England and Wales, 1967-71. Births Notified with Hypospadias or Epispadias per 100,000 Total Births (Male and Female)

Month of Birth	Year of Birth				
	1967	1968	1969	1970	1971
Jan.	104	119	101	100	100
Feb.	97	81	105	105	132
Mar.	74	87	100	84	126
Apr.	65	84	91	100	114
May	72	100	113	94	126
June	77	81	109	114	127
July	74	92	93	90	109
Aug.	91	70	76	116	107
Sept.	84	91	110	98	127
Oct.	59	95	103	98	102
Nov.	99	93	114	107	115
Dec.	102	89	95	78	127

These data differ from those of Dr. Roberts and Mrs. Lloyd in that their data included all cases found by careful record linkage between public health authorities, obstetricians, surgeons, paediatricians, and general practitioners in a local area, whereas the Registrar General's reports are based upon the public health information available from birth notification and health visitor examinations for the whole country. The possible loss of cases due to inadequate case finding may not be great, as Dr. Roberts and Mrs. Lloyd found 93 cases in 93,000 total births, which gives a rate of 100 per 100,000 and the Registrar General reports varying annual rates from 83 per 100,000 total births in 1967 to 118 in 1971.

An analysis of variance to determine the various components in the trend over the 60 months has been completed. The analysis first calculated the linear trend over the five years and then estimated if there was any cyclical deviation from this trend. There is clear evidence of a steady increase in the number of cases reported over the five years, but there is no evidence of any cyclical or other non-random variation from this trend. It is not clear whether the secular increase is due to a biological increase or whether it is due to improved reporting over time.

We are grateful to the Registrar General and the staff of the Office of Population Censuses and Surveys for the details of the monthly rates and permission to publish these results.

—We are, etc.,

H. CAMPBELL
R. G. NEWCOMBE
J. A. C. WEATHERALL

Department of Medical Statistics,
Welsh National School of Medicine,
Cardiff

¹ Wehrung, D. A., and Hay, S., *British Journal of Preventive and Social Medicine* 1970, 24, 24.

Better Aids for the Deaf

SIR,—Your leading article (9 June, p. 569) on "Better Aids for the Deaf" comes at an extremely timely moment. The Department of Health and Social Security has been considering for some time the provision, under the National Health Service, of post-aural hearing aids for adults as an alternative to the body-worn aids. The advantages of the former include that they move more with the head rather than with the body of the user, they do not scratch on cloths, and they can be worn relatively unobtrusively. At the moment the Department of Health provides post-aural hearing aids for children, but when they are worn out they are replaced by body-worn aids, while adults who pre-

fer post-aural aids have to pay the full commercial price. The cosmetic advantage of the post-aural aids makes them very attractive to young adults despite their cost of £60-80.

The Department of Health has been considering the provision of the two kinds of aid with a choice for the patient for several years. Mr. Jack Ashley, M.P., has been pressing the Government on this question. It is to be hoped that it will soon find itself able to cater for the needs of hundreds of thousands of hard-of-hearing adults, particularly old age pensioners.—I am, etc.,

HAROLD HILLMAN

University of Surrey,
Guildford

Hospital Social Workers

SIR,—I note from the answer to a question in the House of Commons on 28 March¹ that the future of the hospital-based social worker is still in the balance. This member of hospital staff has made herself indispensable owing to the difficulties of clearing hospital beds of handicapped patients.

With the increasing age of hospital patients it is progressively more and more difficult to send these patients: (1) home; (2) to part III accommodation; or (3) to a geriatric bed. A census of the number of patients occupying beds simply because none of these disposals can be arranged would reveal the magnitude of the problems. The hospital-based social worker can work with the hospital consultant to implement this often desperately difficult disposal, whereas numerous local-authority-based social workers cannot all develop the same knowledge and gadgetry acquired by working in close conjunction with the hospital consultants.—I am, etc.,

C. C. SLACK

Orthopaedic Department,
Tynemouth Victory Jubilee Infirmary,
North Shields

¹ Hansard, House of Commons, 28 March 1973, col. 318.

Points from Letters

Pruritus Vulvae

Mr. K. D. WATTS (Hereford) writes: Is Mr. C. N. McFarland (2 June, p. 553) aware that "open crotch" tights are regularly advertised in the small advertisements of the daily papers? Perhaps his patients could be persuaded to change to this garment if reluctant to abandon the usual design?

Redesign of Medical Records in General Practice

Dr. E. F. RICHARD (London S.E.17) writes: The argument for the new A4 international paper size . . . to be "in line with the generality of hospital and local authority health service records" does not seem to be valid, as the records primarily serve day-to-day general practice and only remotely the interchange between G.P. medical recording and hospital/health authority recording of medical facts. The interchange, where at all required, can easily continue to be done by correspondence as it is being done now. To what dimensions would medical recording swell, if hospitals, local health authorities, etc., could add their material of information to the G.P.'s without somebody doing the necessary pruning of inessential and overlapping reports we are doing now on our own judgement? Moreover, quite a few things in good doctor-patient relationship have to be clouded over and left unidentified and un-

Payment for Contraceptive Services

SIR,—The Annual Conference of Representatives of Local Medical Committees calls for a separate fund to finance the scheme for the provision of contraceptive services, and I am quite sure the Department of Health and Social Security will raise no objection since the Review Body has made quite clear that its recommendations are encompassed by a "pool system," if anything more pernicious than its predecessor. Perhaps you will recall Lord Halsbury's comments on private earnings? Though, he said, they were not within their remit, nevertheless, in fixing the intended average net income ". . . we must have some regard to them." He assessed them at about £400 a year and abstracted this sum from his recommendation.

No doubt when he compiles his future recommendations subsequent to April 1974 he will "have some regard" to the separately funded contraceptive service also, and so we shall finish paying ourselves, as a profession, for the work involved.

When will the General Medical Services Committee take courage and have this totally unacceptable system erased?—I am, etc.,

L. M. ELLIS

Storrington, Sussex

Representation of Hospital Doctors

SIR,—With reference to the letter of Dr. R. M. Mayon-White (19 May, p. 424) I would like to remark that I have received no bulletin, no memoranda, and no questionnaire from him in the past seven years during which I have been a consultant in the Ipswich Group. Perhaps I was not on his mailing list; perhaps there are other consultants in the group also not on his mailing list. This may explain why the response was poor.—I am, etc.,

PAMELA WRAY

Ipswich Hospital, Ipswich, Suffolk

recorded. Would I like somebody else but my partner to know that I consider Charlie to be malingering or having come to me for confidential treatment of V.D. or being a homosexual?

Significance of Ectopic Beats

Dr. F. SCHNEIER (Johannesburg) writes: With reference to your leading article (28 April, p. 191), it is an observation made by many clinicians, particularly in intensive care units, that extrasystoles, particularly if numerous, and more so if of the ventricular configuration, require specific therapy. These often precede more severe arrhythmias, particularly ventricular fibrillation and flutter, and their treatment is frequently most rewarding.

Practice in the United States

Dr. J. A. LACK (Stanford Medical Center, California) writes: I regret that Dr. D. Bentley (14 April, p. 118) is misinformed on the requirements for medical licensure in the U.S.A. He is quite correct in pointing out that the E.C.F.M.G. exam is required for hospital practice, and is not a licence for general practice. For this the Federal Licensing Examination (F.L.E.X.) is required, an examination held in December and June (written), with subsequent oral examination. However, an exchange visitor's visa is adequate, as several colleagues and I can testify.