Correspondence

Letters to the Editor should not exceed 500 words.

Eradicating Scabies

SIR,—We read with great interest the letter of Dr. P. R. Danby and others (25 February, p. 496). It is our experience in Hull and the East Riding that the number of cases of scabies is steadily increasing. Realizing that we only see the tip of an iceberg the increase is still very impressive.

We find the greatest difficulty with re-infection, which is probably due to the fact that patients' relations, or close contacts, are not being checked. With or without making scabies an identifiable disease, we would like to draw attention to the importance of this. We have found patients responding poorly to the standard 25% emulsion of benzyl benzoate B.P., and we usually account for relapsing cases by finding other members of the family insufficiently treated or not treated at all.

We would also like to concur with Drs. Danby, Church, and Sneddon that detailed and very precise instructions about treatment are a crucial part of success.—We are, etc.,

K. KECZKES.

IAN D. INNES.

C. P. HEYWOOD.

Royal Infirmary,
Hull.

SIR,—My only criticism of the timeous letter of Dr. P. R. Danby and his colleagues (25 February, p. 496) is that it does not go far enough. There is no doubt that we are at present facing an outbreak of scabies which has assumed epidemic proportions; thus in Glasgow, having sunk into relative obscurity in the 1950s, this disease accounted for 8% of all new dermatological outpatients seen at a teaching hospital in 1966, while at the same time representing 3% of such cases attending all five major Glasgow hospitals. Further, it is obvious that these numbers, having regard to what can only be called the inadequate tracing and treatment of contacts and disinfection of fomites (although considerable doubt remains as to the real importance of the latter) which exists at present, merely represent the apex of a considerable underlying pyramid of cases. Scabies causes much avoidable and unnecessary suffering, loss of working time, and waste of resources under the present arrangements for its control and treatment, and the system of "voluntary" notification of cases and contacts and the measures of "control" suggested by my Sheffield colleagues have existed for years, are being practised now, and have obviously been found wanting.

There is to my mind an unanswerable case for compulsory notification of examples of this preventable disease, enabling public health authorities to trace contacts to arrange disinfection measures and to supervise adequate treatment of known patients and (prophylactically) of other individuals at risk. Where proper supervision can be arranged

and housing conditions are good treatment may well be domiciliary, but a strong argument exists for the provision of a centre or centres, particularly in urban areas, in which thorough active and prophylactic treatment of individuals and disinfection of fomites could be carried out as a combined operation under the supervision of general practitioners, hospital specialists, and public health and school medical officers.

No matter the real (and I suspect multiple) reasons behind the continuing "stop-go" natural history of endemic scabies, measures such as the above if properly carried out could eradicate this eminently tractable disorder.—I am, etc.,

A. GIRDWOOD FERGUSON.

Stobhill General Hospital,
Glasgow.

SIR,—May I be allowed to comment on the letter from Dr. P. R. Danby and his colleagues (25 February, p. 496) on the subject of scabies? There is another possible explanation for the increase in the number of patients with this disease being referred to hospital clinics.

Scabies, like all diseases with a simple and reliable treatment, is a general-practitioner disease. Consultants should therefore see only the ones which escape diagnosis.

Students at Sheffield doing their dermatology between 1952 and 1957 would be lucky to see such a patient if only 12 per annum were referred. (I did mine a little later, and saw two.) These students are now established in general practice and, when confronted by the acarus and its accompanying signs and symptoms, do not recognize it, so the patient is referred for diagnosis. If there were a true increase in incidence they would be seeing it more often, and diagnosing and treating it themselves.

This line of argument suggests not an epidemic but the possibility of a decrease in scabetic infestation resulting in even more difficulty in diagnosis because it is just not considered.

Thus an increase in hospital referrals could reflect the decrease in the incidence of scabies in the population at large which improved housing conditions should have brought.—I am, etc.,

Pateley Bridge,
Yorks.

A. OLIVER STAINES.

Hazards of Peritoneal Dialysis

SIR,—We are grateful, as makers of Dialaflex peritoneal dialysis preparations, for this opportunity to comment on the paper by Dr. W. K. Stewart and colleagues published in this issue (p. 606).

The incidence of leaking bags found by the authors is much higher than any hitherto

reported to us. Previous estimates, based on complaints received, had indicated the incidence of leaking bags to be about one in 6,000, a rate of failure comparable to that expected with glass. We realize that this figure may have been low, as it is unlikely that all defective bags were notified to us; nevertheless, the 2% incidence of leaks reported in this paper is in no way representative of our standard production material.

The cause of this high number of leaks has been identified as a malfunction of one of the machines used in welding the necks into the plastic bags. This has now been corrected. In addition, an extra inspection procedure has been instituted whereby each bag in every batch is re-examined seven days after sterilization and insertion into the outer envelope to ensure that bags with minor leaks are rejected before a batch is released for sale.

The glucose found on the surface of intact inner bags results from the fact that in most batches a few bags burst during sterilization by autoclaving. It had been believed, mistakenly as it now appears, that this glucose was washed off the bags during a spray-cooling process which takes place on completion of autoclaving. A separate washing procedure has now been introduced to remove glucose and other solutes that may have spilt on to the bags during sterilization.

Growth of moulds and other air contaminants in leaking bags and isolation of such organisms from the surface of intact bags is not surprising, because the space between the inner and outer bags is not sterile and has never been claimed to be sterile. A notice to this effect is now printed on the outer envelope of Dialaflex and Steriflex products, together with a reminder that all solutions intended for peritoneal dialysis or parenteral administration should be carefully examined at the point of use.

As makers of high quality pharmaceutical preparations for over 250 years, we greatly regret that any product of ours should be shown less than satisfactory. We believe, however, that the measures here described have largely rectified the situation; at the same time we are intensifying our efforts to develop even better plastic containers, and we hope to introduce further improvements in the not too distant future.—I am, etc.,

W. T. SIMPSON.

Head of Medical Services.

Allen and Hanburys Ltd.,
Ware, Herts.

Confidentiality of Patients' Case Notes

SIR,—I read with interest Dr. A. M. Spencer's letter (11 February, p. 367) concerning the submission of case notes to the Ministry of Social Security following a request for the notes on Form 378. I fully endorse the views expressed concerning the confidential nature of clinical notes—particularly those notes which reveal information on intimate psychiatric sessions.

It is not widely known that case notes are photocopied by the Ministry, but examina-