Management of 477 episodes of deliberate self poisoning in each study centre. Values are numbers (percentages) of patients

Centre (No of episodes)	Discharged from accident and emergency department	Discharged from accident and emergency department without psychosocial assessment	Received psychosocial assessment	Admitted to psychiatric ward	Followed up*
Leeds (101)	18 (18)	15 (15)	65 (65)	6 (6)	46 (45), general practitioner 16 (16), deliberate self harm team 28 (28), psychiatric services 10 (10), alcohol services
Leicester (111)	61 (55)	23 (21)	76 (68)	18 (16)	50 (45), general practitioner 12 (11), deliberate self harm team 44 (40), psychiatric services 2 (2), alcohol services
Manchester (100)	71 (71)	46 (46)	36 (36)	11 (11)	67 (67), general practitioner 0, deliberate self harm team 31 (31), psychiatric services 1 (1), alcohol services
Nottingham (165)	53 (32)	42 (25)	80 (48)	13 (8)	98 (59), general practitioner 14 (8), deliberate self harm team 43 (26), psychiatric services 6 (4), alcohol services
All centres (477)	203 (43)	126 (26)	257 (54)	48 (10)	261 (55), general practitioner 42 (9), deliberate self harm team 146 (31), psychiatric services 19 (4), alcohol services

*Nine episodes were followed up by a variety of agencies, mostly social services or non-statutory agencies.

poisoning in the future is less arbitrary than it has been for the past three decades.

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Contributors: NK helped with the study design, collected and analysed all data, and contributed to writing the initial draft of the paper. AH helped to design the study and contributed to writing the initial draft of the paper. FC, EF, TF, and EG contributed to final aspects of study design, helped collect data, and commented on drafts of the paper. NK and AH are guarantors for the study.

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Survival rates from interval cancer in NHS breast screening programme

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The NHS breast screening programme invites women aged 50-64 for screening every 3 years. In this programme the term interval cancer is applied to a breast cancer occurring within 3 years of a screening test with negative results. Substantially higher than anticipated rates of interval cancers have already been reported from the NHS breast screening programme,^{1 2} and there is conflicting evidence on whether the survival rates of women with interval cancers are different from those of women with breast cancer occurring in an unscreened population.^{3 4} Were interval cancers to have a worse prognosis than cancers in an unscreened population, the reduction in mortality from breast cancer in the screened population might be substantially less than predicted.

To interpret survival estimates for women with interval cancers requires identification of a

suitable group of unscreened women for comparison. In the context of a national screening programme this is difficult. Women who do not respond to an invitation for screening, for example, have been shown to have a worse outcome than unscreened women and are therefore unsuitable.⁴ The use of historical controls may also be inappropriate because of recent advances in managing breast cancer. Fortunately, the phased introduction of the NHS screening programme in the north west has resulted in a group of women with breast cancer who lived in areas where screening had yet to be introduced whose survival can be compared with that of women diagnosed with interval cancers during the same calendar period. We report for the first time survival rates for interval cancers diagnosed during 1988-91 in the NHS breast screening programme.

Subjects, methods, and results

The NHS breast screening programme in the north west started in 1988 and by 1991 was under way in 14 district health authorities. Women resident in the five remaining districts in the region were not invited for screening before 1991 and form the control population. We identified all invasive interval cancers diagnosed between 1988 and 1991, using published methods.¹ We identified breast cancers presenting during this period in women aged 50-67 years in the control population from records held by the regional cancer registry. We determined date of death from data routinely notified to the registry. We calculated estimates of relative survival over five years and made comparisons using an appropriate proportional hazards regression that controlled for age.⁵

Seventy three interval cancers and 565 cancers from the control population were diagnosed during the study period. No significant difference could be shown between the relative survival rates of women from the control population with breast cancer and those of women presenting with interval cancers during the same period (hazards ratio 0.81 (95% confidence interval 0.50 to 1.31), $\chi^2 = 0.67$, $df = 1$, $P = 0.41$). The robustness of this result is supported by the analysis of a further 441 interval cancers diagnosed after 1991, which showed a survival curve similar to that based on the 73 cancers (figure).

Comment

Although our results suggest no difference between the survival rates of women with interval cancers and those of women from the control population, variations in the quality of care provided for women from the two distinct areas could have invalidated this comparison. However, an analysis of survival rates for breast cancer, undertaken for the period immediately before the introduction of the screening programme in the north west, showed no significant differences when women were grouped according to their district of residence. It is reassuring that breast screening has not been detrimental to the survival of those women who presented with an interval cancer in the NHS screening programme. However, minimising the occurrence of interval cancers must remain a high priority if substantial reductions in mortality are to be achieved.

Contributors: SC participated in the discussion of core ideas and in identifying the study population, carried out data

	No of women at risk in interval (years)				
	0-1	1-2	2-3	3-4	4-5
Interval cancers (1988-91)	73	70	65	59	55
Interval cancers (1991-)	439	389	275	141	42
Control cancers (1988-91)	565	509	460	427	398

Relative survival rates for women with interval cancers and women with breast cancer in control group

verification, undertook the survival analyses and interpretation of the results, and contributed to writing the paper. CBJW initiated and coordinated the research, participated in the discussion of core ideas, helped in interpreting the results, and contributed to the writing of the paper. AT initiated the research, participated in the discussion of core ideas, identified and collated data on the study population, and contributed to the writing of the paper. PP participated in the discussion of core ideas, helped in interpreting the results and contributed to the writing of the paper. All authors are guarantors for the study.

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One hundred years ago

Wanted: brains

Dr Burt G Wilder, Professor of Physiology on the Cornell Staff of Instruction at Ithaca, has recently issued a circular asking prominent men in the United States to bequeath their brains to the university. He says that while it is easy to procure the brains of criminals and of insane or ignorant persons, it has hitherto been extremely difficult to obtain those of persons in whom the cerebral development is beyond the average. He adds that it is

highly desirable for the advancement of science that a considerable number of brains of this character should be secured. This request, which has been circulated principally among the students and graduates of Cornell, is accompanied by a blank form of bequest, which, however, contains a clause by which the legacy becomes void if serious objection is made by the relatives of the deceased. (*BMJ* 1898;ii:1359)