

Committee, and who agrees to give home trials of at least one week before selling an instrument, to avoid door-to-door touting and other undignified practices, is put on the list of the National Institute for the Deaf. It is a great pity that the general press has not given more publicity to the work of the National Institute for the Deaf, for many deaf persons are quite unaware of the existence of the approved list and its significance.

From 1934 to the outbreak of war the British hearing aid manufacturers, with the help of British valve makers, led the world in the design and production of pocket-valve amplifiers. British valve aids were exported to most foreign countries, and they were smaller and more efficient than anything available elsewhere. Since the war members of our association have had a tremendous struggle to keep their instruments in operation and to supply the users with adequate battery and other replacements. Encouraged by the National Institute for the Deaf we produced the specification of a "pooled" utility three-valve pocket aid, which we were hoping to manufacture during the war to sell at a price around £10. We have been unable to the present time, however, to obtain supplies of valves, components, and batteries over and above our existing very small allocation to make the manufacture of these utility aids possible.

As a result of the returns made to the Board of Trade it can be stated that the number of valve amplifier hearing aids in use in this country is under 50,000. The total figure of deaf people who could be helped by valve aids is undoubtedly higher, but it includes many who obstinately refuse to wear an aid. It is certain that among the potential users there are very few indeed who remain without an instrument because they cannot afford it. Before the war our members supplied robust and reliable valve aids at list prices from eight guineas, which operated on standard batteries with a maintenance cost amounting to only about sixpence per week. Hospital clinics help patients to obtain aids at substantially reduced prices, and many approved societies give grants towards purchase. Deaf ex-Service men are given aids free of charge by the Ministry of Pensions, with whom a number of our members have contracts. Happily this business is negligible: the number of men recommended for hearing aids last year was given officially as 60.

In view of the 100% purchase tax on leather containers for these instruments, the increased cost of labour, and the limited demand, together with the need for a fair margin for the distributor as well as an allowance for hospital discounts, it is doubtful whether an efficient instrument can be made available at a low price.—I am, etc.,

O. C. LEADBITTER,
President, Hearing Aid Manufacturers Association.

Carotinaemia in the Tropics

SIR,—Dr. E. Cochrane, whose note on carotinaemia in the Tropics appeared in the *Journal* of April 7 (p. 483), has possibly overlooked the part played in West African diets by red-palm oil. Most Europeans in W. Africa eat either "palm-oil chop" or "ground-nut chop" every Sunday, and possibly some do not cast out the excess carotene of the palm-oil so readily as others.

Several years ago, while working in a part of the Gold Coast where palatable and nourishing food was scarce, I fell back upon palm-oil soup almost every day. After a few weeks I noticed that although I felt well and vigorous my skin was orange-coloured, especially on the palms and soles; the whites of the eyes were unaffected. Red-palm oil was already known to biochemists as probably the richest source of carotene, and it at once occurred to me that the palm-oil carotene was responsible for the phenomenon. I therefore abstained from palm-oil and found that 2 to 3 weeks' abstinence restored a normal-coloured skin. On resuming the palm-oil diet the yellow colour returned and was again banished by abstinence. I derived some amusement from repeating this several times.—I am, etc.,

Edinburgh

M. J. FIELD, B.Sc., Ph.D.

Treatment of Pediculosis Capitis

SIR,—Dr. Elizabeth Scobbie's article on the treatment of pediculosis capitis (March 24, p. 409) was of great interest. I have been trying D.D.T. also and have a small series of cases, with results in agreement with Dr. Scobbie's. D.D.T. powder was first tried in 5 patients with pediculosis capitis. It was found that the powder did not stay on the hair and the method was discarded as unsatisfactory. Similarly in 7 patients with pediculosis corporis dusting the powder on the underclothing had not killed the lice by the following day. The powder was

then rubbed into the hairy parts. This was repeated in 2 to 3 days following a bath, and all patients were finally passed as cured after 3 weeks' observation. A 4% solution of D.D.T. powder in liquid paraffin was applied to the scalp with a stiff brush in 12 patients with head lice. Next day no living lice were found. The hair was washed and tooth-combed. Observations for 3 weeks showed all cases were cured. Benzyl benzoate emulsion with similar technique has given as good results in a large number of cases, but I have no doubt that if the tooth-combing cannot be relied upon to be carefully done then the D.D.T. solution, in view of its remaining layer on the scalp, is by far preferable. Whether ascabiol is an "easy method of freeing the scalp from nits" or not, my nurses are unanimous in stating that combing after benzyl benzoate emulsion takes much less time to remove all the nits than after D.D.T. in liquid paraffin.—I am, etc.,

Nottingham.

A. D. FRAZER.

Organization of Research

SIR,—“Filching of intellectual work” and deliberate withholding of new ideas is put forward by Dr. G. Arbour Stephens (April 14, p. 535) as a bar to central organization of research. In psychiatry new ideas have always been and still are prolific; but although neurology has contributed so much to physiology that our knowledge of the working of the central nervous system is almost complete, little of physiological importance has emerged from psychiatry. The neglect of a proper physiological basis for psychiatric research is in itself an indication of the great need for central organization.

Medical research should be ennobled as a profession. The reward for such research should be in doing it and not in the expectancy of later honours or rewards. The type of sporadic research solely for personal advancement or monetary benefit from patents will, I hope, disappear. As in the past, private research will always be attractive and occasionally useful to the community, but in future any real advances in the prevention and cure of disease (including mental disease) are only to be expected from the pooling of ideas and resources; the constitution of active and interested committees; the criticisms of everyone qualified to criticize; the help freely given by those possessing special knowledge and experience; and above all the patient investigation by competent workers of pertinent (though not necessarily minutely specified) problems urgently awaiting solution.

Should results be attained almost simultaneously by other workers, it should be a matter for rejoicing rather than dismay, so long as there are committees sharing the responsibility for the work and the expenditure of public money.—I am, etc.,

Birmingham.

F. A. PICKWORTH.

Universities and Colleges

UNIVERSITY PARLIAMENTARY ELECTIONS

The Registration Officer of the University of Oxford has sent the following communication from the University Registry:

Voting for University constituencies at Parliamentary elections is conducted by post, and voting papers are sent by each University Electoral Registration Officer to the last recorded address of every elector, unless such address has previously proved insufficient. In view of the impending general election I am writing on behalf of all University Registration Officers to urge every voter for a University constituency who has changed his address since registering as an elector and who has not notified the Electoral Registration Officer of his University of such change, to do so as soon as possible. Any elector who has reason to believe that his (or her) name or designation is not correctly recorded in the Register should also communicate with the Electoral Registration Officer of his University. There is little doubt that many electors have changed their addresses within recent years without notifying their University Registration Officers, and a wide response to this appeal would not only save many last-minute applications for voting papers but would help to ensure that those who have a right to receive voting papers receive them in time to record their votes.

UNIVERSITY OF GLASGOW

At a graduation ceremony on April 14 the following higher medical degrees were conferred:

M.D.—J. H. Stirrat (with commendation), A. A. Gilmour. Bellahouston Medals for eminent merit in theses for the degree of M.D. were awarded to A. W. Kay and J. H. Lawson.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

A meeting of Fellows will be held at the College on Tuesday, May 1, at 3 p.m. A report on College affairs will be made and there will be a discussion on the present state of negotiations on the Government White Paper on "A National Health Service."