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Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are now being received that the omission of some is inevitable. Letters should be signed personally by all their authors. A selection of letters as possible. So many are now being received that the omission

Motor Insurance and Ischaemic Heart Disease

SIR,—When a patient had a myocardial infarct recently this year he was advised to inform his large and well-known motor insurance company and received the following reply:

"We . . . note that you have recently suffered a coronary. In the circumstances it will be necessary for you to obtain, at your own expense, a report from your doctor regarding your general state of health and physical condition. The report should make particular reference to the coronary, the period of disability it caused, and the prognosis.

"Would you kindly inform us of any restrictions which the coronary has imposed on your activities, and your present blood pressure readings. If you have ever suffered from any other diseases, would you please advise us of the details.

"Finally, would you please request your doctor to incorporate into his report the following wording: 'I certify that I have today examined . . . who in my opinion is suffering from no physical or mental disability which would of itself, and regardless of any other consideration, make it undesirable for him to drive a motor vehicle on the public highway.'"

I have discussed this letter with my medical colleagues and with a representative of the insurance firm, and have also sought the opinion of the North West Regional Health Authority's legal adviser, and it seems that various questions warrant further discussion, including the following.

(1) The awareness of doctors and the general public that insurance companies expect to be informed of any change in health which would affect ability to drive.

(2) The advice given to patients recovering from illness.

(3) The professional time required to prepare and interpret detailed reports of the nature requested.

(4) Whether such reports should be issued by general practitioners or hospital doctors, and if the former the amount of information contained in hospital discharge letters. Insurers hope that a

hospital doctor would pass on any relevant information to a G.P.

(5) Should insurance companies seek to impose a higher standard of fitness than is statutorily required of drivers (after all, insurance companies have to show a profit)? Most insurance policies extend beyond the statutory insurance requirements and it is basically in respect of this that the risk is underwritten.

(6) Restrictions on activity at, say, two months may not be applicable 12 months after infarction. Insurance companies accept this point but are interested in the current state of health.

(7) Have insurance companies a right to know about all illnesses, physical and psychiatric, likely to affect ability to drive? How should they obtain such information? What is the position of the insured if he does not, for whatever reason, supply such information?

(8) Would a shortened certificate of ability to drive be acceptable by the insurance companies? Is express verbal consent by a doctor sufficient? The companies would prefer such information to be given in writing.

(9) Refusal to continue an insured person's policy might prevent him from returning to his employment, a step which insurers would be reluctant to take.

This letter is written with the knowledge of all parties concerned in the hope that it will lead to further discussions between the medical and insurance professions.—I am, etc.,

G. J. ROCKLEY

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Cervical Epithelial Dysplasia

SIR,—With the likelihood of an increase in the prevalence rate of squamous carcinoma of the cervix in the next decade¹ there is an urgent need for a simple, reliable method of assessing the neoplastic potential of its pro-

posed precursor states of dysplasia and in situ carcinoma. There can be few more soul-searching problems in clinical gynaecology today than the management of the increasing number of young women with these lesions. Traditional histopathology is unlikely to provide an answer—indeed, the opposite applies as the plethora of descriptive terminology confirms. Immunological and genetic methods of surveillance probably represent the best hope for the future.

But until these methods are perfected it would be dangerous and potentially lethal to regard dysplasia as a purely benign condition. This is unfortunately the impression that some readers may acquire after reading your leading article (8 February, p. 294). The overwhelming and objectively determined scientific data convincingly confirm the potentially malign nature of many dysplastic and in situ carcinoma lesions.^{2,3} The Los Angeles figures of Stern⁴ that show the hundred-fold increase in the risk of developing invasive carcinoma in women already known to have dysplasia should be proof enough.

It is therefore surprising that you should emphasize the rather negative aspects of the Baltimore studies,^{5,6} which regard dysplasia as a "non-specific inflammatory reaction." This study on a 97% white private practice population, a rather unusual group in the American experience in which to find these lesions, found differences in the amount of vaginal discharge, in the titres of various antibodies, and in the presence of *Trichomonas vaginalis* between dysplastic and in situ carcinoma groups. The presence of the latter organism was determined retrospectively when "any mention of trichomonas was noted"⁵ in Papanicolaou-stained preparations of cervical and vaginal material obtained by the self-administered vaginal irrigation technique. The assessment of these rather subjective and variable parameters, plus the fairly liberal histological interpretation of in situ carcinoma as you suggest, added to by the neglect to standard-