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Napkin Rashas

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 outpatient 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. 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, scrappings 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.

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, configurations, 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 "over-all 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, Denbigh. 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.