We studied mainly the fibrin degradation products (F.D.P.) and have examined 65 patients with pre-eclamptic toxæmia of various grades of severity and 2 patients with eclampsia. These patients have been divided into two groups: group 1 hypertension with oedema and Group 2 hypertension with albuminuria, with or without oedema. The 115 tests on the 65 patients with P.E.T. are shown in Table I and compared with the results at the end of normal pregnancy in 100 women. Our mean level at the end of normal pregnancy is 9.46 $\mu\text{g/ml}$, which is higher than Dr. Bonnar gives, but we have used a different method for estimating F.D.P. The difference between these groups is statistically significant. (P, 0.001).

TABLE I

	No.	F.D.P. $\mu\text{g/ml}$		
		Range	Mean	S.D.
Normal pregnancy at term	100	2.5-20	9.46	± 4.24
P.E.T. all patients	65	5-160	31.04	± 27.15
P.E.T. Group 1	32	5-40	16.45	± 8.71
P.E.T. Group 2	33	10-160	41.49	± 27.15

We have also studied two patients with eclampsia and the serial observations on these two patients are shown in Table II. It will be seen that the level of F.D.P. had not returned to normal at 36 hours whereas the slightly raised F.D.P. levels that occur during normal labour quickly returns to normal levels.

TABLE II

Time after convulsions (hours)	F.D.P. $\mu\text{g/levels}$			
	1	12	24	36
Patient A	320	320	160	40
B	320	160	—	80

One of the sites of origin of F.D.P. is almost certainly placental damage as suggested by Dr. P. M. Jones (24 April, p. 222). Not only are infarcts more common in eclampsia but the number of infarcts appears to be related to the severity of the toxæmia.¹ Intervillous thrombi also occur, which will be another site of fibrin deposition.

The relationship between toxæmia and transplacental haemorrhage has been demonstrated by a number of investigators and appears to be correlated with the severity of the toxæmia. Pilkington² detected transplacental haemorrhage in 33 of 34 patients with severe toxæmia but Devi *et al.*³ detected only 40% in a group consisting mainly of mild toxæmia patients. Although to our knowledge no direct correlation of placental infarcts with F.D.P. has been demonstrated as yet, the indirect evidence appears to be good.

We would agree that evidence is mounting that therapy aimed at preventing or reducing the effects of intravascular coagulation should be given an adequate trial in these conditions.—We are, etc.,

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- 1 Fox, H., *Biologia Neonatorum*, 1967, 11, 87.
- 2 Pilkington, R., Knox, E. G., Russell, J. K., and Walker, W., *Journal of Obstetrics and Gynaecology of the British Commonwealth*, 1966, 73, 909.
- 3 Devi, B., Jennison, R. F., and Lanley, F. A., *Journal of Obstetrics and Gynaecology of the British Commonwealth*, 1968, 75, 659.

False Economy

SIR,—I am horrified to see that the Department of Health is sending out a circular (ECL 106/69 Serial No. 4/71) comparing the costs of the hypnotic drugs. It is becoming obvious that barbiturates are dangerous drugs which are rarely indicated for casual use. However, on the very dubious grounds of economy, the Department are producing a document which encourages the use of these drugs in preference to safer alternatives.

This really is bureaucracy gone mad, and I hope that some of the civil servants from the Elephant will come and help wash out the self-poisonings.—I am, etc.,

A. K. CLARKE

London E.1

Unnecessary X-rays

SIR,—In the correspondence following Mr. D. F. Thomas's letter (10 April, p. 105), Mr. J. Charnley (1 May, p. 279) has indicated a very desirable approach to the clinical care of minor injuries. Such a thoughtful approach can be more broadly applied in the selection of patients for x-ray investigation.

In 1969 the International Commission on Radiological Protection adopted a report¹ of a task group on protection of the patient in x-ray diagnosis. This report advocates, among other measures in the interests of patients, the general exercise of clinical judgement on similar lines.

The use of clinical judgement in the particular manner Mr. Charnley cites is a clear instance of means of avoiding with comparative ease the irradiation of a large number of patients, without loss of benefit to them.—I am, etc.,

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- 1 International Commission on Radiological Protection: *Protection of the Patient in X-ray Diagnosis, a report prepared for I.C.R.P. Committee 3*. Oxford, Pergamon Press, 1970.

Outings for Mentally Handicapped Children

SIR,—We should like to give our experience, in the light of paragraph 2, Annex to H.M. (71) 22 "Hospital Facilities for Children",¹ which deals with maintaining contact between children, parents, and home.

It has been appreciated for a long time that contact between child and family is very important, but St. Lawrence's Hospital, like many other psychiatric hospitals, is 20 miles (32 km) or more from a large part of the population which it serves. This means that regular visiting and taking children home proves difficult and costly for some parents who would otherwise have their child home. Over the past six months mentally handicapped children in St. Lawrence's Hospital have had the opportunity of going home each week-end in transport supplied by the hospital management committee. The child population (between 5 and 16 years) is 115.

Frequent visits are made by parents, relatives and adoptive aunts to 29 children, thus 86 receive either few or no visits at

all during the year. The parents of these children were asked if they would have their child home from Friday to Sunday evening each week-end, if transport was provided; 33 were willing to do this, involving 28 boys and 5 girls. Correspondingly, the hospital management committee agreed to hire a coach, and London Transport and the Southern Region railways kindly provided stopping-point facilities in Croydon and at London Bridge Station. Various sundries are provided, for instance, draw-sheets, rubber sheets, and changes of underwear. Drugs are prescribed, as necessary. Nursing staff have charge of the children on both journeys.

The service has proved popular with nurses as well as parents. Many parents have expressed their pleasure to the staff on the coach at having their child home. Likewise, some children have shown obvious delight at the prospect of going home. The project "normalizes" life for them, since they spend their week in the hospital school and week-ends at home. Nursing staff, too, have benefited, since the number of children in hospital for long-term care is reduced. The cost of the project has so far been £1.40 per child for 2 days, but as more children take part this figure will be reduced.

The service goes on and is gaining momentum. It can be earnestly recommended as being extremely useful. Further help is being sought from local authorities in the matter of extending transport facilities, helping to find adoptive aunts, and supervising week-end care in some instances.—We are, etc.,

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MAUREEN SEARS

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- 1 Department of Health and Social Security, *Hospital Facilities for Children*, (H.M. (71) 22). London, Department of Health and Social Security, 1971.

Handicapped Children

SIR,—Your leading article on the assessment of multiple handicapped children (24 April, p. 186) highlights one of the most important problems in medical practice and the Health Service. I have been and am vitally concerned on three accounts.

My daughter, who is now a grown up woman and does not mind my writing this letter, was born profoundly deaf in the late 1940s. The first diagnosis at a teaching hospital was one of mental deficiency. The second diagnosis was the correct one, but it was only seven years later that we found out that her sight was poor and that she just escaped from being a deaf-blind child.

The diagnosis of individual disabilities is still very specialized and the danger exists of it becoming even more specialized and sophisticated. Prognosis depends on diagnosis and subsequent therapy as always. If I may paraphrase part of your article, deafness alone or deafness in combination with one or all the associated disabilities of blindness, brain damage, and emotional disturbance will need varying forms of education and care.

There is a crying need for comprehensive assessment units but the greatest care must be taken that the specialized knowledge available should be in depth, and that even before the inception of these units there be real communication between the highly