in the nasal pharynx of some mammals, and it might be plausible that carcinogenic aromatic amines can be activated in the upper aerodigestive tract of humans. This needs confirmation. Nonetheless, it appears that most epidemiological studies of workers exposed to aromatic amines have generally not shown excess risks of oesophageal cancer. The question remains to what extent has oesophageal cancer been investigated in studies of aromatic amines or was all the attention focused on bladder cancer. It might be useful to examine thoroughly studies of aromatic amine-exposed cohorts and assess the issue further.

REFERENCES

A Census of European Health Surveys

From CAROL JAGGER AND KAREN RITCHIE

Sir—As part of the Euro-Reves project for harmonization of health expectancy calculations across Europe we are presently conducting a Census of European Mental Health studies. This covers both purely epidemiological studies and national health surveys containing mental health questions, conducted since 1980.

The census is organized by the Mental Health Sub-Committee of Euro-Reves, which aims, through consensus, and by developing and promoting calculations and instruments, to facilitate more cross-cultural comparison. The first step towards this is to find out the mental health priorities across Europe. The most common priorities for national mental health research indicated so far are dementia and depression, and although there is an enormous range of different instruments in use, certain ones such as the MMSE and CAMDEX are common all over Europe.

Details of 50 studies have been collected to date with a median size of 2500 people and range from 100 to 25 000. The age ranges covered are birth to 100, although most of the surveys concentrate on the over-65s. Twenty surveys were locally based, 13 were regionally based and 11 were national surveys. Twenty-six were longitudinal, with 11 cross-sectional and 5 containing elements of both.

The results of this survey so far, combined with evidence from the recent Mental Health Sub-committee meeting in Leiden, Netherlands, show a good consensus of instruments in use. With this in mind we intend to produce an inventory of scales and symptoms/ADLs currently in use, compared across ICD-10 categories, as part of our aim to become a resource centre for cross-cultural comparison of mental health indicators, encouraging greater international discussion and cooperation on this topic.

We would like very much like to hear from other researchers with relevant studies, especially in Portugal, Italy, Finland, Greece and Austria. The questionnaire is two A4 sheets obtainable from us either by mail at The University of Leicester, Department of Epidemiology and Public Health, 22–28 Princess Road West, Leicester LE1 6TP, UK, by fax on (+44) (0) 116 252 3272, or by e-mail at mjh18@le.ac.uk.