

The following summer, during the routine examination of school "leavers," a girl aged 15 years was seen with a rash of typical distribution thought to be scabies. She was asked, largely by chance, if there were any starlings' nests at her home, and she replied that the loft was full of them. A visit to the house confirmed that this was so, the birds having gained access to the loft through a missing tile in the roof. The loft communicated directly with the girl's bedroom by an open ventilator in the ceiling. Nesting material was collected, and the presence of *Dermanyssus gallinae* again confirmed. Similar measures to the loft and bedroom coincided with early and complete recovery of the patient.

Though not perhaps common, it is of some importance to identify these creatures correctly, since infestation may recur despite treatment, as it did in two of our patients, if nesting material is not destroyed. Spontaneous recovery, however, should normally occur if the source of the mites is removed.—We are, etc.,

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M. HEWITT.

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and
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Accident Equipment

SIR,—When discussing plastic laryngoscopes Dr. Peter Aston (25 October, p. 214) writes: "The only disadvantage of the Penlon is that the batteries have to be stored separately until required."

May we point out that there is no more reason for batteries to be stored separately with the Penlon than with any other laryngoscope, metal or plastic. The instrument should certainly be turned off reliably, and this can best be done by giving the cap an extra twist after the light goes out. A modification is now being introduced to the instrument which will give positive indication to the user when a safe position has been reached. There is a risk of battery leakage and subsequent damage in any battery-operated instrument, a fact which we acknowledge in common with the manufacturers of automatic cameras and electronic devices. The degree of risk depends not on the instrument but on the period between use or inspection.

Those who are responsible for emergency equipment must decide for themselves whether their circumstances justify taking the risk of damaged, useless instruments in order to save the very small time involved in fitting batteries which have been properly stored out of the instruments.—I am, etc.,

B. R. SUGG,

Technical Director,
Longworth Scientific Instrument Co. Ltd.
Abingdon, Berks.

Senile Keratotic Patches and Topical Vitamin A

SIR,—Sir Douglas Mawson, towards the end of his epic sledge journey in Antarctica in 1912–13, found his skin to be peeling extensively; the skin of his soles even

came off as a thick layer, which could be bound on again as a reasonably comfortable dressing for the new tender skin that was exposed.

We have shown¹ that this shedding of the surface epithelium was almost certainly due to his having eaten an excess of vitamin A. This suggested to me the possibility that keratotic patches on the skin of old people might be due to an insufficient quantity of vitamin A getting through to the epithelial cells concerned. It also seemed possible that perhaps sufficient vitamin A to loosen the adherence of the squames to each other might be obtained by applying vitamin A ointment as a therapy.

I therefore applied a proprietary preparation of this type to a senile patch, near the junction of hair and face, that I had developed, my age being 91. I rubbed it vigorously each day into the discoloured patch, which gradually became reduced in size and practically disappeared (temporarily, I presume). This ointment is stated to contain 1,800 international units of vitamin A/g. It seems worth while for others also to try this simple treatment.—I am, etc.,

J. B. CLELAND.

Beaumont,
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REFERENCE

- ¹ Cleland, Sir John, and Southcott, R. V., *Medical Journal of Australia*, 1969, **1**, 1337

Urinary Symptoms in General Practice

SIR,—Apropos your leading article under the above heading (15 November, p. 381), I should like to draw attention to lower spinal arthritis as an exciting factor in urinary symptomatology, with or without infection in the same patient. It can cause spells (lasting weeks or months) of extreme urgency, frequency, and polyuria without pain, and can also be associated with severe abdominal pain—for example, dysmenorrhoea, in the absence of uterine or ovarian lesions or of any dis-

comfort directly referable to the bladder: all with sterile urine.—I am, etc.,

Storrington, Sussex. MARGARET EMSLIE.

Royal United Kingdom Beneficent Association

SIR,—I believe the work of the Royal United Kingdom Beneficent Association could help to solve some of the problems which doctors often meet in the course of their work. The association, which was founded in 1863, has, as its first purpose, the provision of lifelong annuities to professional people, or their dependants, who are living in straitened circumstances. These annuities, whose usual value is £144 with an income limit of £520 per annum, often have the effect of enabling the recipients to stay on in their own homes for as long as they are physically able to do so. At present over 4,000 of these annuities are being provided, and the association is ready to increase that number if suitable applicants can be found. They are available for men and women over the age of 40 who, owing to physical disability, cannot earn their own living, and over the age of 60 in women and 65 in men no evidence of infirmity has to be produced. When its annuitants are no longer able to live at home, RUKBA aims to find places for them in its own or other residential homes.

Though in 1968 some £480,000 was distributed by RUKBA, most doctors know little of its work. One of the aspects most appreciated by those whom it helps is the feeling that they are members of a family, and not of a publicized institution; but the committee fears that this lack of knowledge may mean that a large number of people eligible for, and in need of, the annuity are not aware that it is available to them.

If any doctors would like further information, I shall be pleased to provide it.—I am, etc.,

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Representation of Hospital Junior Doctors

SIR,—In the recent correspondence on representation of hospital junior doctors (25 October, p. 239, and 1 November, p. 304) there has been more than a hint that the business of the Hospital Junior Staffs Group Council has been manipulated in some possibly dishonest way. As these rumours have achieved a wide circulation and a degree of credibility by repetition I feel bound to present some of the facts.

The debate on representation was taken out of order and at the end of the meeting on 9 October. The members of the Group Council knew of this decision at lunch time. The reason for taking an important debate of this type last is to give the new members of the committee a chance to find out what is going on and not to debate an important matter in isolation. The debate started at about 5 p.m. and finished about 6 p.m. A great deal of this time was taken up with devising rules for adjournment and recall, as the Group Council has no written constitution. The secretariat were most helpful, rules were devised and accepted, and the vote to adjourn passed with 29 members voting; the

maximum number present at any time was 33. At the meeting on 5 November I warned the Group Council that a two-thirds majority was required to rescind the adjournment motion in the light of the previous resolution. The motion did not attain the necessary majority, and I had no alternative but to rule as I did. Incidentally, the Secretary of the B.M.A. was there and not able to advise us on the constitutional position when asked to do so.

On 9 October the Group Council resolved to formally dissociate itself from the Junior Members Forum on the understanding that the chairman would discuss the continuation of the Forum with senior officers of the Association (29 November, p. 562). This I did when I met Dr. R. Gibson and Mr. Walpole Lewin. The reason for the Group Council's action was the repeated attempts by Dr. Gibson to use the Forum for representative functions for which it is not suitable and which threaten the position of the Group Council. I hope that hospital junior doctors, elected by their regions, will continue to attend the annual meetings of this