

flesh, or Hottentot Guts and Garbage, better than Woodsman do Bear. The truth of it is, it may be proper food perhaps for such as Work or Ride it off, but, with our Chaplain's Leave, who lov'd it much, I think it not a very proper dyet for saints, because 'tis apt to make them a little too rampant.

"And now, for the good of mankind, and for the better Peopling an Infant colony, which has no want but that of Inhabitants, I will venture to publish a Secret of Importance, which our Indian disclos'd to me. I askt him the reason why few or none of his Countrywomen were barren. To which curious Question he answered, with a Broad grin upon his Face, they had an infallible SECRET for that. Upon my being importunate to know what the secret might be, he informed me that, if any Indian woman did not prove with child at a decent time after Marriage, the Husband, to save his Reputation with the women, forthwith entered into a Bear-dyets for Six Weeks, which in that time makes him so vigorous that he grows exceedingly impertinent to his poor wife and 'tis great odds but he makes her a Mother in Nine Months.

"And thus I am able to say, besides, for the Reputation of the Bear Dyet, that all the Married men of our Company were joyful Fathers within forty weeks after they got Home, and most of the Single men had children sworn to them within the same time, our chaplain always excepted, who, with much ado, made a shift to cast out that importunate kind of Devil, by Dint of Fasting and Prayer." (From William Byrd's *Histories of the Dividing Line Betwixt Virginia and North Carolina*. The North Carolina Historical Commission, Raleigh, 1929, pp. 250-252.)

I am not advocating bear meat as a treatment of sterility, but I thought perhaps you might be interested in what the Indians had to say about it.—I am, etc.,

Danville, Va.

WALTER McMANN.

### Treatment of Plantar Warts

SIR,—Drs. D. A. Duthie and D. I. McCallum (July 28, p. 216) give an account of the treatment of plantar warts with "elastoplast" and podophyllin. I have been treating common warts in most situations similarly with elastoplast alone, or with elastoplast and the sap of the sun spurge, *Euphorbia helioscopia*, and can confirm their account of the efficiency of the method. It seems that, like podophyllin, spurge juice improves the effect of the elastoplast. Unfortunately, nobody seems to have given figures for the duration of untreated warts for assessing the true value of treatment.—I am, etc.,

Cirencester.

R. E. HOPE SIMPSON.

### Better Treatment for Allergies

SIR,—The article on "Allergy" by Dr. C. J. C. Britton (July 7, p. 39) in the Refresher Course gives within the limitations of space a clear practical survey of the approach to clinical allergy, and it serves to emphasize the discrepancy between what is taught about clinical allergy and actual practice of the specialty in Britain to-day. It is a paradox that, while clinical allergy is included in the list of differential diagnoses by teachers of medicine, there is (except for a very few excellent centres) little practical instruction or opportunity for the application of special methods.

In his classical description of asthma Hyde Salter almost 100 years ago described clearly the action of foods and animal emanations in provoking allergy, and, while conservatism in medicine may lead to a balanced outlook, when it has endured for a century it comes rather to resemble "rigor mortis," for one sees with inevitable regularity a failure to recognize or apply his clinical observations.

Several practical examples of the relationship between allergy and general medicine will help to illustrate the point. In your columns some months ago the tonsil problem in children was discussed. Excluding those cases in whom infection and its systemic effects dictate treatment, no mention was made of the possible relationship of allergy to the upper respiratory tract disorders for which removal of tonsils and adenoids is so frequently considered.

An investigation of this aspect was made in 17 children suffering from chronic rhinitis, nasal obstruction, and so-called "catarrh," and the majority had tonsillar and adenoidal enlargement and fell into the category for whom operation is often

mooted. Fourteen of these children had a typical allergic background, with positive clinical histories, and eight had eosinophils in significant numbers in their nasal smears. X-ray examination showed enlargement of the adenoidal pad in nearly all cases. Therapeutic trials with antihistaminic drugs and ephedrine by mouth improved the rhinitis and nasal obstruction in eight cases, and environmental control, avoidance of food allergens, or hypsensitization with inhalant allergens resulted in lasting improvement, over one year in six cases. Re-examination by x rays at this time showed the adenoidal pad enlargement to have persisted without significant change. It would appear that improvement in the nasal mucosa was responsible for the result and that clinical trials of this type should precede any decision to remove tonsils and adenoids in such cases, since the nasal condition will probably remain unimproved if the fault lies in the nasal mucosa. Operation in allergic children in any case not infrequently precedes the onset of symptoms.

An example of the application of general medicine to allergy practice is seen in the results of treatment of allergic rhinitis at the menopause with oestrogens by mouth (Lucas and Pepys, *Journal of Laryngology*, in the press). Thirty-three cases, including six with histories of inhalant sensitivity confirmed by positive skin tests, responded extremely well to the oestrogens alone, and six others required both oestrogen and inhalant desensitization. These cases all presented the diagnostic criteria for allergic rhinitis, and it was felt that the hormonal disturbance had uncovered a latent or subclinical allergic disorder, and a similar mechanism probably applies to the influence of infection, psychological disturbances, etc., all of which must be considered in the treatment of allergic conditions.

It is important to apply accumulated clinical experience in allergy to paediatric medicine, particularly from the preventive aspect, for the paediatrician sees many cases of allergy in the earlier and more remediable stages. To be exploited fully this knowledge should be applied to the upbringing of children in allergic families.

Much of the criticism of clinical allergy has arisen from the mistaken idea that all allergy is skin-testing and that treatment based on skin-testing should be synonymous with cure.—I am, etc.,

London, W.C.1.

J. PEPYS.

### Toxic Effect of Proguanil

SIR,—The letter from Dr. P. C. Cosgrove (July 21, p. 177) raises a subject which is of the utmost importance to the many thousands of Europeans who live in countries where malaria is endemic. In the district of the Southern Sudan in which I work, we have come to look upon proguanil as an ideal prophylactic to be taken regularly by adults and children alike, and I have not yet come across symptoms or signs which have led me to suspect that it has been exerting a chronic toxic effect. Patients complaining of a "diminished sense of normal well-being together with a loss of energy and appetite" are not uncommon in tropical practice, and, in my experience, such cases occurred long before proguanil became available. The "episodes of sudden, inexplicable, disconcerting loss of balance on changing posture" without, it appears, a complaint of vertigo are, in my opinion, unlikely to be due to a toxic effect on the labyrinth or the vestibular division of the eighth nerve. In tropical practice among Europeans I have found that such symptoms are usually "functional," and the observation that on changing to mepacrine patients reported a disappearance of such episodes does not convince me that the change was due to the removal of a toxic drug. The power of suggestion is great, and in any case the stimulant effect on the higher centres, which is a known property of mepacrine, often leads to a feeling of vigour and well-being in those who take it.

I submit that, until Dr. Cosgrove, or someone else, can present an adequate and convincing series of cases demonstrating long-term toxic effects in those taking proguanil but absent in controls, I and the many Europeans who live in the Tropics can continue to rely on it and be grateful for its harmless, colourless protection for ourselves and for our children. It would be interesting to have the views of others on this most important subject.—I am, etc.,

Richmond, Surrey.

PETER ABBOTT.