

Glycyrrhetic Acid Ointment

SIR,—I have read with interest your annotation (*Journal*, April 4, p. 914) on glycyrrhetic acid ointment and would like the opportunity of expanding on my clinical trial¹ mentioned therein. In my opinion the best way of carrying out a blind control trial in dermatology is that the drug to be assessed and the control should be used on the same patient, at the same time, on symmetrical lesions on two different parts of the body. In this way many extraneous factors such as stress, strain, menstrual disturbances, etc., can be equalized.

My controlled trial of glycyrrhetic acid ointment against ointment base was carried out in such manner; the ointments were supplied blind in pairs and were randomized. Every precaution was taken to ensure that the method of application did not differ. Assessment was both objective and subjective, and treatment normally lasted for two weeks. Although many patients commenced the trial, there were a great number of defaulters, and only 17 patients fulfilled the rigid conditions accurately. Statistical analysis of the results showed that the trial was highly significant ($P < 0.001$).

Glycyrrhetic acid ointment was compared with hydrocortisone ointment in a similar manner in subacute and chronic conditions, and there was little to choose between them.

From the foregoing I am sure it is apparent that my trials were "carefully controlled experiments, thought out and designed beforehand, with a proper system of selection of control subjects."

I am quite sure that the glycyrrhetic acid used in my controlled trials was active, and this has been confirmed by pharmacological experiments on laboratory animals,² but it has also been reported³ that a "so-called" glycyrrhetic acid of a different manufacturer had no anti-inflammatory action in pharmacological experiments. Warin and Evans⁴ admittedly used the same preparation as myself, but I can hardly accept a comparison of their trial (6 cases) with my trial (254 cases) which was a comprehensive assessment of the drug over eighteen months.

Confirmation of my work has been forthcoming in dermatology⁵ in the treatment of psoriasis⁶ and in the dental⁷ and veterinary⁸ fields, when products of the same manufacturer were used. In dogs "in controlled trials of 164 cases the response to the drug was shown to be highly significant," and in "dry socket" a dental paste was stated to "produce relief and healing in the most obstinate 'dry socket.'" In conclusion I would like to state that I have now used glycyrrhetic acid ointments (under the trade mark "biosone G.A.") for over three years in many hundreds of patients and have found their beneficial results both predictable and consistent.—I am, etc.,

Hove, 2.

E. COLIN-JONES.

REFERENCES

- ¹ Colin-Jones, E., Somers, G. F., *Med. Press*, 1957, 238, 206.
- ² Finney, R. S. H., Somers, G. F., *J. Pharm. (Lond.)*, 1958, 10, 613.
- ³ Phillips, A. P., Somers, G. F., *Vet. Rec.*, 1958, 70, 799.
- ⁴ Warin, R. P., Evans, C. D., *Brit. med. J.*, 1956, 2, 480.
- ⁵ Evans, F. Q., *Brit. J. clin. Pract.*, 1958, 12, 269.
- ⁶ Cohen, E. L., *Practitioner*, 1958, 181, 618.
- ⁷ Fry, W. K., and Goldman, V., *Brit. dent. J.*, 1958, 104, 55.

Tonics

SIR,—I was both pained and surprised to find that Dr. J. C. Houston in his article (*Journal*, May 9, p. 1236) classed alcohol as a tonic. I was under the impression that every medical student knew either by instruction or experience that alcohol was a depressant and a depressing drug. *Alcohol: Its Action on the*

*Human Organism*¹ states that "the direct effect of alcohol upon the nervous system is, in all stages and upon all parts of the system, to depress or suspend its function."

The effects of alcohol follow the law of dissolution, depressing the higher centres of control and judgment first and allowing the lower centres freer play, hence the illusory appearance of stimulation. It may in small doses banish the feeling of fatigue, but can do nothing towards removing the effects or products of fatigue. In fact it hinders and prolongs the effects rather than helps, as, being a protoplasmic poison, the body has to burn up and get rid of the circulating alcohol before it can deal with the products of fatigue.

A sedative—yes; an anaesthetic—yes, but not a tonic—I am, etc.,

London, W.9.

R. COVE-SMITH.

REFERENCE

- ¹ Medical Research Council, *Alcohol: Its Action on the Human Organism*, 1938, 3rd ed. H.M.S.O.

Food-poisoning and Food Hygiene

SIR,—I have read with interest the letter by Dr. R. Blowers on food-poisoning and food hygiene (*Journal*, May 2, p. 1182). It may not be generally known that the Central Council for Health Education has a wide range of leaflets on food hygiene, chiefly from the housewife's point of view, and, in addition, has a number of flannelgraphs and film strips on the same subject. To give some idea of the extent of the coverage given by these leaflets, no fewer than 330,000 have been distributed during the past four years—chiefly through local authorities.—I am, etc.,

London, W.C.1.

A. J. DALZELL-WARD,
Medical Director,
Central Council for Health Education.

Chronic Bronchitis

SIR,—May I refer to your leading article on chronic bronchitis (*Journal*, January 17, p. 157)? I am an early chronic (aged 39), improved since the cessation of tobacco, worse periodically (a) in the pollen season, (b) after consuming alcohol, and (c) after consuming alcohol in the pollen season. I find it surprising that you fail to mention allergy or alcohol, and their apparently mutually aggravating effect. Probably both could be directly implicated in the class V population living in areas of heavy air pollution. Whilst simple vasodilatation of bronchial mucosa might explain the alcohol effect, I have seen generalized aspirin-sensitivity rashes after ingestion of whisky by people otherwise insensitive to aspirin. Is the term "brewers' asthma" of Colonial origin?—I am, etc.,

Palmerston North,
New Zealand.

BRIAN BOOTH.

Mysterious Dentine

SIR,—To the practising dentist not wholly bogged down with mechanical procedures in the mouth, the symptomatology of tooth pain presents a continued fascination (*Journal*, April 4, p. 913), if only because the specific patterns of pain run so true to type that a diagnosis can often be made by the patient's history alone.

Unquestionably the high osmotic pressure of a sugar solution plays a large part in the production of pain, as, if the sweet solution is viscous in character (the