good quality smears.[1] In a mass screening programme, however, it is precisely this skill that is the hardest to ensure. Even with extensive training programmes some practitioners are always going to have less experience than others. Also, in the United Kingdom, examination couches are not routinely fitted with stirrups, which make it more difficult to obtain a good view of the cervix.

Whether the presence of transformation zone markers indicates a good quality smear is disputed. We agree with Dr Wolfendale that, at a national level, this is the only effective way of ensuring some form of quality control. Their presence gives reassurance that the cervix has been sampled correctly, even though their absence does not necessarily imply the opposite.

In a recent study at St Thomas's Hospital we found that under ideal conditions and with experienced smear takers the instrument(s) used to obtain smears in young women did not influence the number of dyskaryotic smears.[2] But we confirmed the findings of an earlier study[3] that when only a spatula was used the quality of smears varied widely as judged by the presence of transformation zone markers. When, however, a Cytobrush was added to the spatula the variation disappeared, with all operators taking good quality smears. If the operator's skill cannot be guaranteed it is surely simpler to provide a sampling technique that is independent of the operator. We found a significantly higher number of inadequate smears obtained with the Cervex sampler, as did another recent study, which compared the Cervex sampler with the technique using a Cytobrush plus a spatula in women who had had laser treatment.[4]

A two sample technique need not increase the laboratory workload; in our study, as in others, both the spatula and brush samples were placed on the same slide.

We suggest that the technique using a Cytobrush plus a spatula is particularly useful in "difficult" patients, in whom the transformation zone is not easily accessible—for example, nulliparous women, postmenopausal women, and those who have had treatment for cervical lesions. In addition, the advantage of obtaining uniformly good quality smears regardless of the operator's skill should not be overlooked.

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2 Szarewski A, Cuzick J, Nayagam M, Thin RN. A comparison of four cytological sampling techniques in a genito-urinary medicine clinic. *Genitourin Med* 1990;**66**:439-43.
3 Boon ME, Alons-Van Kordelaar JJM, Rietveld-Scheffers PEM. Consequences of the introduction of combined spatula and Cytobrush sampling for cervical cytology. *Acta Cytol* 1986;**30**:264-9.
4 Szarewski A, Cuzick J, Singer A. Cervical smears following laser treatment; comparison of Cervex brush versus Cytobrush-Ayre spatula sampling. *Acta Cytol* 1991;**35**:76-8.

SIR,—The otherwise thorough editorial by Dr Margaret Wolfendale on which cervical sampler gives the most adequate cervical smears gave only scant coverage to how an adequate smear is defined.[1] This is of concern to both general practitioners and laboratories as inadequate smears are not counted towards a general practitioner's target and repeat smears have resource implications for laboratories.

The British Society for Clinical Cytology recently addressed this problem and issued the pamphlet *Guidelines for Judging the Adequacy of a Cervical Smear*.[2] This at first sight seems to be a welcome improvement on the existing muddle whereby one laboratory may have a rate of inadequate smears that is half that of a neighbouring laboratory just because it uses different criteria for defining the adequacy of a smear. If the criteria proposed are adopted by laboratories nationally, however, they will cause severe damage to the cervical screening programme.

The guidelines state that an adequate cervical smear should contain, in addition to squamous epithelial cells, at least two of the following: endocervical cells, metaplastic cells, and endocervical mucus. In my laboratory and in others locally the introduction of these criteria would produce a rate of inadequate smears of 40%.

A cervical smear that is reported as inadequate will make the woman anxious about why she has to have another smear, will not count towards her general practitioner's target coverage for cervical cytology, and will have the resource implications of generating another smear.

A repeat smear rate of 40% will cause havoc to the cervical screening programme by clogging up already overstretched laboratories. It will alienate general practitioners, who will find it almost impossible to reach the top screening targets, and damage women's confidence in the abilities of their smear takers and in the test itself.

Some may say that this is the price to pay for a quality service. But there is no good scientific evidence to show that smears containing endocervical cells lead to more invasive carcinomas of the cervix being prevented; the evidence is indeed to the contrary.[3]

A screening service has to be nationally organised with national guidelines. But one professional group cannot act in blinkered isolation and ignore the consequences of its actions on the rest of the programme.

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Physiotherapy exercises and back pain

SIR,—Mr B W Koes and colleagues' assessment of published reports of exercise therapy for back pain will be of interest and value to physiotherapists.[1] The studies that they assessed may, however, be unrepresentative because they relied unduly on Medline as a source of references.

The selectivity of Medline's coverage has been noted previously.[2] With respect to journals on physiotherapy, Medline includes only one (*Physical Therapy*) of the 12 or so containing either the word "physiotherapy" or the expression "physical therapy" identified in a recent unpublished study of three serials databases. Bohannon and Tiberio, in a citation study of key physiotherapy journals, noted similar selectivity of coverage by several sources, including Medline.[3]

A database that was started in late 1985 attempts to cover comprehensively the journals on alternative and complementary medicine, rehabilitation, physiotherapy, and occupational therapy. The database is produced by the medical information service of the British Library and is available on line as CATS through MIC-KIBIC (Karolinska Institute, Stockholm) and as AMED through Datastar.

CATS/AMED was searched to see whether the studies considered by Mr Koes and colleagues were included and, more generally, for studies of exercise therapy for back pain. Ten of the 13 such studies assessed by Mr Koes and colleagues were retrieved from CATS/AMED. Two of those not retrieved, dated 1985, were probably too early for inclusion in CATS/AMED, and the other was found to date from 1967 not 1987 (Mr Koes and colleagues' reference 17). Of the 46 citations obtained from CATS/AMED, some were from journals included by Medline but not listed by Mr Koes and colleagues.

The proportions of citations retrieved from journals included by Medline compared with other journals were 24:22 with CATS/AMED and 10:3 in Mr Koes and colleagues' study. This seems to support the suggestion that more than one source should be used to obtain references. Bohannon and Tiberio's results reinforce this point.[3] Mr Koes and colleagues' inspection of some additional journals may have been insufficiently broad.

This is no criticism of the National Library of Medicine, the producers of Medline, who have established criteria for coverage and selection. It does suggest, however, that researchers should beware of assuming (implicitly or explicitly) that a search of Medline is a search of all the important health care journals.

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1 Koes BW, Bouter LM, Beckerman H, van der Heijden GJMG, Knipschild PG. Physiotherapy exercises and back pain: a blinded review. *BMJ* 1991;**302**:1572-6. (29 June.)
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Unexpected death and postmortem examination

SIR,—Recent articles have perpetuated certain myths about the coroners' system in England and Wales. It is misleading, according to section 21 of the Coroners (Amendment) Act 1926, to say that "whenever a patient dies unexpectedly the case is referred to the coroner" and a postmortem examination is done[1] or that an inquest must be held into "any . . . unexpected sudden death."[2]

A medicolegal necropsy is performed in virtually all cases that are reported to a coroner. Cases that must be reported to a coroner are those in which the death is uncertified or the cause of death is unknown and those in which the circumstances surrounding the death are such that the coroner is required to hold an inquest. In most of the cases reported to a coroner death will be attributable to natural causes and the postmortem examination may prove an inquest to be unnecessary.[3]

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1 Sumner KR. Deaths certified as due to coronary artery disease. *BMJ* 1991;**302**:1402. (8 June.)
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3 Patel F. Bereavement letter. *Update* 1990;**40**:155.

Vitamin D deficiency in elderly people

SIR,—In his reply to a question asking whether people with very low fat intakes are at risk of deficiency of fat soluble vitamins Professor J S Garrow states that vitamin D requirements in adults can normally be met by synthesis under the

influence of sunshine.[1] There are, however, many elderly people who are housebound and rarely exposed to ultraviolet light. If in addition they are taking a low fat diet the risks of vitamin D deficiency are high.

In a dietary survey of elderly patients with osteomalacia we found that more than half had dietary intakes of vitamin D of less than 70 IU/day, and one woman who had adhered rigidly to a low fat diet had no measureable intake. In another study of patients admitted with hip fractures 32% had intakes of less than 60 IU/day,[2] and others have found low levels of 25-hydroxyvitamin D in this group.[3] There is thus evidence that elderly people, particularly housebound elderly people, are at risk of vitamin D deficiency and its serious consequences. Professor Garrow suggests that the deficiency may be made good by eating fatty fish and fortified margarine, but this presumes that these items are part of the regular diet, which our surveys have shown not to be the case.

A strong case can be made for providing physiological supplements of vitamin D to this vulnerable group. The risks of overdosage in elderly people have been much overstated and are far outweighed by the risks of not having enough.

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1 Any Questions. *BMJ* 1991;**303**:40. (6 July.)
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Future of mental health services

SIR,—The heated debate that has followed the articles by Professor Andrew Sims[1] and Professor Elaine Murphy[2] on the future of mental health services highlights a serious dilemma facing community psychiatry.

Epidemiological studies indicate that up to 20% of the population of inner city areas suffer from emotional disorders. Until recently, most of these cases were entirely contained within primary care, but the advent of community based mental health teams offering rapid assessment and effective treatment may have changed referral patterns with predictable if worrying consequences. In one district the number of referrals doubled in just two years and the clinical team was soon saturated with caseloads that precluded longer term work with people suffering from chronic psychosis. Yet these referrals still represented less than a fifth of the number of potential cases, given the size and demography of the local population.[3,4] To the best of our current knowlege, these disorders benefit from sophisticated psychological interventions, and until this is proved otherwise mental health professionals will continue to be the mainstay of this aspect of our service.[3]

In contrast, people with chronic psychotic disorders need additional care, which may not require much in the way of professional skill but does require considerable time, patience, and dedication. Housing, monetary, and occupational needs must be fought for, provided, and monitored. And the very nature of the disabilities concerned means that for certain patients such social intervention may have to continue over many years. Such care is required even in areas where there are psychiatrists with a special interest in community services, as shown by studies in which as many as 10% of patients with schizophrenia were lost to follow up and many more found in conditions of abject social deprivation.[5]

Though it may be entirely appropriate to give professionals the responsibility for overseeing such basic care, is it right that we should also expect them to deliver it? Our current study of managing severely disabled patients has found that 40% of mental health professionals' time is taken up with arranging social care, housing, and social security benefits. The nurses (who continue to be the mainstay of provision for this population) may be in no doubt that such basic care is hardly the best use of their expert skills, but the fact remains that there is no one else in a position to deliver it.

Put together, these conflicting service needs result in a severe dilemma. An expansion of professionally trained staff such as Professor Sims advocates could indeed increase the availability of effective treatments to a large number of people currently contained by primary care, but it is unlikely to have much impact on chronic psychosis without a corresponding expansion in the sort of basic support advocated by Professor Murphy. By all means let us have more psychiatrists. Being one myself, I believe that the medical model with its integration of biological, psychological, and sociological theory and practice singles the profession out as the best source of innovation and leadership. But let us also be clear about what we expect our colleagues to deliver and not make the mistake of believing that leadership and professional skill are sufficient. We desperately need an expansion in the availability of simple care and must find creative ways of enabling this if we are to make effective use of the time of our few skilled professionals.

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Pain of childlessness

SIR,—A recent personal view described infertility as "like being bereaved of the child you have never had."[1] In an editorial in 1987 the overall success rate for the treatment of infertility was quoted as only 18%[2] (this figure was disputed in subsequent correspondence). At one hospital it was found that the prospects of success after four cycles of attempted in vitro fertilisation were negligible.[3]

There is no disputing the intense satisfaction and joy that a successful outcome of infertility treatment brings to all concerned, but neither can one ignore the agony and despair of failure as the months go by or the sterile cycles of endeavour succeed each other. Whatever may be the correct success rate for the treatment of infertility, surely it would be fairer and in the best interests of the couple if they were advised to start adoption proceedings at an early stage of treatment. Adoption, too, is often a prolonged and frustrating process, but the prospects of ultimate success are often much greater than those of treatment. Could it be that the enthusiasm of those operating the clinics—their desire to succeed, to bring new life into the world and happiness to the parents—consciously or unconsciously deters discussion of a valid alternative? Might justification of the expense of the treatment possibly also be a factor? And in the best of cases, if both treatment and adoption are successful, it is no tragedy.

As for the frustration and emptiness of biological childlessness, these are readily submerged in the pleasures, worries, and fascination of bringing up adopted children, let alone the anticipation of the delights of becoming grandparents. This is not to say that the scar of past unhappiness will be ultimately healed, but such is the human condition.

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1 Anonymous. Pain of childlessness. *BMJ* 1991;**302**:1345. (1 June.)
2 Anonymous. Effectiveness of treatment for infertility. *BMJ* 1987;**295**:155-6.
3 Seibel MM, Ranoux C, Kearnan M. In vitro fertilization: how much is enough? *N Engl J Med* 1989;**321**:1052-3.

Failure to encourage breast feeding

SIR,—"Despite the well known advantages of breast feeding" is the opening sentence of a paper on a multicentre trial on the efficiency of cabergoline in inhibiting lactation,[1] not on helping women to overcome the problems that lead to the "personal grounds" for not wishing to breast feed.

Many studies have shown that 95% of all women could successfully breast feed if they were given adequate support. The study implies that one of the aims of puerperal care is still the suppression of lactation rather than the support of mothers wishing to breast feed. The weight (in terms of numbers of pages and numbers of collaborating centres as well as the scientific value of a medical journal like the *BMJ*) that an article like this one gets (it might have its place in a specialised gynaecological journal) implies an attitude towards breast feeding that I had hoped would be changing.

Professional attitudes in obstetric clinics influence the attitude of young mothers and through that the success of breast feeding.[2] Obstetric clinics still need to be encouraged to create an environment that helps breast feeding rather than inhibits it. Unfortunately, I did not find any reference to the support given to mothers in the collaborating hospitals except for the first sentence, which perhaps points towards the problem.

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1 European Multicentre Study Group for Cabergoline in Lactation Inhibition. Single dose cabergoline versus bromocriptine in inhibition of puerperal lactation: randomised, double blind, multicentre study. *BMJ* 1991;**302**:1367-71. (8 June.)
2 Liebrich U. Professional attitudes to breast-feeding. *J Biosoc Sci Suppl* 1977;**4**:191-4.

Fluphenazine: an antipsychotic

SIR,—Minerva may have invented a new use for the drug fluphenazine.[1] She labelled it an antidepressant, but it is a piperazine phenothiazine and is used as an antipsychotic. It should be avoided in depressed mood.

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1 Minerva. *BMJ* 1991;**303**:198. (20 July.)

Correction

Doctors and the European Community

An editorial error occurred (6 July, p 59) in this letter by Dr Johanna Schwarzenberger and Mr Christopher Tyrone. The fifth sentence of the third paragraph should have read: "Stated simply, a junior house officer [not junior doctor] earns 300% more here than in an equivalent position in Germany."