

which is also effective in folate-responsive neurological disorders.³

(4) Drs Manzoor and Runcie were aware of the posterolateral involvement of the spinal cord in their patients; however, they considered their patients as exhibiting folate-responsive neuropathies. It is difficult to accept such diagnoses when: (a) no evidence was given about the neurophysiological condition of muscles and nerves and (b) a bilateral extensor plantar response was one of the main clinical findings. I believe that the reported cases should be regarded as having folate-responsive subacute degeneration of the spinal cord.

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¹ Botez, M I, *Annals of the Royal College of Physicians and Surgeons of Canada*, 1976, 1, 71.

² Botez, M I, *Medical Hypotheses*, 1976, 2, 135.

³ Botez, M I, et al, *Canadian Medical Association Journal*, 1976, 115, 217.

⁴ Hunter, R, Barnes, J, and Matthews, D M, *Lancet*, 1969, 2, 666.

⁵ Chien, L T, et al, *American Journal of Clinical Nutrition*, 1975, 28, 51.

On the waiting list

SIR,—By tradition, when a patient is to be put on the waiting list for admission to hospital he is simply told so, and the general practitioner may get a letter to confirm this.

I have found it is not very uncommon for a patient to think he is on the list when in fact this is not so. This is unsatisfactory for everybody and may be the source of some of the horror stories one hears about people waiting incredible lengths of time for admission. It is often hard to check on a patient's assertion that he is on a list, especially if, for example, he is seen at one hospital outpatient department and told he will be admitted to another hospital. There are many other causes of confusion, such as the patient who has remarried, changed her address, and gives to the weekend duty doctor the name of a long-gone registrar instead of the consultant.

We may curse the necessity of bits of paper for everything, but often they serve a purpose. Patients have to fill in complex forms to get an outpatient appointment; is it asking too much for hospitals to give someone a "ticket" to confirm in writing that he is on a waiting list? I recently met a patient who was expecting to be sent for to go in to hospital at Newcastle, when she was actually on the list for New Cross. Such a ticket might reasonably bear some reminder of the need to tell the hospital of change of address and, where lists are periodically reviewed, there could be an "expiry date" when it would be due for renewal. Renewal would at least assure the long-suffering patient that he was not forgotten.

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Fluorinated corticosteroids on the skin

SIR,—Dr S H Roussounis (4 September, p 564) is to be congratulated on bringing to our notice yet another complication of the misuse of topical fluorinated corticosteroids on the infant's skin. There are now very few infants who develop a rash who are not exposed to this risk, which, on the napkin area, is greatly increased by the almost universal use of plastic

pants. This occlusive action greatly enhances the transport of these preparations through the skin and although plastic pants are not mentioned in the article, they would almost certainly have been worn by this baby.

Some years ago I was asked to see a child aged 18 months in the Radcliffe Infirmary who had had a fluorinated corticosteroid preparation applied to the buttocks daily for at least 15 months. There was marked atrophy of the skin and muscular wasting of the area covered by the plastic pants.

If fluorinated corticosteroids are indicated, they must be used for only a limited time and plastic pants forbidden, unwilling though the modern mother may be to obey one's instructions.

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Life in Lister's wards

SIR,—In the interesting article on "Hospital life a century ago" (28 August, p 515) the authors refer to W E Henley's poem about Miss Mary Logan, "the young staff nurse" who was in charge of Lister's female ward when Margaret Mathewson was a patient in the Old Infirmary, Edinburgh, in 1877. The poet also came under her nursing care in a little private ward under Lister. He shared this room with two boys, William Morrison, aged seven, a collier's son, and Roden Shields, aged six.

In 1905, in an article in the *Cornhill Magazine*, "A blurred memory of childhood," R Shields told how he was nursed first in a crib in the centre of Lister's female ward. There the staff nurse was a Mrs Porter, "a rare old nurse of the old school, whose rugged kindness and skill of thirty years' experience inspired love, reverence and awe in doctors and patients alike." Owing to the accommodation in Lister's ward being "taxed to the utmost" he was speedily relegated to the little room where Henley lay to share the bed with little William. Miss Logan too was their staff nurse, "a broad-minded cultured Scottish gentlewoman." Roden came to know her well, "for over two years she was my foster-mother rather than a professional nurse." Frequently he was taken to her sitting room to play with her collie or to have tea with Mrs Porter and other senior nurses. On a rare occasion she would hire a carriage to take him for a two-hour drive. He recalled the weekly ward visits of Professor Lister and tells how once his "poor bed-ragged" mother was conveyed in his carriage to the hospital, for in the wind and rain Lister had picked her up in Princes Street, having come from Glasgow to visit Roden.

The "stricken poet," who was a patient in the Old Infirmary from August 1873 to April 1875, was Roden's "good comrade and kind friend." Mention is made of Henley's visitors, R L Stevenson and (Sir) Leslie Stephen. Some of Henley's hospital verses were published in the *Cornhill Magazine* in 1975, but the whole series appeared in his *Book of Verses* in 1888. His "Hospital Sketches" are included in *The Story of an East London Hospital* (1904), which was then the Children's Hospital in Shadwell. Henley and his two fellow-patients recovered to be carried out "into the wind and sunshine into the beautiful world."

Margaret Mathewson's and R Shields's reminiscences and Henley's verses give a good picture of Lister's wards from their bed of

sickness in the 1870s and echo the words of John Masefield in his tribute "In Praise of Nurses":

"I thank and bless you: that I write at all
Is, by itself, your work's memorial."

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Psychotropic drugs in depot form

SIR,—The paper entitled "A controlled comparison of flupenthixol and amitriptyline in depressed outpatients" by Dr J P R Young and others (8 May, p 1116) interested me, particularly their suggestions concerning the possible parenteral use of the depot form of the former drug, for I have been using fluphenazine in depot form since the latter part of 1975 for the treatment of refractory anxiety.

The dosages given have been in the range of 12.5 mg fortnightly in most cases and the side effects have been so minimal with this dosage that few patients require any anti-cholinergic drugs, which are never given as a routine. Few problems have arisen as experience has been gained, and the use of the injection is now being extended to alcoholics in view of the exceptionally good responses discovered in a number of symptomatic alcoholics in recent months.

I confirm the presumed advantages touched upon by Dr Young and his colleagues, in particular the maintenance of adequate blood levels of the drug (for I am sure that it is this feature which is largely responsible for the superiority of the depot form over orally administered drugs), and an anticipated disadvantage—the possibility of induced depression—has not occurred with fluphenazine at the low dosages being given. The greatest advantage is the clearly superior response which so many of my patients have demonstrated, sometimes after rather exhaustive experience with other types of treatment.

These early clinical impressions have been sufficiently impressive for me to introduce a more scrupulous control over the use of the drug in this form in order that a more worthy report might eventually be made.

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Emergency medical care

SIR,—In the final paragraph of his article (28 August, p 511) Dr Hugh Conway makes the point that the hospital plays a major part in primary emergency care and advocates a hospital-based emergency service in urban areas.

I would certainly not like to underestimate the importance of the hospital in this situation, but I feel that Dr Conway may be underestimating the role of the general practitioner. There is an implied criticism of the availability of primary care by the GP in a group practice which is not justified by his figures. Dr Conway appears to take little or no account of the total number of patients who require emergency care out of hours and are seen by their GP. It is surely only a small proportion of patients seen by GPs out of hours who are