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 local areas, 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 inadequacy of 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.

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Atlantic Medical Statistics, Welch National School of Medicine, Cardiff


**Better Aids for the Deaf**

Sirs,—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 clothes, 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-

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**County of Health**

**Hypoplasia or Episacral**

*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

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**Hospital Social Workers**

Sirs,—I note from the answer to a question in the House of Commons on 28 March 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 increase in the average 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

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**Points from Letters**

**Pruritus Vulvae**

Mr. K. D. WATTS (Hereford) writes: Is Mr. C. N. McFarland (2 June, p. 533) 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/hospital authority recording of medical facts. The interchange, where at all necessary, can easily continue to be done by correspondence as it is being done now. To what dimensions would medical recording swell, if hospital, 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 are we doing this now on our own judgement? Moreover, quite a few things in good doctor-patient relationship have to be clouded over and left unidentified and unrecorded. Would like somebody else but my judgement that I consider Charlie to be malingering or having come to me for confidential treatment of V.D. or being homosexual?

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**Significance of Ectopic Beasts**

Dr. F. SCHNEIDER (Johannesburg) writes: With reference to your leading article (28 April, p. 191), it is an observation made by many practitioners, particularly in intensive care units, that erythrocytes, particularly if numerous in some hospitals, may indicate that the venricular configuration, require specific therapy.

These often precede more severe arrhythmias, particularly venricular fibrillation and flutter, and their treatment is frequently most rewarding.

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**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.