change the 10-week-old rash had completely disappeared.

In short, for the past 3½ years the know-it-all multips and I have found that sprinkling a little corn starch on the diaper area at each diaper change is a very effective way of treating even yeast-infected diaper rash. This is all the more interesting in view of the statement in a major pediatrics textbook that in the treatment of diaper dermatitis "corn starch powders are best avoided since residues in the skin creases may become fermented by yeasts and bacteria".[1]

Recently I have found ordinary flour to be equally effective, and I now use flour as standard prophylaxis in the hot weather or when the baby is receiving antibiotics or has diarrhea. With diarrhea the combination of flour followed by a barrier cream is probably optimal.

Ellen Warner, MD, FRCPC
Toronto Western Hospital
Toronto, Ont.

Reference

1. Koblenzer PJ: Skin. In Mauver HM (ed): *Pediatrics*, Churchill, New York, 1983: 761-874

Are Haitians at high risk of AIDS?

The Newsbrief "Do not mention 4-H when discussing AIDS, MMA advises" (*Can Med Assoc J* 1988; 138: 836) points out that some physicians use the term "4-H" to describe "groups that run a higher-than-average risk of being infected with the AIDS virus" — namely, Haitians, homosexuals, hemophiliacs and habitual drug users.

To my knowledge being Haitian does not put one at any higher risk than being a New Yorker or a Californian. As far as I am aware the AIDS virus is not able to distinguish Haitians from other groups. If I have missed something in the medical literature, maybe those members of the medical profession who use the term "4-H" in this way can educate me.

There are many times more patients with AIDS in New York, San Francisco and Toronto than there are in Haiti, so is it not about time that we dropped this slur on a group of people who have suffered and continue to suffer economically and politically?

Wycliffe S. Lofters, MD, FRCPC
Kingston Regional Cancer Centre
Ontario Cancer Treatment
and Research Foundation
Kingston, Ont.

Why quackery thrives

The thoughtful and provocative editorial on quackery by Dr. Bruce Squires (*Can Med Assoc J* 1988; 138: 999–1000) perpetuates an undocumented perception about the nature and function of tertiary care hospitals. I am not aware of any data indicating that "medical students cannot develop the skills of listening and understanding and counselling on the wards of tertiary care hospitals", and to call for medical schools to revise their undergraduate and postgraduate programs to incorporate these activities without determining that there is in fact a deficiency is hardly responsible.

I submit that the functions of listening, understanding and counselling are as adequately taught and demonstrated in tertiary care hospitals as in any other setting. With the increasing complexity of ethical issues in tertiary care settings the sensitivity to overall patient needs has increased dramatically. I know of very few "specialist instructors who are concerned more with the intricacies of disease than with the needs of the patient". This is a media stereotype that Dr. Squires apears to have accepted as the reality without his usual critical scientific review of the evidence.

I suggest that there are sensitive and insensitive practitioners (although, of course, none of us would place ourselves in the latter category) in primary, secondary and tertiary care settings. The training of medical students and house staff in attending to the emotional and psychologic needs of patients depends much more on the individual providing the training than on the setting.

Cameron N. Ghent, MD, FRCPC
Section of Gastroenterology
Department of Medicine
University Hospital
London, Ont.

[Dr. Squires responds:]

I appreciate Dr. Ghent's indignation over my general statement that specialist instructors are more interested in diseases than in patients; since *he* is concerned about *his* patients he assumes that his colleagues are as well. In spite of the care that Ghent and a few others may take in teaching their students on the wards of the tertiary care hospital, I stand by my statement that most clinical teachers spend little or no time helping students to develop the skills of listening, understanding and counselling. My stance is based on 22 years of listening to medical students describe their experiences on the wards.

Probably it is unrealistic to even assume that communication with patients can be taught in the modern teaching hospital. Hospital stays are short, patient turnover is rapid, and teachers, residents, interns and students simply do not have the time to get to know and understand their patients while meeting their other responsibilities. I suggest that development of the skills of listening, understanding and counselling must be nurtured in a less hurried environment. Ghent says that concern for patients' needs has increased dramatically over the years. I suggest only that we still have a very long way to go.

Bruce P. Squires, MD, PhD
Scientific editor, *CMAJ*