great surprise that she was getting so much for her 2s.

I wonder if some way could not be found to indicate to patients when they receive drugs the cost they would have to meet if they met the cost out of their own pocket.

From a different point of view, however, bearing in mind my article on "On not taking P.A.S.,"¹ I was gratified to find a young woman out-patient who was evidently taking her P.A.S. treatment conscientiously.—I am, etc.,

Deptford Chest Clinic,
London S.E.8.

J. P. V. RIGBY.

REFERENCE

Rigby, J. P. V., *Tubercle (Lond.)*, 1958, 39, 336.

Digitalis Toxicity, Calcium, and Pronethalol

SIR,—It is established that the cardiac manifestations of digitalis poisoning can be terminated either by the use of the adrenergic β -receptor blocking agent pronethalol¹ or by the removal of calcium ions using trisodium ethylene-diamine tetraacetic acid (E.D.T.A.).² Is it possible that the mechanisms underlying these two procedures are connected? The observation has been made that the characteristic cardiac phenomenon of digitalis toxicity depends on the presence of circulating catechol amines.³ Further, Burn and Gibbons⁴ have presented evidence to support the view that calcium ions are in some way necessary for sympathetic transmission. Hence it is possible to hypothesize that the relief afforded by calcium removal in digitalis toxicity may really be due to interference with sympathetic transmission in these circumstances due to the lack of calcium ions.—I am, etc.,

S. R. KOTTEGODA.

Department of Pharmacology,
University of Ceylon,
Colombo, Ceylon.

REFERENCES

- 1 Stock, J. P. P., and Dale, N., *Brit. med. J.*, 1963, 2, 1230.
- 2 *Ibid.*, 1964, 1, 613.
- 3 Méndez, R., Erlj, D., and Cetrángolo, R., *Abstracts IV World Congress Cardiology*, 1962, p. 236.
- 4 Burn, J. H., and Gibbons, W. R., *Brit. med. J.*, 1964, 1, 1482.

Neurogenic Intermittent Claudication

SIR,—Dr. J. Grimley Evans's report on the above condition (17 October, p. 985) causes me to say that I have seen several examples of this.

The first was in myself in the course of a very painful and long drawn-out attack of lower back and sciatic pain with loss of the left ankle jerk, regarded as a disk syndrome. I remember thinking to myself that in other circumstances I would certainly have suspected my peripheral circulation, the pain being in the region of the peroneal muscles. No lumbar puncture was performed, and my request for surgical exploration was refused. The condition cleared with rest.

Practically no pain now occurs after seven years, but if I yawn unguardedly with extension of my back and lower limbs I produce violent cramp in the peroneal muscles on the left, which will leave soreness there for two or three days. When I yawn, therefore, I flex my hip and knee joints and avoid this severe discomfort.

I have seen both these features in other patients.—I am, etc.,

Hove 3, Sussex.

W. A. BOURNE.

Industrial Therapy in Psychiatry

SIR,—The word therapy has been used so loosely in psychiatry in recent times that one hesitates to add yet another number to the numerous therapies already in vogue—psychotherapy, occupational therapy, art therapy, music therapy, etc., etc. However, it seems evident that what is at present so-called industrial therapy is of prime consequence for the future treatment of psychiatric patients.

About two years ago an industrial therapy unit was inaugurated at St. Bernard's Hospital, and the therapeutic results obtained have been outstanding. One is in a situation where the effects from employment in this unit provide for themselves a specific control because nothing has changed in the environment of the patients other than their attendance at this unit. In this preliminary communication I do not propose to describe in detail all the therapeutic benefits achieved. Suffice it to say that I have been very impressed by the resultant effects on nearly every patient under my care who has worked in this unit. Many, against prognostic expectations, have now been placed successfully in outside industry and almost without exception have continued to work satisfactorily and without a relapse in their mental condition.

The unit is run like an ordinary factory. Industrial contracts are undertaken as they would be in ordinary industry. Patients are instructed by skilled industrial instructors and receive remuneration in accordance with their productivity. Many different types of work are available, including routine conveyor-belt jobs, woodwork, store-keeping, and clerical and administrative posts. Discussion groups and social functions are organized after working hours, and one of the main objectives is to resocialize patients as well as rehabilitate them at work. The ultimate aim is, of course, to re-establish patients in the outside world.

It is, of course, not to be assumed that all patients who are treated in mental hospitals are suited to industrial therapy. Nevertheless this scheme is, I consider, a prototype for all other forms of training for re-employment of psychiatric patients. It could and should be used to train them for gardening work, farm work, or routine manual labour. Skilled instruction and adequate remuneration will, I feel, surely produce results in these fields equivalent to those already attained in the industrial one.

The importance of industrial therapy of the type described above has received much recognition, and while St. Bernard's Hospital, Southall, has been in the vanguard many other hospitals are already interested in similar projects, including factories under Industrial Therapy Organizing auspices.

Many of our colleagues from this country and abroad have visited the St. Bernard's Hospital Industrial Unit and the neighbouring I.T.O. factory to see the scheme in operation.—I am, etc.,

St. Bernard's Hospital,
Southall, Middlesex.

DONALD BLAIR.

Smoking in Hospitals

SIR,—Strange as it may seem smoking is prohibited in the corridors of our leading hospitals but allowed in the wards at the discretion of the ward sister. It is now time the management committee banned smoking

in all medical and surgical wards where treatment is undertaken (geriatric wards excepted).

During the post-war years 1946 to 1954, with the approval and backing of my hospital committee, smoking was strictly forbidden in both of the female wards and toilets. It can be done, provided one has the full co-operation of matron and staff.

As a chest physician I am convinced that patients with chest complaints should be compelled to stop smoking whilst they are in hospital, as part of their treatment. This would undoubtedly hasten their recovery, lessen the time stay in hospital, reduce the national drug bill, and help patients to conquer this stupid, obnoxious habit.—I am, etc.,

Leeds 8.

DAVID A. HERD.

Mileage Allowances

SIR,—I was interested to read that, at the Conference of Consultants and Specialists recently held at Birmingham (*Supplement*, 10 October, p. 143) Mr. J. Russell Johnson drew attention to the extraordinary fact that the present mileage allowances have remained unchanged since 1952 (he was reported as saying "1962").

As he rightly emphasized, the costs of petrol and public transport have increased during this 14-year period by at least 50%, not to mention the phenomenal increase in the expense of garage repairs, and there is no doubt, as was pointed out, that whole-time consultants are daily losing money and subsidizing the State, which, in so far as senior civil servants are concerned, provides chauffeured transport at the public expense.

According to your report, the only explanation offered by the Chairman of the Central Consultants and Specialists Committee, Mr. H. H. Langston, was that only two consultants had given a detailed account of their actual expenses. One would possibly be inclined to the view that, following more than a decade during which the cost of living has increased so rapidly that it has been of constant concern to the press, the public, and the politicians alike, it might not be beyond the ability of our representatives to obtain expert statistical evidence to show that the mileage rates which so long ago were considered equitable by the Ministry of Health could conceivably be a little out-of-date in 1964.

It may well be that whole-time consultants, being obliged to bear the whole brunt of their motoring costs over and above the official allowance, do not keep detailed receipts of their car expenses, since they are unable, like those taxed under Schedule D, to transmit the bills to their accountant for tax relief and, in consequence, may find it difficult to supply the answers to questionnaires on the subject. Furthermore, since they are not in receipt of any initial tax allowance or depreciation allowance, the finer points of these calculations may escape their notice. However, they are certain of one thing, and that is that they are having to pay out a proportion of the cost of every mile run on official duty directly from their own taxed income, and they are getting very tired indeed of bearing this unjust burden and more than a little impatient, together with all the non-consultant staff of the hospitals, at the singular lack of progress and apparent indifference displayed by our