Correspondence

Late sequelae of chest injury

Sir,—The paper on this subject in your March issue (*Thorax* 1981;36:204-7) is of considerable interest but it is a pity that the authors do not say anything about the relationship between symptoms and litigation. Though they found none between symptoms and duration of follow-up, it is important to know whether symptoms differed in those with settled and unsettled claims for compensation. I hope this information will be included in their next report.

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Sir,—Thank you for allowing us to comment on Dr Davies' letter.

Litigation (and possible compensation) is one of many factors which may influence a patient's view of his or her disabilities following an injury. Only a few of our patients had claims for compensation pending and we did not make specific enquiries on this point. We did, however, reassure them of the complete confidentiality of their replies and the purely research nature of our study.

We thank Dr Davies for his comments and will include an appropriate enquiry in any subsequent study.

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Long-term effects of nebulised salbutamol

Sir,—Dr Ann Tattersfield (*Thorax* 1981;36:320) indicates that she has no information on the long-term effects of nebulised salbutamol.

This form of therapy has been used extensively in this

unit since the late 1950s, initially orciprenaline but from about 1973 salbutamol respirator solution. The doses used were generally, for patients under the age of 4 years 1.25 mg of salbutamol, 4-8 years 2.5 mg, 8-12 years 3.75 mg, and over 12 years 5 mg. These have been used on a regular basis three times a day and up to four hourly at home for exacerbations of asthma. Some patients would have used this regime far in excess of 10 years.

We have found orciprenaline and salbutamol used in this way an extremely effective method in the management of more troublesome asthma on a domiciliary basis. There have been no side-effects and certainly no deaths attributable to this form of therapy in well over 1000 patients treated for periods of some months to many years.

I acknowledge the point that Dr Tattersfield makes that nebulised salbutamol is probably more effective in many patients than the metered aerosol because of the much larger dose administered. Nebulised salbutamol should be used mainly in subjects who are unable to use the metered aerosol either because of the severity of asthma or because of inability to achieve a coordinated inhalation.

Nebulised salbutamol is also valuable in the treatment of acute exacerbations of asthma in hospital. We use inhalations of the doses listed above up to every hour in children and adolescents with severe exacerbations. They are under careful observation and we have seen no adverse effects.

I can assure Dr Tattersfield and your readers that nebulised salbutamol is an extremely safe, effective drug. However, its indications remain to be fully clarified and it should not be used to replace metered aerosols in patients able to use them effectively.

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