

noses was about 1:3. When the figures were classified into the two periods 1929-35 and 1936-46 one hospital gave a proportion of almost exactly 1:3 in both, while the other gave:

	Wrong or Doubtful	Correct	% Correct
1929-35 ..	19	25	57
1936-46 ..	26	50	66

These figures show no significant increase in the proportion of correct diagnoses and agree well with those given by Willis.<sup>1</sup>

I found that the nature of the wrong diagnoses could be classified under four main headings as follows:

	Number	%
Cancer other than lung cancer ..	26	36
Disorders of the central nervous system ..	20	28
Infections of the lung ..	10	14
Other ..	16	22

The interesting feature here was the proportion of cases that first presented with acute neurological symptoms due to metastases.

As nearly 10 years have passed since these figures were collected, it would be interesting to see if any changes in the nature or proportion of wrong diagnoses have occurred since then.—I am, etc.,

London, N.W.9.

C. C. SPICER.

#### REFERENCE

- <sup>1</sup> Willis, R. A., *The Pathology of Tumours*, 1948, London.

### Divine Healing

SIR,—Dr. Nigel Loring (*Journal*, June 9, p. 1363) states that the doctor and clergyman are diametrically opposed, that the Church—he does not say which—insists on blind faith, and that a doctor is taught to accept only knowledge founded on observation and experiment. Your correspondent obviously speaks for himself and cannot be the spokesman for the profession. That the Church insists on blind faith is to presuppose that the Church has no discriminating power and no training in observation and experiment. The intervention of Providence in disease, either functional or organic, cannot be measured and estimated in tangible things, such as length, breadth, height, weight, x-rays, E.S.R.s, and such physical tests. In this materialistic world there is an infinite power that transcends our finite knowledge and is able to operate without consulting His creatures.—I am, etc.,

Dublin.

G. A. CAMPBELL.

SIR,—I would like to associate myself fully with Dr. Jane H. Thompson's letter on divine healing (*Journal*, June 9, p. 1363), please. She takes exception to the B.M.A. Report, as I think everyone who repeats his creeds and makes his Communion deliberately must do. Dr. Nigel Loring's letter (p. 1363) reveals the prevalent idea that there is a diametrical opposition between medicine and Christianity. That is not so, for the Bible expresses the Hebraic view of personality as an indissoluble union of body, mind, and spirit, which is opposed to the Greek view that the body is the enemy of the soul and its chief handicap. This is the fundamental difference between the Christian and humanist view. Does it not call for deliberate discussion, say, in the subsection of the Royal Society of Medicine?—I am, etc.,

Caernarvon.

GRIFFITH EVANS.

### Athlete's Foot

SIR,—I was interested to read the letter by Dr. D. Hooker (*Journal*, May 26, p. 1239), but I am sure he makes a rather important but, alas, common mistake. I had the opportunity to examine microscopically scrapings from the feet of soldiers reporting "sick" with "athlete's foot."

Filaments, etc., of tinea pedis were found in less than 10% of those seen. This would account for failures of treatment using proprietary remedies, and I considered that most of these cases were of simple hyperhidrosis, often accompanied by maceration. In nearly all these cases adequate hygienic measures with the use of titanium dioxide foot powder cleared the condition. I must agree that these measures are essential in all cases, whether fungus be present or not. I quickly learned that daily change of socks was impossible in most cases, as one of the three pairs issued to recruits was required to be kept unworn and undarned for "kit layout." I hope that with recent introductions of less "bull" in the Services this aspect has been considered, with a resultant improvement in the condition of Servicemen's feet. Also I would support strongly lectures on simple hygiene by the medical officer or some responsible regimental personage.—I am, etc.,

Aldershot.

G. R. ADDLESTONE.

SIR,—I was interested to read Dr. D. Hooker's letter (*Journal*, May 26, p. 1239) concerning the incidence and treatment of athlete's foot in soldiers under his care. There are several points he raises which call for comment.

It is not clear from his letter upon what criteria he based his diagnosis. He does not say if he was able to demonstrate in his cases the fungal parasites responsible for athlete's foot. If microscopy of scrapings of their lesions was negative, or if this procedure was omitted, then there is considerable doubt as to whether they were suffering from athlete's foot, or from other more common conditions associated with poor foot hygiene and hyperhidrosis, particularly in Army recruits—for example, podopompholyx, with or without secondary non-tinea infection or eczematous intertrigo.

In any case, his conclusions as to the effectiveness of the measures he describes compared with "the majority of proprietary applications on the market" are of doubtful significance, judged by the information he gives. Did the cases treated by "proprietary applications" have the benefit of frequent washing and drying of the feet, as did the cases treated by Dr. Hooker's non-proprietary applications? Were any cases treated by the measures described but with application of fungicide (formalin) omitted?

Finally, his objection to the direct application of foot powder to the skin: Whether or not his statement that "if this powder gets into the cracks or tissues caused by athlete's foot insoluble granules remain which act as foreign bodies and consequently delay the healing process" is correct I do not know. But, even if it is, I fail to see that the application of foot powder to unbroken skin as a prophylactic measure is thereby contraindicated.—I am, etc.,

London, S.W.9.

M. D. A. HELLER.

### Remedies for Cough

SIR,—We have been interested by the annotations on remedies for cough (*Journal*, February 11, p. 340, and April 28, p. 981). As we have investigated the antitussive action of drugs, we would like to stress that it is indeed very hazardous to transfer experimental data obtained on drugs suppressing coughs caused by mechanical, electrical, or chemical stimuli in anaesthetized animals to non-anaesthetized animals or to human subjects. Experiments on di-terbutyl-naphthalenesulphonate-natrium ("becantyl") showed indeed that this drug has a marked antitussive action in non-anaesthetized animals only, while using chemical pulmonary stimuli to induce coughs. According to clinical observations, this drug also proved to be active in patients.<sup>2,3</sup>—I am, etc.,

Ghent.

G. R. DE VLEESCHOUWER.

#### REFERENCES

- <sup>1</sup> De Vleeschouwer, G. R., *Arch. int. Pharmacodyn.*, 1954, 97, 34.  
<sup>2</sup> Froehlich, W., and Hertzog, J., *Praxis*, 1953, 42, 974.  
<sup>3</sup> Grignon, J. L., and Aubertin, D., *Sem. Hôp. Paris*, 1953, 29, 2999.