Thorax 1988;**43**:424

Correspondence

Use of nebulised saline and nebulised terbutaline as an adjunct to chest physiotherapy

SIR,—We were interested to read the article by Dr PP Sutton and others (January 1988;**43**:57–60). The magnitude of the increase in sputum weight after saline or terbutaline, compared with that after chest physiotherapy alone, is small (estimated from figure 1 as being 5 g after saline and 6 g after terbutaline with saline) and is similar to the weight of inhaled saline (4 g). We would be interested to know the character of the sputum collected after the chest physiotherapy with and without nebuliser treatment. In particular, did the proportion of liquid increase or the viscosity decrease after nebuliser treatment? We contend that the increase in sputum weight after 4 ml nebulised saline may simply be due to clearance of nebulised saline. Home nebuliser treatment is expensive and it is important to know the answer to this question before it is advised as an adjunct to home physiotherapy.

NEIL C MUNRO
DAVID C CURRIE
PETER J COLE
Host Defence Unit
Cardiothoracic Institute
Brompton Hospital
London SW3 6HP

**This letter was sent to the authors, and Dr Sutton replies below.

SIR,—Lewis and Fleming[1] have shown that only about one tenth of a nebulised aerosol is retained in the lung, so the equivalent amount (considerably less than 1 g in our study) is unlikely to contribute directly to the increased sputum yield found after saline or terbutaline. We could not comment on the physical characteristics of each sputum sample as objective measurements of viscoelasticity are notoriously difficult to make and interpret.

Although we did not advocate home nebuliser treatment as an adjunct to physiotherapy this would seem logical in certain patients such as those with cystic fibrosis.

PHILIP P SUTTON
General Hospital
Hartlepool TS24 9AH

1 Lewis RA, Fleming JS. Fractional deposition from a jet nebuliser. *Br J Dis Chest* 1985;**79**:361–7.

Notices

Activity holidays for asthmatic children

The Asthma Society is arranging activity holiday courses, under medical supervision, for young people with asthma (aged 8–16) in Cumbria, Northumberland, and Hampshire at the end of July and in August 1988. Each course is of a week's duration. Physicians are asked to consider encouraging parents of their asthmatic patients to apply for a place at one of these centres. Parents are invited to pay for the cost of the accommodation, though the Asthma Society is willing to provide grants when necessary. Details and application forms from H Faulkner, Asthma Society, 300 Upper Street, London N1 2XX.

The Dr HM (Bill) Foreman Memorial Fund

The trustees of the Dr HM (Bill) Foreman Memorial Fund invite applications for grants relating to study in respiratory disease. Limited funds are available for registered medical practitioners, for helping them to travel to countries other than their own to study respiratory disease, and also for support of clinical research abroad. Intending applicants should write for further details to Dr B H Davies, Sully Hospital, Sully, S Glamorgan, CF6 2YA.

Conference on health related effects of phyllosilicates

The first International Conference on Health Related Effects of Phyllosilicates will be held in Paris on 16 and 17 March 1989 and will include sessions on clinical and epidemiological evidence of health effects, biological responses, and industrial aspects. Details from Professor J Bignon, INSERM U 139, Chu H Mondor, 94010 Creteil cedex, France.

Correction

Vitamin D and parathyroid hormone and bone mineralisation in adults with cystic fibrosis

Two errors occur in the paper by Dr RJ Stead and others (March 1988;**43**:190–4): in table 1 the first value under *Patients* should be 97·1, and in table 2 the p value for the third line under *Bone mineral index* should be $<0{\cdot}001$.