siderable mental and/or physical infirmity. Is it not time to accept that care could be improved if homes of this type became the joint responsibility of the social services departments and health authorities with regard to staffing, funding and training? More expertise within the home would decrease dependence on the staff and improve the quality of life of those who live there. If the 'hospital' service is improved the elderly can get more benefit from the 'hotel' service of the residential 'home'.

P.A. HENDERSON

The Porch
Corsham
Wiltshire SN13 0EY

References

1. Department of Health and Social Security. Social Work Services Development Group. *Growing old in Brighton.* London: HMSO, 1980.
2. Department of Health and Social Security. Welsh Office. *Residential homes for the elderly: arrangements for health care.* London: HMSO, 1977.

The prevention of drug misuse

Sir,

Publicity about combatting the problem of drug misuse often implies that considerable resources are necessary. While this may be true for difficult cases, much can be done by general practitioners using few resources for those misusers wanting help.

First, there is the prevention of access to drugs and prescription record systems could alert general practitioners to the misuse of medicines. Several of the 92 clients attending a voluntary drug counselling and support service in the Medway towns area of Kent raided parents' and relatives' medicine chests for anxiolytic, antidepressant and analgesic drugs. One client bought 100 dipipanone tablets monthly from a patient who had had them prescribed for chronic pain.

Secondly, there is the provision of information about drug use. The display of the telephone number of a drug advice and support group and copies of the current Department of Health and Social Security publications — *Drug misuse, a basic briefing, What every parent should know about drugs, What parents can do about drugs,* and *What to do about glue sniffing* — left in the waiting room can provide help for patients too embarrassed or cautious to ask for help and advice outright.

Finally, help with health education and health promotion activities should be obtainable from the health education unit of the local health authority.

Health education officers with support from doctors can be persuaded to organize discussion groups for patients, parent/teachers' meetings and social groups.

When treatment is required, cooperation between the doctor and the local self-help group can be useful, with doctors providing medical care and volunteers offering time for counselling and support. Clients attending a voluntary group in the Medway towns often spend two to three hours talking over problems, time not usually available to a busy general practitioner. Where there is confidence in a local support group, volunteers can work with the general practitioner by supporting the client during withdrawal from a drug.

V.K. HOCHULI

11 Queen's Road
Gillingham
Kent ME7 4LP

An unusual presentation of childhood asthma

Sir,

Two prospective studies found the prevalence of itching associated with asthma attacks to be 41% and 70%, respectively.[1,2] The site of itching was usually constant in each patient, affecting the anterior part of the neck or upper back in most patients.

Case report. A.S. (date of birth: 20 June 1972) first consulted his doctor at the age of one year with respiratory symptoms. He consulted during the following nine years, on 14 further occasions, with a history of cough. Thirteen prescriptions were given at these 15 consultations: six were for antibiotics, four for antitussives and three for bronchodilators. At the age of 10 years and 10 months he presented complaining of 'tingling' in his back.

My patient has written a letter describing his symptoms:

> 'When I get a tingly back I sometimes become out of breath very quickly. When I get one I don't let anyone touch it or I don't sit against anything (like the back of a chair). As soon as I do get one I ask my mum to give me a 5 ml dose of Bricanyl syrup [Astra], which stops the tingly feeling and out of breathness. It feels like putting your hand against a television screen and getting all of the static off it. The tingly feeling only affects my back. The Bricanyl syrup takes one hour to work on my back.'

When he presented with the 'tingly back' he had rhonchi on auscultation, he demonstrated dermographism and his peak expiratory flow rate was 270 l min^{-1}. On direct questioning he admitted to exercise intolerance. A full blood count showed eosinophilia (12%) and a chest X-ray was normal. He was treated with sodium cromoglycate and terbutaline and two months later was able to exercise without getting breathless. His peak expiratory flow rate had increased to 340 l min^{-1} (25% increase), confirming the diagnosis of bronchial asthma.

Comment. Symptoms of asthma which are not typical can lead to a delay in diagnosis,[3] as demonstrated by this patient. The recognition of prodromal itching as a clinical sign in asthmatics may lead to an earlier diagnosis. It is unclear whether my patient's symptom was indeed relieved by terbutaline sulphate as he describes, or whether the itching resolves spontaneously — the reported duration of the symptom is from a momentary episode to 30 minutes or more.[1,2] The pathogenesis of this symptom remains unclear but its recognition has obvious implications for earlier diagnosis and treatment of asthma attacks.

MARK LEVY

173 Castle Road
Northolt
Middlesex

References

1. David TJ, Wybrew M, Hennessen U. Prodromal itching in childhood asthma. *Lancet* 1984; **21:** 154-155.
2. Orr AW. Prodromal itching in asthma. *J R Coll Gen Pract* 1979; **29:** 287-288.
3. Marks BE, Hillier VF. General practitioners' views on asthma in childhood. *Br Med J* 1983; **287:** 949-951.

Corrigendum

Spiritual healing in general practice

Dr G.W. Taylor, The Surgery, 53 Circuit Lane, Reading RG3 3AN, is a member of the Joint Working Party of the College and the Church's Council for Health and Healing. In his letter in the September *Journal* it was not made clear that he would like to have information from doctors who attend doctor/clergy *groups* or who have a member of the clergy or a spiritual counsellor attached to the practice.