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 Dermatophagoides gallinae again confirmed. Similar measures to the loft and bedroom collected 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 laryngoscopes. Spontaneous recovery, however, should normally occur if the source of the mites is removed.

—We are, etc.,
J. Reed.

Health Area Office, Wadestown, Cornwall.

M. Hewitt.
G. I. Barrow.

Department of Dermatology, and
Public Health Laboratory, Royal Cornwall Hospital (City), Truro, Cornwall.

J. B. Cleland.

Department of Scientific and Industrial Research, Penlon, Longworth, Abingdon, Berks.

REFERENCE


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. The risk of battery leakage and consequent 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.

Consulting 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 sledging journey in Antarctica in 1912-13, found his skin to be peeling excessively; 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 shown that this shedding of the surface epithelium was almost certainly due to his having eaten 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 lessen 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 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.,

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REFERENCE


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 distressing past history. The diagnosis should be considered in any elderly patient in whom urinary symptoms persist without infection and who changes sleeping position, either on arising or lying down. The diagnosis may be suggested by the absence of other symptoms (e.g., vomiting, fever), or by the absence of response to antibiotic treatment. If bladder irrigation is performed, it should be done without the use of local anaesthetic agents, the sensation of bladder distension thus being maintained. The treatment is symptomatic, and consists in the removal of the cause, if possible, of the bladder irritation. It is often necessary to give sedatives, and to carry out cystoscopy and biopsy if the diagnosis is in doubt.

A. Sugg.

M. Sugg.

Department of Scientific and Industrial Research, Penlon, Longworth, Abingdon, Berks.

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 rumour has it, and with due respect to the matters of human nature, the rumour is not without foundation. There may be a lack of sympathy on the part of the committee in finding 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 have been 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 the Group Council that a two-thirds majority was required to reschedule 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 its work 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. It is a fact that hospital junior doctors are not represented by the Group Council, and the time has come for this to continue to attend the annual meetings of this