symptoms in the city of Belfast, where the cardiac ambulance service is well known and frequently used, and that the mortality rate of patients under 70 seen by such a unit within an hour of onset of symptoms can be as low as 8·6%.—I am, etc.,

JOHN PEMBERTON

Department of Social and Preventive Medicine,
The Queen's University of Belfast

1 McNeilly, R. H., and Pemberton, J., *British Medical Journal*, 1968, **3**, 139.
2 Fulton, M., Julian, D. G., and Oliver, M. F., *Circulation*, 1969, **40**, (Supplement 4), 182.
3 Pantridge, J. F., *Quarterly Journal of Medicine*, 1970, **39**, 156, 621.

Brucellosis and Goat's Cheese?

SIR,—Dr. A. M. W. Porter and Dr. E. L. Smith (4 September, p. 580) and would-be visitors to the ever-increasingly popular Mediterranean resorts will be sure to be interested in the following exhortation from a recent review of brucellosis in one such holiday resort:

"It is time the sale of cheese made from unpasteurised milk was forbidden, only so can this loophole be plugged."[1]—I am, etc.,

WALLY VELLA

Pathology Department,
Royal Army Medical College,
London S.W.1

1 Agius, E., and Pepper, Rosemary, *St. Luke's Hospital Gazette* (Malta), 1971, **6**, 53.

Queen Alexandra and the Tate

SIR,—Support has recently been given by correspondents in *The Times* (1 and 2 September) for reconsideration of the decision to close the Queen Alexandra Military Hospital, Millbank, and transfer its services to Woolwich to allow the Tate Gallery to expand. It surely cannot be impossible for modern architects to retain a hospital on the present site and at the same time allow the Tate to expand. Expansion of the Tate is already assured, but I would like to advance further reasons for retention of a hospital as well.

The need for adequate training of specialist and other doctors in the armed Services now needs no argument. In peace, though the Services themselves have a great contribution to make, most of the clinical specialties must supplement their postgraduate education and training in civil medical practice. The part played in education and research by the Royal Army Medical College, Millbank, must be stated by officers nearer to service on the active list than I, but the combination of a service educational and research establishment within 200 yards (183 m) of an active allied hospital, both having ready access to the whole range of medical schools and hospitals in London, represents an alliance which it would be foolish to break up.

I go further. Far from destroying this combination, I suggest, for the consideration of the Defence Medical Services Enquiry of which Sir Edmund Compton is chairman, the desirability of turning the college into a joint services postgraduate medical college, and the hospital into a joint services hospital in which research and teaching for the medical services of all the armed Forces would be conducted. Soldiers, sailors, and airmen suffer the same injuries and contract the same diseases; they all have to learn how to resist extreme cold and extreme heat, and how to protect themselves in unfavourable country. Problems for research concern conditions to which all services may be subjected.

I have no doubt that substantial degrees of co-ordination have been established by the services since the B.M.A. evidence to the Waverley Committee was submitted in 1954.[1] An opportunity to carry co-operation much further now seems to be offered, and I hope this will be seized.—I am, etc.,

DONALD C. BOWIE

London W.8

1 *British Medical Journal, Supplement*, 1954, **2**, 111.

SIR,—The Queen Alexandra Military Hospital, Millbank, has earned an enviable reputation over five continents for its kindly and efficient care of the sick and injured. If the present proposal to demolish it to make room for the extension of the Tate Gallery is adopted, the work normally carried out at Millbank will be done at the Royal Herbert Hospital, Woolwich.

I suggest that this would be a lamentable step. The Queen Alexandra is within two miles or so of many London teaching hospitals with the finest concentration of consultant, diagnostic, therapeutic, and research facilities in the world. These have always been made readily available to the Queen Alexandra staff.

The close proximity of the Royal Army Medical College with its teaching facilities is yet another asset that should not be heedlessly thrown away. Furthermore, a not inconsiderable body of troops and their families live in barracks and quarters within easy reach by ambulance of Millbank. This includes, inter alia, the new Knightsbridge barracks, and the new St. John's Wood barracks for the King's Troop, R.H.A., which should be completed in the early spring.

Because of frequent traffic jams, easy access is of particular importance, especially where seriously injured or dangerously ill patients are involved. I speak with personal knowledge of accompanying patients suffering from cardiac infarction, acute abdomen,

Treating Asthma

SIR,—The treatment of bronchial asthma with a steroid-containing aerosol has found little favour, probably owing to the tendency of these preparations to produce adrenal suppression even when administered directly to the bronchus, although good control of asthma has been reported.[1]

Beclomethasone dipropionate is a powerful[2] anti-inflammatory drug which appears to be less well absorbed from the skin than other topical steroids.[3] We have studied the use of this preparation as an aerosol in the treatment of asthma, and report some early findings.

Five allergic asthmatic patients with reversible airflow obstruction were assessed for 10 weeks, by means of a diary card and daily peak flow rate readings (PFR). For two weeks no extra treatment was given, then for one month 400 μg of beclomethasone in aerosol was prescribed. Thereafter each patient randomly entered a two-week crossover trial in which he received either placebo or beclomethasone in an identical container for two weeks, after which he received the alternative treatment for the same length of time. Initially, a 9 a.m. blood specimen was taken for a plasma cortisol level, and at the end of the month's treatment with beclomethasone, a short intramuscular Synacthen (tetracosactrin) test was performed.

There was marked subjective improvement in all five patients, evidenced by a fall in the use of bronchodilator sprays and other medication. There was a significant improvement in PFR during the month on beclomethasone ($P<0.02$).

The effect of changing from beclomethasone to placebo in the first two weeks of the crossover period is summarized in the Table, indicating a significant fall in PFR. The effect of changing back to beclomethasone is also summarized, indicating the superiority of beclomethasone which did not achieve statistical significance, probably owing to the small sample and the short crossover period. The 9 a.m. plasma cortisol before receiving beclomethasone lay between 9 and 24 μg/100 ml in all patients. After a month of treatment plasma cortisol values 30 minutes after 250 μg intramascular injection of Synacthen lay between 17 and 30 μg/100 ml, and at 60 minutes between 19 and 35 μg/100 ml, indicating a normal adrenal response. These results include five patients whose respiratory data were unsuitable for analysis, yet completed the course of treatment.

These optimistic results suggest that beclomethasone dipropionate applied locally to the bronchus can control the symptoms of asthma without causing adrenal corticol suppression. An improved and larger trial in progress is expected to confirm these results.—We are, etc.,

A. P. SMITH
MOLLIE BOOTH

King's College Hospital Medical School,
London S.E.5

A. J. DAVEY

Allen and Hanbury's Ltd.,
Ware, Herts

1 Novey, H. S., and Beall, G., *Archives of Internal Medicine*, 1965, **115**, 602.
2 Caldwell, I. W., Hall-Smith, S. P., Main, R. A., Ashurst, P. J., Kirton, V., Simpson, W. T., and Williams, G. W., *British Journal of Dermatology*, 1968, **80**, 111.
3 Raffle, E. J., and Frain-Bell, W., *British Journal of Dermatology*, 1967, **79**, 487.

	Continue with Beclomethasone	Change to placebo	Beclomethasone to placebo	Placebo to Beclomethasone
Mean change in PFR	+8	−120	−28	+63
Student's *t*	6·7		2·03	
Probability	<0·01		0·07	