

of an industrial medical service, as is already the case at Slough and Harlow.

More concentration of accident cases in designated units will, in the absence of peripheral casualty services, result in these units being swamped with trivial conditions to an even greater extent than is the case with the casualty departments, and the day of treating these patients effectively, economically, and with the minimum loss of time—both at the time of the accident and during the all-important period of aftercare—will be further away than ever.—I am, etc.,

Birmingham 20. HANS F. REICHENFELD.

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Research in Mental Deficiency

SIR,—I cannot agree with Dr. J. M. Crawford (May 11, p. 1287) that the full-time workers in mental deficiency have contributed little to knowledge in this field. It is indeed extremely creditable that so much research was done in the past by workers who carried an enormous case-load and administrative burden. This was at a time when biological investigation into problems of mental defect was unfashionable and neglected by others.

Currently there are many active groups in the specialty, and it is largely due to the efforts of full-time workers in this field that the idea of an institute of mental deficiency is now being publicly mooted. It seems to me that, far from being in danger of erosion, the specialty is about to enter an era of exciting and fruitful work, which will be limited only by the financial resources, hitherto meagre in the extreme, applied to it.—I am, etc.,

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SIR,—Much of the recent surge of interest in mental deficiency has been due to the work of doctors, psychologists, and biochemists employed full-time in mental deficiency hospitals; Dr. J. M. Crawford's worry (May 11, p. 1287) that their work may be whittled away is not likely to be realized if the hospitals are supported by adequate funds, staff, and laboratories—and in particular by an appreciation in other quarters of the work they already do.

Some large mental-deficiency hospitals are not as remote as Lord Taylor (April 27, p. 1107) thinks. Several have connexions with teaching hospitals, and medical students, coming to them and expecting a dreary day, find themselves in a bustling world of medical, psychological, neuropathological, cytogenetic, biochemical, social, educational, and industrial research and practice. This, too, can come as a surprise to their teachers.—I am, etc.,

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Research in Mental Health

SIR,—We were very interested in Lord Taylor's article (April 27, p. 1107). It shows what a vast amount of clinical and laboratory research is already being done,

but it appears to us that most of the work is individual and insufficiently connected with work in other fields.

The M.R.C., which does splendid work already, has a research building under construction in this area, but research in mental health is only a fraction of its total medical-research programme. Moreover, to get the best from a mental-health research programme we consider it should be in close contact with all other branches of medical research. To realize this ideal we suggest that one of the London teaching hospitals should move into close contact with a group of closely associated mental institutions covering all branches of mental health. We consider that the site for such a medical school and mental hospital research centre exists in Epsom, Surrey.

This town is only 15 miles from the centre of London and is linked by a half-hourly rail service to three London terminals—namely, Waterloo, Victoria, and London Bridge. It already has an efficient and active central area laboratory, which is in direct communication with six adjacent mental hospitals providing approximately 8,000 general mental beds and 2,000 beds for subnormal patients, a public health service laboratory equipped for virus research, and a unit for incipient alcoholics. A neurosurgical unit is at present under consideration and two of the adjacent hospitals are scheduled for rebuilding by 1970. In addition, the laboratory has direct contact with seven other mental hospitals in Surrey, and, finally, there is a local well-established general hospital in the town which could be the nucleus of a future general teaching hospital.

Several square miles of mental hospitals' farmlands, which are no longer required as work centres for patients, would provide ample space for a fine medical school, laboratories, and students' hostels, playing fields, and so on. What about a Surrey Medical School attached to London University, created by moving out one of the medical schools from overcrowded central London, where land is insufficient for further development?—We are, etc.,

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Immunological Pregnancy Tests

SIR,—Since Wide and Gemzell's¹ publication on the use of the inhibition of a haemagglutination reaction as a means of diagnosing pregnancy some commercial "test kits" have been produced for clinical use.

Results have been published comparing these immunological pregnancy tests with certain biological tests. Only a few hundred comparisons have so far been made, and the tests are usually done on urines from normal pregnant and non-pregnant women. In practice pregnancy diagnosis is not such a simple matter, and in this laboratory less than a third of the 24,000 to 25,000 tests done each year are for women with normal pregnancies. The majority of tests are for women with a threatened or missed abortion, ectopic pregnancy, retained placental tissue, hydatidiform mole, chorio-carcinoma, and to establish the menopause. Tests are also done for men with testicular tumours.

When immunological tests are compared with those biological tests for pregnancy that are not very accurate, the speed and ease with which some immunological tests can be done makes them a very attractive substitute. However, the experience of this laboratory with 3,127 immunological tests done in parallel with the Hogben test on unselected material shows that their accuracy (based upon clinical confirmation of the test