

ICD. It must, however, be doctors themselves that make the measures. Secretarial staff cannot be involved in this process because they do not define the problem (or "make the diagnosis"). Both doctors and secretaries will always be unreliable, to a certain extent, when they interpret and transfer information.

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REFERENCE

Bain, D. J. G., Bassett, W. J. & Haines, A. S. (1973). *Journal of the Royal College of General Practitioners*, **23**, 474-9.

REORGANISATION OF THE NATIONAL HEALTH SERVICE

Sir,

Although I am sure that this is a simple slip of the editorial pen in translating D.M.T. as District Medical Team rather than District Management Team, I am sure that this is something you will wish to correct at an early opportunity.

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REFERENCE

Journal of the Royal College of General Practitioners (1973). Editorial, **23**, 385.

RESEARCH UNIT

Sir,

An outline of the functions of the Research Unit of the College was presented in the June *Journal*. The papers dealt with specific aspects and because of this one important function of the Research Unit, perhaps its most important function, might be overlooked and we would like to take this opportunity to draw the attention of your readers to it.

The primary purpose and function of the Research Unit is to act as an advisory service to general practitioners, either as individuals or groups who have research problems of any kind. This advisory function is definitely orientated towards the problems associated with the development of research in its very earliest phases. Both Dr Pinsent and I are convinced that our major contribution is made in personal discussions with practitioners at the earliest stages in the development of their ideas as well as at the more conventionally-accepted later stages of development.

We would encourage anyone who is embarking on a research enquiry of any kind to feel free to make use of us at a very early stage and to feel free to come back and follow up initial contacts and discussions as often as they feel they should. To establish the problem and its structure clearly is much the most important part of any research enquiry or project. This is the level at which the

Research Unit encourages maximum use of its services. These include assistance with the design, printing and distribution of relevant documents, help with the analysis at the very simple 'desk top' level, preparation of tabulations and typing of reports and papers.

Although the Research Unit provides a technical service in terms of the design of research projects and the development of analytical programmes for data, we stress that the most important decisions are taken at an earlier stage still.

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PREVENTION OF TAY-SACHS DISEASE

Sir,

Tay-Sachs disease is rare, fatal and in a sense preventable. The gene responsible for it is carried by at least one in 30 Ashkenazi Jews and about one in 300 of the rest of the population, so that the chance of an Ashkenazi couple having an affected child is 100 times as great as in marriages not involving their racial group. They are the obvious target for a preventive campaign, as the chance of hitting a bull's eye is great, but Tay-Sachs disease occurs in the rest of the population and we hope that ultimately everyone at risk will be discovered.

The disease is transmitted as an autosomal recessive character, so the risk occurs only if both husband and wife are carriers. Such couples can be told of the risk and can then decide not to have children (except by adoption) or to have amniocentesis at about the fifteenth week of pregnancy, when diagnosis of the fetus is possible. If it is affected, pregnancy can be terminated. Thus parents who are carriers can be assured of never having a child with Tay-Sachs disease and enduring the two to three years of agony which the slow death of such a baby involves.

The laboratories of the British Tay-Sachs Foundation are equipped to carry out detection of carriers and antenatal diagnosis. We shall be glad to visit groups (e.g. synagogue congregations or student associations) to obtain specimens, or to take them from individuals who telephone (01-405 9200, Ext. 313) for appointments at The Hospital for Sick Children.

Partners in one general practice are about to start a survey to find carriers among their patients, in which we are naturally pleased to co-operate, and we hope that other doctors will be interested in carrying out surveys.

A brochure on this topic is being circulated with this issue of the *Journal*; further copies may be obtained (free) from the Foundation.

P. R. EVANS
Director

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