

ment that doctors use 'flimsy indications' for prescribing inhalers, when a consensus meeting of experts⁹ agreed that all but patients with the mildest asthma should receive anti-inflammatory treatment, that is sodium cromoglycate, nedocromil, or inhaled topical steroids? The agreed indication for prescribing one of these drugs was when the patient needed to use a relief bronchodilator every day. Most experts have difficulty in deciding the long-term duration of therapy and yet Dr Struthers writes about allowing medication to continue long after it was needed.

Finally, I would suggest that doctors who are advisers to various employment agencies should become better informed. They could then put their efforts into advising their employers to revise their guidelines. Well treated asthma should not impede anyone's career opportunities, as evidenced by the many famous athletes who represent their countries despite the need for asthma medication.

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Sir,

The letter by Dr Struthers (September *Journal*, p.387) seems to reinforce the attitude that if a bad practice is in place one should follow its rules rather than seek to change them.

In the light of our present knowledge of the physiology and management of asthma, surely it should be the responsibility of medical advisers to let the arm-

ed services know that asthma need in no way be a handicap to any potential candidate. Presumably had Dr Struthers examined Mark Spitz he would have advised him that he should not swim for the American olympic team. There are many examples of fine achievements both in athletics and in other fields by people who are asthmatic and effectively managed. Perhaps the National Asthma Campaign could extend its education process to include those in authority in the armed services.

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Shortbread wrist

Sir,

A middle-aged Scottish expatriate housewife consulted her American family physician for severe, acute bilateral wrist pain exacerbated by movement of the thumbs. The pain was worse on the right and had been present for four days. No history of acute injury was elicited. Both history and physical examination were classical for de Quervain's syndrome and the condition responded rapidly to rest and non-steroidal anti-inflammatory medications.

The physician was puzzled as to the aetiology of the condition and questioned the patient more closely at the follow-up visit. The only unusual activity reported prior to symptoms was an increase in baking. The patient usually baked weekly for her family, but following a function for which she had prepared shortbread, she received many requests for the recipe from her American friends and neighbours. None had succeeded in successfully preparing the shortbread, causing the patient to bake multiple batches of shortbread as gifts. There appeared to be a causative relationship between the increase in shortbread production and development of symptoms. Further, preparation of a 'test batch' for consumption by the investigating physician, reproduced the symptoms in a milder form.

Scottish shortbread is an unusual baking product as it contains no liquid ingredients. In the classical form, the three ingredients, flour, sugar and butter are combined as a result of vigorous kneading. The hypothesis that human sweat acts as a binding agent is unlikely due to the prevailing ambient temperature of Scottish kitchens at the times of year of maximum shortbread production. It has been

suggested that a genetic predisposition is necessary to obtain the correct technique for successful binding of ingredients. The inability of others to reproduce the shortbread in this case lends credence to this belief but this issue is highly controversial, particularly in British literature. An additional controversy exists over the ability of mechanical devices such as mixers or food processors to reproduce the characteristics of classical shortbread.

This patient had lived in the United States of America for five years and did not bake shortbread regularly. Expert consultation suggests that her technique had become faulty, resulting in excessive wrist action with the thumb extended. There is, however, a lack of consensus on the optimal technique and marked regional differences in kneading practice. The patient plans to review technique at her next visit to a centre of excellence of shortbread production.

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Headaches caused by exhaust fumes

Sir,

I have recently come across a cause of headaches that I had not previously entered in the differential diagnosis.

A 21 year old woman came to see me complaining of headaches. She found that they were not as bad at the weekend as during the week and that they tended to be worst in the first part of the morning and later in the afternoon. I found nothing significant on examination and I simply arranged to see her again in 10 days. On her return she indicated that she had taken her car in for servicing and that the exhaust pipe had been found to have several holes. The exhaust pipe had been replaced and since then her headaches had disappeared. It would seem that the headaches related to the exhaust fumes circulating through the car.

I shall try and remember to enquire about the state of my patients' car exhausts if they complain of headaches. It would obviously be more pertinent in situations where there was a definite time relationship between the headaches and travelling to and from work by car.

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