pyloric stenosis in Belfast continued to fall and two patients were submitted to operation but no really convincing tumour was found. Perhaps, with our tongues firmly in our cheeks, we could suggest to Professor Meadow that he leaves future palpations to his colleagues if he wants to preserve his 100% record.

References


Moist air and laryngotracheitis

Sir,
I thought that the main purpose of moistening air for children with laryngotracheitis was to take over the function of the nose which invariably malfunctions or is sidetracked.

Reference


R P Beekman
Streekziekenhuis,
Almelo,
The Netherlands

Dr Henry comments:

Dr Beekman has sidetracked himself by speculation about how mist therapy might conceivably help children with laryngotracheitis. The real issue to address is whether this treatment has any practical benefit. As I stated in my article, treatment with cold mist is unpleasant, does not always increase the amount of water enriched gas reaching the airway, and has never been shown to be of clinical benefit. A warm, moist atmosphere overcomes the disadvantages of cold mist but is also of unproved efficacy.

Moist air is widely used to manage children with croup and we need to resolve whether it is effective.