CORRESPONDENCE

Correspondents are asked to be brief

Pregnancy Testing

SIR,—As one of many hospital bacteriologists responsible for providing a pregnancy diagnosis service I fully endorse the view expressed by Mr. A. D. Thursz (25 September, p. 769). Indeed I am encouraged to note that a consultant obstetrician has ventured to raise this controversial matter.

I have for some time considered that it is not the place of the hospital laboratory to carry out routine tests merely to determine whether a normal state of pregnancy exists—solely for "social" reasons. We are all aware what these reasons are: for example, indiscreet behaviour by a young patient, or to know whether a state of pregnancy exists which may interfere with booked holidays abroad, etc. If the general practitioner is to be asked by his patient to request a test in these circumstances then either the test should be performed in the surgery with suitable reimbursement to the doctor, or the patient herself should meet the cost of the test done in a private laboratory specializing in this examination.

On the other hand no-one would suggest that pregnancy diagnosis tests are not totally valid in cases of threatened abortion, missed abortion, hydatidiform mole, ectopic pregnancy, testicular teratoma, and other pathological conditions where it is required to know the level of urinary H.C.G. excretion.

This laboratory carried out 4,840 tests during the last 12 months and have analysed 228 pregnancy diagnosis tests performed during the period 3 to 21 September—a total of 15 working days. One hundred and sixty-three (71·5%) of this total were for apparently social reasons and 65 (28·5%) were for medically acceptable diagnostic purposes. Further analysis of this latter group shows that 25 out of the 65 examinations were requested by hospital specialist obstetric or surgical staff. Thus 203 out of 228 requests arose from general practice interviews of which only 40 (19·7%) were for justifiable patient-care reasons. This percentage does not warrant routine hospital laboratory examination constituting considerable wastage in terms of technicians' time and cost of materials—11·4% of our total budget for bacteriology. Microbiology units have plenty of other examinations that should be carried out were it not for time spent in the performance of these pregnancy tests, and I might add that the handling of some 40 telephone requests weekly for the results of these tests disrupts both the office staff and technical staff in the continuity of their duties.—I am, etc.,

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Listeriosis

SIR,—Dr. D. M. O. Becroft and others (25 September, p. 747) suggested that the cause of their epidemic was either a common source of infection or a coincidental incidence of inapparent infections in the community. It is not generally realized that *Listeria monocytogens* is often found in the faeces of man and animals.[1-3]

For a period of 18 months, using a modification of the method described by Kampelmacher,[2] we have investigated the presence of *L. monocytogenes* in the faeces of humans and have isolated this organism from 32 of 5,000 faeces, an incidence of 0·6%. Follow up suggested that carriage was transient, an observation already made by Bojsen-Møller.[3] There have been no diagnosed cases of listeria meningitis or listeriosis of the newborn in Swansea over the past 15 years and the presence of *Listeria monocytogenes* in faeces is more likely to be a transient carriage than inapparent infection in the community.

In search for a possible source of this transient carriage, it has been found that chickens have a very high carriage rate. From 35 chickens purchased by medical practitioners in Swansea for consumption in their homes, 20 were found to have this organism on their surfaces—an incidence of 57%. Both fresh and frozen chickens were examined and both types had a similar high incidence.

Chickens are now a very common food and *Listeria monocytogenes* must, therefore, enter most homes. The fact that there is so little infection suggests that another factor is necessary, and the possibility of the potentiating effect of a toxin of *Escherichia coli*, as suggested by Rolle and Mayer[4] is worthy of consideration.—We are, etc.,

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1 Seeliger, H. P. R., Winkhaus-Schindl, I., Andries, L., and Viebahn, A., *Pathologia et Microbiologia*, 1965, **28**, 590.