but in whom a diagnosis of pyelonephritis is subsequently established. It has also been shown that to examine the urinary deposit for white cells in the way they describe may be misleading.² And it is well known that the urine may be infected even if there is no increase in the number of white cells present.^{3 4}

The difficulties of quantitative pour-plate cultures have perhaps been over-emphasized by those less experienced in this technique. We have found that a competent technician can perform up to 20 such cultures in an hour.—We are, etc.,

Department of Medicine,
Charing Cross Hospital
Medical School,
London W.C.2.

P. J. LITTLE.
H. E. DE WARDENER.

REFERENCES

- ¹ Kass, E. H., *Ann. intern. Med.*, 1962, **56**, 46.
- ² Little, P. J., *Lancet*, 1962, **1**, 1149.
- ³ Brumfit, W., and Percival, A., *Brit. J. clin. Pract.*, 1962, **16**, 253.
- ⁴ Kaletz, A. L., and Williams, E. J., *New Engl. J. Med.*, 1960, **262**, 425.

Herpes Zoster and Steroid Therapy

SIR,—Since herpes zoster is a fairly common disease and since steroid therapy is now widely used in the treatment of many unrelated diseases, it is worth while to assess whether steroids have any effect in herpes zoster by noting the occurrence of severity of zoster. Duke-Elder¹ reported improvement in cases of zoster iridocyclitis treated with cortisone. Carter and Royds² were more guarded in their conclusions regarding their own results with prednisone treatment in 15 cases of ophthalmic herpes zoster.

Such consideration justifies the report of a case in which it would appear that steroids did not affect favourably the progress of herpes zoster—on the contrary, its course appeared to be more severe.

A woman aged 54 developed a papular rash on both arms, legs, and abdomen in July, 1961. There was subsequently considerable itching and exfoliation. No cause could be found. The patient gradually became more and more disturbed because of it. Local treatment had no effect. Only oral steroids controlled the symptoms and lesions. Prednisolone, 10 mg. per day, was the first preparation used. Betamethasone, 0.5 mg. per day, was used subsequently. Within a week of stopping the steroids the lesions and itching recurred, and soon disappeared after taking steroids again.

On April 19, 1963, she developed right intercostal herpes zoster with a D₅-D₆ distribution. In less than a week the zoster lesions became gangrenous, and a carbuncle 1½ in. (3.7 cm.) in diameter developed on the back in the zoster area. There was very deep tissue destruction in all the affected areas. There was no glycosuria. The carbuncle healed within a week with parenteral penicillin. The zoster lesions healed within four weeks with considerable scarring and deep pigmentation.

More than 200 patients with herpes zoster were seen during the last 30 years in practice—this one being the most severe, and the only one who had been on continuous steroid therapy.

It appears that steroids will not suppress or ameliorate the course and progress of herpes zoster. This was also seen in the case described by Creighton and Dewar.³—I am, etc.,

London S.E.25.

A. FRY.

REFERENCES

- ¹ Duke-Elder, W. S., *Brit. J. Ophthalm.*, 1951, **35**, 637.
- ² Carter, A. Barham, and Royds, J. E., *Brit. med. J.*, 1957, **2**, 746.
- ³ Creighton, J. S., and Dewar, W. A., *ibid.*, 1959, **1**, 649.

Westergren E.S.R. and Plastic Containers

SIR,—The inference in the letter published in the *Journal* by Dr. R. J. Weir and Dr. J. M. Jackson (May 25, p. 1414) is that polystyrene is the causative factor for the difference in results.

I have recently carried out a series of investigations into the causation of the inhibition of fall in Westergren E.S.R.s using plastic containers, and a short paper on this subject is now in the press. My findings show that the added preservatives, a mixture of hydroxybenzoates, are the direct causative factors in this inhibition and that the polystyrene has little or no effect on the fall of the red cells.—I am, etc.,

Department of Pathology,
The General Hospital,
Margate.

H. STERNDAL.

Accident Services

SIR,—Mr. H. Osmond-Clarke (May 25, p. 1410) deplures, with some justification, the failure of the Minister of Health to take up the recommendation of the Interim Report of the Accident Services Review Committee to create a third tier in the Central Accident Units. Equally deplorable and disappointing is the lack of consideration given to the organization of the first tier proposed by Mr. Osmond-Clarke's Committee—a peripheral casualty service. "The main purpose of this service will be to provide treatment for minor injuries . . . for every major injury there occur at least a hundred minor injuries and the potential morbidity of these is high."¹

The sheer volume of work connected with minor conditions at present carried out at hospital casualty departments is indicated by the analysis made by the Accident and Emergency Services Subcommittee²—no less than 65% of new cases coming under the headings bruises, sprains, wounds, sepsis, and foreign bodies, while Fry³ and Crombie⁴ have estimated the incidence of the "general practice type of case" at casualty departments at between 40% and 60%. With the increasing awareness of the medico-legal, if not clinical, importance of obtaining radiographs in cases of sprains and bruises it is fair to assume that a large proportion of the increase in "casualty" work—24.5% new cases in the Birmingham region between 1951 and 1961⁵—is accounted for by these minor injuries.

However, to expect general practitioners to treat these cases on their own premises, with their own equipment, and, dare one mention it, without proper remuneration, is quite unrealistic. Even where facilities are available, as at the S.E. London G.P. Centre, the figures—128 minor operations during the course of a full year⁶—show that a peripheral casualty service could only become effective if "organized at a cottage hospital or general practitioner diagnostic and treatment centre and staffed by a rota of general practitioners."¹

Recent discussions between a group of general practitioners in Birmingham and representatives of both sides of industry have shown that these "consumer bodies" are well aware of the inefficiency of the present arrangements, necessitating long journeys to hospital and endless hours of waiting for the most trivial of injuries. If the lead given by the Accident Services Review Committee had been followed by the Minister of Health there is no doubt that, in its own interest, industry would have been prepared to contribute to the establishment of peripheral casualty services, forming the backbone

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.

REFERENCES

- ¹ *Accident Services of Great Britain and Ireland, Interim Report of Review Committee*, 1961. B.M.A., London.
- ² Ministry of Health, Central Health Services Council Standing Medical Advisory Committee, *Accident and Emergency Services*, 1962, Report of Subcommittee, H.M.S.O., London.
- ³ Fry, L., *Lancet*, 1960, 1, 163.
- ⁴ Crombie, D. L., *J. Coll. gen. Practit.*, 1959, 2, 346.
- ⁵ McEwan, E. D., and Gordon, Christie W., *Midl. med. Rev.*, 1963, 2, 348.
- ⁶ S.E. London G.P. Centre, *Annual Report*, 1962.

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.,

South Ockendon Hospital,
Romford, Essex.

J. T. R. BAVIN.

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.,

St. Lawrence's Hospital,
Caterham, Surrey.

JOHN GIBSON.

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.,

Area Laboratory,
West Park Hospital,
Epsom, Surrey.

MYRA K. BEATTIE.
I. H. MACLEAN (retired).

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