measures. Such attention may well make a considerable difference to the emotional component of attacks, particularly when there is an element of manipulation in the attacks.

Secondly, I would like to draw attention to Long's classic experiment (Long *et al.*, 1958) in which he exposed dust-sensitive asthmatic children while in remission in hospital to concentrated samples of house dust collected from their own houses. Their failure to provoke asthma attacks within the hospital setting surely indicates that factors additional to the allergic component are operative in activating or inhibiting bronchospasm. Purcell carried out an admirable study (Purcell *et al.*, 1969) in which he showed that when asthmatic children's parents went away and the children stayed at home, despite allergies, there were in a substantial number of cases no attacks during parental absence. Here one must similarly conclude that allergy is but one factor.

Thus, while I would agree with the author's conclusion that there is a necessity for a thorough search for offending allergens in the asthmatic child I should like to emphasize that there should also always be a full assessment of the emotional climate in the child's home.

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Dr. J. K. Sarsfield comments as follows:

On behalf of my co-authors, I should like to comment on the points made by Dr. Lask. By following our recommended avoidance measures, parental attention is directed not at the child, but at his environment, and these are preferably undertaken in his absence. We considered that any secondary psychic influences acting on the child were uncontrollable due to the nature of the measures under trial. The authors would welcome suggestions for blind placebo avoidance measures.

In the quoted 'classic experiment' of Long *et al.* (1958) over one-quarter of their asthmatic subjects had negative skin tests to house dust and an extremely crude provocation technique was employed. It is certainly possible, using recognized methods of bronchial challenge, to induce bronchospasm in hospitalized mite-sensitive subjects by inhalation of house-dust extracts (Miyamoto *et al.*, 1968). Finally, Purcell's study (Purcell *et al.*, 1969) was only able to show symptomatic improvement during parental separation in a highly selected, small subgroup of asthmatic children where emotional factors had already been predicted to play a major role.

In general paediatric practice the majority of asthmatic children will be greatly helped by appropriate therapy. Hence, the oft maligned parents can feel secure in their own homes and avoid giving excessive attention to their children.

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