

## References

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## Handwashing: simple but effective

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I was interested in the paper by Daniels and Rees<sup>1</sup> in a recent issue of the *Annals of The Royal College of Surgeons of England*. These results are a matter for concern but probably reflect current careless practice. A recent *British Medical Journal* leader addresses the same topic, and also highlights poor compliance with hand washing.<sup>2</sup> Whilst consultants are by no means perfect, it is disappointing to see that registrars are even less conscientious, though this is hardly surprising in view of their seniors' lackadaisical attitude. The ritual of hand washing seems to have become just that, *i.e.* a meaningless ritual whose scientific basis has been long forgotten.

Other aspects of good practice are also disappearing, for instance it is becoming less common these days to see doctors in hospitals wearing white coats, despite the fact that these serve as quite an effective barrier between patient and doctor, as well as clearly identifying the wearer.

In the light of these unsatisfactory practices it is hardly surprising that cross-infection and bacterial wound contamination continue to be a problem on surgical wards. The emergence of MRSA which is readily spread by direct contact, usually by the hands, cannot be merely an unhappy coincidence but more likely a consequence of slovenly practice.

Hospital infection control policies have come to be synonymous with sound antibiotic prescribing, but

strict compliance with basic measures of hand washing should constitute a major and very cost-effective element of any such policy.

Finally, I could not help but note the authors' use of the phrase *de rigor*, though perhaps this was an editorial slip, or an expression used by a Caribbean Autopsy Technician?

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## Allergic contact dermatitis to acrylates in disposable blue diathermy pads

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Shortly before I read this article,<sup>1</sup> I performed a right S femoral hernia repair on a 44-year-old lady. She complained a few days later of a severe painful rash where the blue diathermy plate had been applied to her left thigh. I arranged to see her in the outpatient clinic and was, of course, very worried that this might represent a diathermy burn. However, on examination of the rash this represented a perfect pattern of the whole diathermy plate, with the most erythematous areas representing the blue outline of the plate, rather than the central area where the silver foil would have been in contact with the skin.

I was delighted to find the case presentations in the above article and I was even more delighted to find that my patient had long acrylic finger nail extensions, which she had used on and off for the last 10 years.

I have no doubt that this was a very similar case to the two that were reported and I have now told our hospital departments of the likelihood of acrylate sensitization by the use of acrylic nails.

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