 90 per cent.

Another intriguing discovery was made during the boring of the sea floor in the Pacific. The molluscs in the first 50,000 years or so showed anti-clockwise shells; carbon dating showed that the next 50 or so years showed a mixture, then all shells went clockwise. The 'mixture' period was associated with a loss of polarity of the earth. Then with magnetism at nil the magnetic field fails to blanket the effects of cosmic rays. Possibly there is a mutation at work.

I have been collecting such information for many years, but I never dreamed that I might find a relationship in the twist of the umbilical cord. I will get this looked at in deer. I would think there is some fundamental explanation and I continue to look for supporting evidence.

F. J. TAYLOR PAGE,
National Secretary,
The British Deer Society

The Deer Museum,
Lower Hay Bridge,
Bouth-by-Ulverston,
Lancashire.

REFERENCE

- Journal of the Royal College of General Practitioners* (1971). Editorial, 21, 693-4.

College of General Practitioners—1845

Sir,

The following article in a copy of *The Lancet* dated 20 September, 1845 has interested me and may be relevant to the problems of today. It was extracted from the *Pharmaceutical Journal* of the same month:

"The College of General Practitioners—The proposed new college has been shorn of its chief power and dignity. Medicine and surgery are cut off, midwifery is struck out, and nothing remains but a new Society of Apothecaries, an institution which can confer no degrees in what are termed the higher branches of practice. The licentiates are to have the power of recovering charges for drugs, like other tradesmen, and the standing they are to enjoy is such, that they will have not inducement to waive this privilege from notions of professional dignity. We doubt very much whether the general practitioners themselves will be contented to accept the degrading position thus offered them. We believe the opinion is gaining ground that the medical profession would be raised in character and respectability by becoming disconnected from the trading functions hitherto blended with it, and in effecting this separation, the only point on

which medical men are likely to be at all tenacious, has reference to the question of remuneration. A plan by which medical practitioners would be adequately remunerated for their professional skill, without condescending to act as tradesmen, would, we believe, give more general satisfaction than a continuance of a system, the objections to which have been so frequently pointed out. Medical practitioners should have the power of recovering fees for attendance, but not for medicines administered. Chemists should be prohibited from visiting patients. The question of counter practice is the only difficulty, and this would be most effectually met by making those who transgress beyond the bounds of propriety responsible for the result, and liable to summary punishment in case of manslaughter. The improvement in the education of chemists would tend greatly to diminish the propensity to encroach on medical practice, since it may be stated as a general rule, that those who are the least informed are the most venturesome." *Pharmaceutical Journal* Sept.

J. GWYN THOMAS

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Denbigh.

Book review

Sir,

With reference to the review of "Asthma and other Allergies" in your December *Journal*:

I note that the reviewer states that "disodium cromoglycate is not mentioned at all."

'Intal', being the same as disodium cromoglycate is discussed on pages 62 and 63.

ERNST PHILIPP

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Cuba Mall and Dixon Street,
Wellington 1,
New Zealand.

REFERENCE

Journal of the Royal College of General Practitioners (1971). 21, 741.

Swimming clinic

Sir,

For the past six years I have been conducting a swimming clinic for children suffering from various chest complaints, particularly asthma. The clinic is held weekly at Billingham Old Baths.

The original idea was based on my observations from sports swimming where many youngsters undergoing training, (e.g. when proper breathing technique is used,) rarely suffer from respiratory illnesses and, when these occur, they are speedily overcome. In my opinion, the respiratory apparatus in sports swimming develops quickly as does the general physique.

The children are being referred to me by general practitioners, but mainly by the paediatricians and chest physicians of the area. Examinations are

carried out at the first attendance to the clinic and at regular intervals afterwards. The examination consists of a physical examination of chest, chest measurements such as forced-expiratory-volume, breath-holding-time and the taking of photographs of the chest in frontal and side views.

Instructions are given to parents when first seen and also at meetings held three times a year before holidays. Parents are also issued with instruction sheets to remind them about points of importance such as insistence on regular attendance even when the child is not quite well, unless feverish. I also advise about the time of last feeding before the clinic.

The staff at the baths consists of a physiotherapist who is assisted by a physical education instructor and an instructor who specializes in the modern rapid swimming teaching method and numerous other swimming instructors. All these auxiliaries are instructed regularly by me to bring home to them the particular attention that is to be paid to the mode of breathing. Although land and water exercises are also performed, proper progress is particularly made after swimming has been mastered. Most children improve considerably and this is borne out by both subjective improvement such as absence of attacks of wheeziness or diminished severity and duration of same, reduced absences from school and reduced demand on their own doctors. The objective improvement correspondingly shows positive improvement in measurements, sometimes staggeringly so.

Although initially, it was thought that improvement, if possible, would be achieved through improved lung function, it is now clear that there are several factors operating. Improved heart strength and general fitness occur but, above all, increased self-confidence with confidence and toughening of the parents are obvious. There are now similar clinics in other parts of the world based entirely on the psychological approach in asthmatic children.

If we are succeeding where ordinary breathing exercises on land have failed, this is, in my opinion, due to two factors:

(1) That the child's attention in ordinary exercises on dry land can seldom be held whereas the water exercises seem to be very much enjoyed by practically all children and, therefore, maintained.

(2) Via CO₂ increase and increased oxygen demand, deep and proper breathing is automatically produced through swimming.

Finally, I should mention a point of interest: in the six years experience with this clinic, I am not aware of a single case where an attack of wheeziness has been triggered off through exercises in the water.

JOHN ABELS

Dr Tillie Swimming Clinic,
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Billingham.