coronary care. This means that individuals trained in coronary care and conversant with the use and limitations of antiarrhythmic agents should reach these patients as soon as possible after the onset of symptoms, relieve pain, stabilize the rhythm, and monitor the patient continuously during his transport to the coronary care unit. It also means that the patient must be admitted directly to the hospital coronary care unit, since delay and disturbance in the casualty department may aggravate the early dysrhythmias and lead to extension of the area of infarction.—We are, etc.,

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Research into Psoriasis
Sir,—A reader of Dr. Harvey Baker's excellent description (24 July, p. 231) of the pro- tean manifestations and forms of psoriasis may surely wonder whether they are really all one and the same disease.

Medicine abounds in examples of "diseases" which have been hitherto recognized to be no more than symptoms or signs which may result from various pathogeneces. This has been the path to progress in the understanding and control of many dermatoses. It is disappointing, therefore, that Professor Sam Shuster (p. 236) should repeatedly write "psoriasis is a disease," as if all cases were of the same essential nature. This assumption seems to be made throughout and is surely unjustified and may be holding up progress. One may yet hope to achieve a better understanding of psoriasis by the recognition of, not one, but perhaps several syndromes or pathways which lead to the eventual skin manifestation. This is what has already been done with the eczemas and the urticarias and, of course, innumerable other disorders.—I am, etc.,

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Mental Deficiency Nursing
Sir,—We welcome the publication of the report on staffing of mental deficiency hospitals1 as a document that highlights many areas of need in the care of the mental defective. We are, however, greatly concerned by the content of paragraph 51, which states that the committee was "unable to identify any techniques of nursing which are peculiar to this field of work." In our opinion, this statement indicates that the committee has taken a very narrow view of the skills implicit in mental deficiency nursing, confining these specialist nurses to care only, and our concern is that an undue significance may be attached to this point concerning techniques. Basic techniques of care are, of course, not peculiar to any one branch of nursing.

We suggest that techniques in which the nurse in mental deficiency requires special skills is the following:

A caring function. This is common to all nursing disciplines but because of age and intellectual ability of patients in mental deficiency hospitals it is important that this caring aspect is highly developed in such a way that the appropriate therapeutic level of care is administered.

A training function. The mental defective remains much longer than the normal person in the sensor-motor developmental phase of intellectual development (work of Piaget and others). Social training of the mental defective in-