chore unlikely to be undertaken readily by general practitioners. Again, if it were undertaken, the number of specimens would be such as to swamp all available laboratory facilities (possibly something like 17,000 specimens would need to be obtained, transmitted, and examined in the laboratory each day throughout the United Kingdom). The introduction of convenient media for semi-quantitative bacterial counts could help to cut this volume of work by about one third if the new technique allowed for incubation and reading on the practice premises; the positives and doubtful positives only would be transmitted to the laboratory. There is nothing mystical about the technique, and personal experience supports the contention that it is well within the capability of a practice sister or other suitably trained worker. Three requirements must be met for this change in primary medical care to come about:

Equipment: the commercially available media and a simple incubator would need to be readily available to all general practitioners who wish to use this method.

Organization: including the establishing of van collection services, and better communications with laboratories.

Demonstration: that this method in fact raises the quality of medical care.—I am, etc.,

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Misuse of Medical Profession

SIR,—I am writing to support with all my heart the plea¹ that some action be taken over courageous Russians incarcerated for political reasons in mental hospitals. The misuse of the medical profession for the purpose of repression by the State conjures up a horrifying vision, and I call on the British Medical Association to stand up and speak out for its noble principles.—I am, etc.

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REFERENCE

- 1 *Hospital Times*, 11 September, 1970, p. 6.

Ban on Amphetamines

SIR,—While I share Dr. M. J. Leverton's concern over the theft of stock bottles of amphetamines from the premises of retail chemists (26 September, p. 770) it is far from certain that prescribing in the manner he suggests will contribute to a solution unless he happens to be the only practitioner in the area who prescribes these drugs. Until their prescription becomes a rarity chemists will continue to carry stocks of a convenient size.

As Dr. Leverton says, the patients for whom these preparations are genuinely required are rare. A much more effective solution lies in the restriction of their availability to hospitals, as suggested earlier this year.¹ This has already proved most effective in the case of injection of

methylamphetamine, and an extension of such a voluntary arrangement to amphetamines in tablet form would avoid the need for any retail chemist to carry stocks of any size however small.—I am, etc.,

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REFERENCE

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Serological Diagnosis of Rubella

SIR,—Estimation of IgM haemagglutination-inhibiting antibody after separation by sucrose density centrifugation is an accurate tool both for confirmation and for exclusion of acute rubella in pregnancy. We report elsewhere¹ that IgM antibody was demonstrated in all women examined who had acute rubella in early pregnancy. IgM antibody was absent later than one month after symptoms; in all but one woman examined immediately after birth of a congenital rubella infant; and in women who did not have acute rubella. The procedure has been simplified by testing a single gradient fraction known to contain IgM and no IgG.

The method was first evaluated mainly on nonpregnant subjects by Finnish workers² and in Dr. Banatvala's laboratory.³ An important finding from the recent paper of the London group⁴ is that in a laboratory which also examines difficult cases referred by other laboratories half of the serological confirmations of acute rubella in pregnancy were made by the detection of rubella-specific IgM, and would have been missed by the usual criterion of rising antibody titres.

For diagnosis possibly implying therapeutic abortion well-standardized laboratory technique of high specificity and sensitivity is mandatory. Among methods used to determine rubella-specific IgM antibody 2-mercaptoethanol sensitivity of whole serum falls short of these standards.¹ Density gradient centrifugation comes nearest to the aim. With immunofluorescence, it appears from the first publications⁵⁻⁷ that there may be problems with sensitivity or specificity. Cohen *et al.* consider rubella IgM titres of 8 as nonspecific; in acute rubella only two patients out of 13 developed titres higher than 16.⁷ Detection of rubella-specific IgM antibody by immunofluorescence now seems to have been considerably improved in Professor Fraser's laboratory,^{8,9} and comparative evaluation of the ultracentrifugation and immunofluorescence methods is eagerly awaited.

The ultracentrifugation method in its simplified version¹ is not truly complex, but the requirement for 18 hours of ultracentrifugation is maintained. With present rotors, usually three, a maximum of six specimens including controls if desired can be tested simultaneously. With immunofluorescence more specimens could be handled at smaller expense. However, technical implications are still such that we doubt whether the method will be profitably used by many laboratories other than those which are able to perform gradient centrifugation when indicated.

It may take years before vaccination makes laboratory help in suspected rubella during pregnancy an uncommon request. Since vaccination became available in Belgium more than a year ago, requests have sharply increased in our and other laboratories. We attribute this increase primarily to growing awareness of the rubella problem, generated by information on the vaccine.—I am, etc.,

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Folate and Vitamin B₁₂ in Epilepsy

SIR,—Dr. N. S. Gordon's letter (25 July, p. 226) concerning the role of folate and vitamin B₁₂ in epilepsy is a timely one, and I feel that his statement of caution regarding the acceptance of a relationship between seizures and folate deficiency should not go unheeded.

Much of the evidence concerning the alleged worsening of seizures and improvement in mental state after folate administration is based on scanty or even solitary¹ case histories. Unfortunately, the uncontrolled administration of folic acid, vitamin B₁₂, or both to a group of patients (27 June, p. 759) without comparison to the effect of placebo is difficult to evaluate. This is even more difficult when the parameters to be measured are as variable as seizure frequency, or improvement is as vague as "more relaxed," "happier," etc.

Two attempts at controlled evaluation of folate in epilepsy^{2,3} have failed to show any relationship. In a recent controlled trial of the drug at the Montreal Neurological Institute⁴ folic acid was found to have no effect on seizure frequency than placebo. In fact one patient developed severe status epilepticus on placebo.

This field has been one in which speculation and prediction have expanded beyond all reasonable limits, and the need now is for an entity always more painful to acquire—namely the facts.—I am, etc.,

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