

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

24 Bridge Street,  
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

Hope Bros Buildings,  
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 CO<sub>2</sub> 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,  
38 Melrose Avenue,  
Billingham.