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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters should be signed personally by all their authors.

Practolol no longer available

SIR,—With reference to our paper on this subject (17 July, p 137) we should like to make it clear that this study was initiated four years ago and completed before the problems associated with practolol became established. Practolol was withdrawn from general use on 1 October 1975 and is accordingly no longer available for the treatment of hypertension.

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Heat-wave burns and scalds

SIR,—I feel that it is timely to put on record an escalation in burn and scalding injuries stemming from the recent unusual heat waves. This by way of reminder, as a public warning, for any future spell of sustained sunshine and high temperatures—unusual in the UK.

In this hospital, for the 10-week period 1 May to 10 July 1976, there was an eightfold increase in the recorded cases of (1) ultraviolet (UV) lamp overexposure (9 cases); (2) overexposure to natural UV light (110); (3) scalds from car radiator cap release (8). In all three groups there were several serious cases warranting admission and in group 2 several

entire families (including children under one year old). Group 1, interestingly, occurred all in the first fortnight, before the true heat wave, and contained a majority of unemployed adults who had obvious possession of, or access to, electrical UV lamps—and the time to indulge.

It is particularly in the third group that there is an implicit public warning. All but one of the patients were men. One had permitted his car to rest for three-quarters of an hour before attempting to release the radiator cap. In all cases the face, anterior right chest wall, and right upper limb were involved in various degrees. The advice would surely be: (1) on long journeys to make a special check on water level before departure; (2) to avoid overlong or sustained higher-speed motorway travel during hot weather; (3) if overheating of the radiator is suspected, then the eventual approach to release of the cap should be under cover of something as thick and absorbent as several layers of, say, army-type blanket, with the person involved keeping the face clear and preferably wearing more personal clothing than were any of the above group-3 victims, many of whom—again owing to the heat wave—wore no top-half or only flimsy top-half cover.

There is a last social comment. It seems unconscionable in these days of NHS financial stringency that much available staff time and expense should have been dissipated in the care of these accidental or manifestly negligent injuries. Perhaps the British intemperate enthusiasm for over-exposure to UV light might be tempered with a leaf from the old

Army Regulations in which such injuries were regarded as a “crime.”

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Superintendents of psychiatric hospitals

SIR,—The past 10 years have seen the disappearance of the “medical superintendent” in many NHS psychiatric hospitals in England and Wales. Often these posts have been phased out as staff have retired or have changed jobs. In 1961 a circular (HM (61) 5) outlined the responsibilities of the superintendent in psychiatric hospitals. Since the reorganisation of the NHS one English regional authority has, remarkably, advertised for a “consultant and medical administrator” at a hospital for the mentally handicapped. Other health authorities see the post of superintendent as incompatible with the “cogwheel” system of a medical staff committee having an elected chairman, especially if the chairman is a consultant other than the superintendent. Consultant psychiatrists who are not designated superintendents have generally looked askance at their colleagues with this title, so that superintendents have had little support or sympathy from their consultant or administrative colleagues for the continuance of their posts.

Few superintendents today see their designation as conferring on them much power. Some have voluntarily relinquished the title. The superintendent has always been closely identified with a psychiatric hospital, the condition of the hospital often being seen as a reflection on the superintendent. Patients and public may assume that the inadequacies of a hospital are the fault of the superintendent