

BRITISH MEDICAL JOURNAL



U. S. DEPT. OF AGRICULTURE
NATIONAL AGRICULTURAL LIBRARY

JUN 19 1969

SATURDAY 26 APRIL 1969

CURRENT SERIAL RECORDS

LEADING ARTICLES

Iatrogenic Symptoms in Ophthalmology page 199 **Notching of the Carpal Navicular** page 200
Pin or Prosthesis? page 201 **Hepato-renal Syndrome** page 201 **L-Dopa in**
Parkinsonism page 202 **Feeding Small Babies** page 203 **Herpes Hepatitis** page 204
Softly, Softly . . . page 204

PAPERS AND ORIGINALS

Factors Influencing the Onset of Chronic Respiratory Disease	
W. W. HOLLAND, T. HALIL, A. E. BENNETT, AND A. ELLIOTT	205
Some Principles in the Chemotherapy of Bacterial Infections—II	JOHN CROFTON
	209
Renal Function in Analgesic Nephropathy	T. W. STEELE, A. Z. GYÖRY, AND K. D. G. EDWARDS
	213
Clinical Trial of Emepronium Bromide in Nocturnal Frequency of Old Age	
J. C. BROCKLEHURST, J. B. DILLANE, JOHN FRY, AND P. ARMITAGE	216
Herpes Zoster and Multiple Sclerosis	J. A. R. LENMAN AND T. J. PETERS
	218
Disodium Cromoglycate in the Prevention of Induced Asthma	H. HERXHEIMER AND HELGA BEWERSDORFF
	220
Arterial Pressures in Rural and Urban Populations in Nigeria	O. O. AKINKUGBE AND O. A. OJO
	222
Phenformin-induced Hypoglycaemia in Normal Subjects	J. LYNDSØE AND J. TRAP-JENSEN
	224
Erythema Nodosum due to Pasteurella pseudotuberculosis	D. S. WILKINSON, T. W. TURNER, AND N. S. MAIR
	226

PRELIMINARY COMMUNICATIONS

Stress Effect of Antilymphocyte Serum	E. J. FIELD AND D. B. COOK	227
Further Study into Obstructive Jaundice and Ischaemic Renal Damage		
M. BAUM, G. A. STIRLING, AND J. L. DAWSON		229

MEDICAL MEMORANDA

Fulminating Meningococcal Septicaemia Presenting with Subarachnoid Haemorrhage	
E. C. HUSKISSON AND F. DUDLEY HART	231

MIDDLE ARTICLES

Return to Work : Experiences of a Hospital Rehabilitation Officer	D. A. BREWERTON AND J. W. DANIEL	240
Conferences and Meetings		
Vienna Conference on Treatment of Leukaemia		242
New Appliances		
Further Modifications in the Children's Jejunal Biopsy Capsule		243
Personal View	WALTER P. KENNEDY	244

NEWS AND NOTES

Epidemiology	256
Medico-Legal	257
Parliament	258
Medical News	258

CURRENT PRACTICE

Recurrent Haematuria in 17 Children	
G. C. ARNEIL, C. N. LAM, A. M. MCDONALD, AND M. MCDONALD	233
Any Questions?	236

BOOK REVIEWS	237
---------------------	-----

CORRESPONDENCE	245
-----------------------	-----

OBITUARY NOTICES	252
-------------------------	-----

SUPPLEMENT

Annual Report of Council 1968-69	29
Proceedings of Council	64

Correspondence

Letters to the Editor should not exceed 500 words.

Napkin Rashes F. O. Meenan, M.D.; A. G. Fergusson, F.R.C.P.ED., and others245	Causes of Enuresis J. V. C. Braithwaite, F.R.C.P.; A. R. C. Higham, F.R.C.S.248	Jakob-Creutzfeldt Disease D. R. Oppenheimer, D.M.250
Need for Medical Superintendents T. Hughes, L.R.C.P.245	Abortion Act in Practice R. W. Penny, M.R.C.P.248	Meralgia Paraesthetica S. C. Rogers, M.B.250
Sudden Death in a Young Asthmatic Monica K. McAllen, M.D.; H. G. J. Herxheimer, L.R.C.P.246	Severe Self-poisoning J. H. Brooks, D.P.M.248	Measles in the Tropics X. G. Okojie, L.S.M.250
Weight Reduction in Obesity A. A. H. Lawson, M.D., and others246	Fruzemide and Calcium Excretion M. S. Knapp, M.D., and D. A. Heath, M.R.C.P.248	Measles Vaccination A. W. O. Taylor, M.R.C.P.ED.250
Adverse Non-drug Reactions J. F. Cleobury, M.R.C.P.ED.246	Granules of Electrolytes for Infants T. M. French, B.PHARM.248	Torsion of Testis W. B. Ashby, F.R.C.S.251
Metabolic Response in Ethnic Groups D. Craddock, M.D.247	Suppression of Lactation K. S. Stewart, M.B., and others249	Tetracycline and Nystatin J. G. V. O. Alexander, M.B., F.C.PATH.251
Ampicillin and Urticaria H. Pullen, M.R.C.P.ED.247	Degenerative Tropical Neuropathy and Diet A. F. Tuboku-Metzger, F.R.C.P.GLASG.249	Otitis Externa Flight-Lieutenant I. H. McKee, M.B.251
Advantages of General-practitioner Hospitals S. O. Aylett, F.R.C.S.247		Spillage of Mercury in Aircraft J. G. Taylor, M.B.251

Napkin Rashes

SIR,—I have read with interest the paper by Dr. P. N. Dixon and others (5 April, p. 23). While there may be some dispute as to the exact aetiology of napkin psoriasis and seborrhoeic eczema, I have no doubt that most dermatologists working in the out-patient departments of children's hospitals will agree that these conditions are very much on the increase.

It is my impression that this increase is due principally to the modern toilet of babies' napkin areas.¹ Usually oily substances are plastered on the skin and over this are placed impervious plastic pants to make the babies socially acceptable. This causes breakdown and maceration of the skin surface and overgrowth of *Candida albicans* and mixed organisms. This triggers off the eruption. In my series of cases, scrapings of the skin from the napkin area in 21 out of 73 cases were positive for *C. albicans*. I find it difficult to differentiate between the napkin psoriasis and the seborrhoeic eczema types. They both seem to respond equally well to the application of iodochlorhydroxyquinolone cream diluted with equal parts of aqueous cream B.P., which in my experience is the most satisfactory application to use in these conditions.—I am, etc.,

F. O. MEENAN.

Children's Hospital,
Dublin 1.

REFERENCE

- 1 Meenan, F. O., *Journal of the Irish Medical Association*, 1967, 60, 15.

SIR,—Dr. P. N. Dixon and his associates (5 April, p. 23) talk a good deal of common sense, and we would agree with most of their findings while reiterating our belief in the possibility of the development of a moniliid secondary to the initial napkin eruption in the psoriasiform type. We would like to stress our opinion, however, that, while "napkin psoriasis" is a neat term, the word psoriasis carries an undertone of prognostic worry to general practitioners, and not least to parents of affected infants, well aware of the relapsing and usually long-standing nature of that disease. Moreover, there is at present really no substantial evidence that napkin eruption of the psoriasiform type is indeed psoriasis.

In consequence we would like to suggest to our Bristol colleagues that the offending word be expunged. Napkin dermatitis, whatever its type and whatever its cause, has a favourable prognosis as regards both response to treatment and cure.—We are, etc.,

A. GIRDWOOD FERGUSSON.
N. G. FRASER.
P. W. GRANT.

Department of Dermatology,
Stobhill General Hospital,
Glasgow N.1.

Need for Medical Superintendents

SIR,—I have for over 40 years had considerable experience in the care and treatment of the mentally subnormal, and am horrified at what happened at Ely Hospital.¹ To say that irregularities and disasters such as this, conflagrations, and other hazards affecting

the care, treatment, and protection of mentally subnormal patients in particular were not extant in those days would of course be an overstatement. But the fact remains that they did not occur so frequently, and were not of such a serious nature.

The regional hospital board accepts "overall responsibility" for these happenings, and to say the least this is of an impersonal nature. With the introduction of the N.H.S., with its gross undervaluation of such well-tried responsible institutions and appointments as the Board of Control, with its scrupulous attention to the rights of the patient, the hospital medical superintendent (or medical officer), and the relieving officer could not be dispensed with quickly enough; their retention was considered a retrograde step in a "new-look" Health Service.

The answer seems to be the reintroduction of the hospital medical superintendent with complete overall control of the internal economy (not financial necessarily) in all its facets, including the admission of acute cases, and other emergencies of any kind. There is no room for toleration of remote control or restrictive practices of any kind, and he would live in close vicinity to the hospital. Of course he would have to be paid a salary commensurate with his huge responsibility and dedication.

Although there would probably be few applications for the post, those received would come from the right sort of people, not necessarily those who are highly qualified in any medical specialty.

There are other considerations to be taken into account, such as the adequate payment of trained staff, and the provision of accommodation in keeping with the tremendous recent advances made in all branches of medical science, but these cannot be considered within the compass of this letter.—I am, etc.,

Ruthin, Denbighs.

TREVOR HUGHES.

REFERENCE

- 1 *Report of the Committee of Inquiry into Allegations of Ill-treatment of Patients and other Irregularities at the Ely Hospital, Cardiff, 1969*, Cmd. 3975. London, H.M.S.O.