

they report are similar to those I found. In a paper I read before the Royal Irish Academy of Medicine, I summarized my results.¹—I am, etc.,

Delaware State Hospital,
Farnhurst, Delaware, U.S.A.

MICHAEL ELYAN.

REFERENCE

¹ Elyan, M., *Irish J. med. Sci.*, 1960, p. 460.

Leg Ulcers

SIR,—I was greatly interested in the article on this subject (March 25, p. 871). Drs. A. Girdwood Fergusson and James C. P. Logan have done good service in cataloguing the various local remedies (pastes, antiseptics, and antibiotics) that one uses in any well-organized ulcer clinic and in in-patient treatment, and also in drawing attention to the desirability of daily or weekly tracings of the regressing sizes of ulcers. I think, however, that their paper goes to show that bed-rest cures most ulcers and that it does not very much matter what medicament is applied. What the paper does not stress is that a leg ulcer is the end-result of a diseased leg—it may be the comparatively rare gravitational ulcer, the all-too-common post-phlebotic leg, the traumatic leg, the ischaemic leg, etc. These *leg* conditions must be treated. It is no use comparing the rate of healing of, for example, “brulidine” (dibromopropamide isethionate) on two ulcers of equal sizes—in different leg conditions.

I agree that the very worst cases have to be hospitalized; but, given adequate, typed, bandaging instructions to a patient, together with typed instructions about the application of the appropriate local remedy (together with a demonstration to the patient at the time his leg is bandaged in out-patients), as good cures can be secured in the out-patients as in the ward. What treatment is adopted in any given cases depends ultimately upon the experience of the man in charge. I personally have never had much success with eusol or triiodothyronine (of which latter I made some trial owing to the courtesy of Messrs. Glaxo). I have had considerable success with “viacutan” (methargen)¹ and more recently with the “terra-cortril” spray (aerosol containing 100 mg. hydrocortisone and 300 mg. oxytetracycline).² Above all—in most cases—bandaging must be firm and supportive with an elastic crêpe bandage.

I can only emphasize again that it is vitally important to treat the leg condition with, for example, physiotherapy, sunlight, bed-cages at night, raising the foot of the bed, exercise by the patient to recanalize a thrombosed leg, and equally important to treat the whole patient—for example, his obesity, arthritis, hyperpiesis. It is a great problem, but it is rewarding work, and with each year one's enthusiasm grows.—I am, etc.,

Liverpool Homoeopathic Hospital, STUART MCAUSLAND.
Liverpool 1.

REFERENCES

¹ McAusland, S., *Medical Press*, 1951, 226, 483.
² ——— *Practitioner*, 1961, 186, 227.

SIR,—I read with interest Dr. A. Aitken Ross's comments (April 22, p. 1171) on the article written by Dr. A. Girdwood Fergusson and Dr. J. C. P. Logan (March 25, p. 871). However, I feel he has allowed his delightful sense of poetry to carry him away when he is so upset by the sight of the leg-ulcer patient in a hospital bed.

Everyone who treats lower-leg ulcers wishes to keep the patient ambulant. A considerable percentage of these patients can be so treated by supportive-bandage

technique, etc. On the other hand, there are many patients—obese, in their sixties, with swollen oedematous legs—who simply cannot tolerate the pain of supportive bandaging. For them adequate drainage of the limb can only be achieved by rest in bed with the foot of the bed elevated. The ulcer will then heal. The local application is of secondary importance.—I am, etc.,

Department of Dermatology,
Bradford Royal Infirmary,
Yorks.

ALLAN BIGHAM.

“Quite Better”

SIR,—I was interested in the review of the book *Good English for Medical Writers* (March 25, p. 880). It was pointed out that various well-known authors showed some faults in English grammar, among them Jane Austen and Dickens. Looking back, towards the end of a long life, I have read most of the writings of these authors, the two mentioned many times. I am grateful for the pleasure they have given me, and have not worried about their grammar or lack of it. The title *Our Mutual Friend*, for instance, is good enough for me, although it may not be grammatically correct.

I have been worried, however, by the use of the word “better” for “well.” The word “better” is used by everyone now, in novels, on the B.B.C., etc., for “well.” I had a letter of sympathy the other day expressing the hope that I was “quite better.” This I presume meant “quite well.” It may be asked, Does it matter? Yes, in my experience it is confusing. When asking a patient, “Are you better?”, he will answer at once, “No,” although his looks belie him. It takes a long time to make him admit that there is some improvement in health. Anyway, I found it did, although it doesn't bother me now. I suggest that if the word “better” is used all the time for “well” then some other word should be invented for “improvement in health.”—I am, etc.,

Newbury, Berkshire.

ALLAN FINN.

Representative-free Trimester

SIR,—During the period of influenza in February I decided to stop seeing drug firm representatives. For three months now I have been relieved of these frequent interviews, pleasant and helpful at times, but often irritating, time-wasting, and occasionally frankly annoying. I have found myself more interested in new drugs than before, in that I can critically appraise the numerous advertisements in the medical journals without preconceived ideas consequent on representatives' sales talk.

I would strongly recommend to other practitioners a “representative-free” three months. I am sure many would find it as pleasant as I have.—I am, etc.,

Gloucester.

G. C. MATHERS.

E.E.G.s of Boxers

SIR,—Dr. J. L. Blonstein (April 22, p. 1174) describes electroencephalographic studies of boxers conducted by the Medical Commission of the Amateur International Boxing Association and the London A.B.A. Medical Branch. Dr. Blonstein states that the only changes observed were physiological and not permanent.

Since a controversial and highly technical problem of this kind clearly calls for fully documented objective reports by detached investigators, it would be useful to know in what medical journal the above studies were published, who the authors were, and what honorary