

ing other than homosexuality. A high proportion of those who presented for treatment displayed personality disorders because such individuals are more likely to seek help from psychiatrists than those with more normal personalities, particularly as homosexuality has been widely thought of as being beyond help. Dr. Kalcev excludes the seven cases who were sexually attracted to those under the age of 16 from the group which he describes as "subject to a treatment because of society," yet paederasty is the most heavily punished offence.

The argument that it is society that is wrong is very misguided. Which seems more unethical: to treat someone in distress, or to suggest to him that he waits until his practice is as socially acceptable as heterosexuality? The vast majority of our patients have been sad and unhappy individuals seeking help for a problem they see as central in their lives, and pleased with the results when these have been successful. When asked for their motives for wanting to change most patients stated a desire to marry and have a family; surely a long way from 1984, unless we consider such motives as evidence of a dark conspiracy towards social conformity.

Finally, may we make a plea for a less repressive approach to discussion in this field? We consider our own research efforts as little more than a first approximation, and the problems remaining as greater than those so far attempted—for instance, the relative aetiological importance of genetic, intra-uterine, and early experience factors, the investigation of heterosexual behaviour as a form of social skill, and the importance of single-trial learning at critical periods in establishing and perpetuating specific forms of sexual behaviour.—We are, etc.,

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REFERENCES

- ¹ Bieber, I., *et al.*, *Homosexuality*, 1962. New York.
² Schneider, K., *Psychopathic Personalities*, 1958. London.

Screening by Cervical Cytology

SIR,—The known facts on the incidence of cancer of the cervix prove the Ministry to be wrong in refusing the screening service to women below the age of 35 years.

My records for 200 consecutive cases of carcinoma-in-situ of the cervix and 200 of invasive carcinoma of the cervix show an age incidence as follows:

	20-29	30-39	40-49	50-59	60-69	70-79	80-89	Average
Cervix in situ ...	29	70	67	26	6	2	0	39
Cervix invasive	3	25	45	70	38	16	3	54

During the year 1966 our screening service found 144 women with positive smears. Their ages and the source of the smears are:

	16-20	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	71-75	76-80	81-85	Total
Local authority clinics ...	2	3	3	8	19	15	3	4	—	—	—	—	—	—	57
Hospital cases ...	3	6	2	7	5	9	4	6	6	5	2	1	2	1	59
Antenatal clinic and postnatal clinic...	1	2	4	1	—	1	—	—	—	—	—	—	—	—	0
General practitioner	3	—	3	1	7	2	3	—	—	—	—	—	—	—	19
															144

The highest-risk type for cancer of the cervix is the woman who marries early, usually has many children, and is house-bound because of her many cares and low social status. Any national screening programme which leaves out, almost entirely, the highest-risk cases is sure to prove a costly disappointment, worse than this it is likely to lead to quite false conclusions. The Ministry should not only pay general practitioners for taking smears regardless of age but also encourage this before the age of 35 rather than after it. The highest risk cases can be reached only by those who attend them in their many pregnancies and by the home nurses on the staff of the medical officer of health.¹ Dr. Leyshon has found that by the time a woman dies with cancer of the cervix she uses up nine months of a home nurse's time. This home nurse is available for the screening service only when not required for sick cases. Medical officers of health should have a number of home nurses for this work only.—I am, etc.,

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Derbyshire Royal Infirmary,
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REFERENCE

- ¹ Osborn, G. R., and Leyshon, V. N., *Lancet*, 1966, 1, 256.

Drugs and Driving

SIR,—I fully appreciate the layman's dilemma expressed by Mr. John Allan (16 September, p. 739). Nevertheless, Dr. D. V. Foster's remark about "rapport existing between doctor and patient" (24 June, p. 836), endorsed by myself (8 July, p. 109), was not intended to be considered out of its original context, but by so doing Mr. Allan has not surprisingly slanted the emphasis.

At present it would appear that very little is known about the possible effects of the powerful psychotropic and psychosedative drugs we are prescribing on our patients' driving performance. A recent pilot survey on my own psychiatric outpatients showed that approximately one in five are regular drivers while receiving psychiatric drugs singly or in combination. When viewed nationally this represents a not inconsiderable proportion of motorists. The majority believed that their reactions were not impaired and were sometimes even improved by medication, but this situation is merely comparable to the subjective effects produced by alcohol on the mildly intoxicated driver. A number of learner-drivers have come to my notice who take quite large doses of tranquilizers before undergoing driving tests, which would appear to be a surprisingly dangerous practice. The problem is, however, not peculiar to motorists. Some years ago the driver of an express plying between Shrewsbury and Paddington was receiving chlordiazepoxide

(Librium) 90 mg. daily to reduce anxiety, fortunately without untoward incident, but had an accident occurred one can imagine the Court's reaction to the divulgence of this information.

Applicants for motor-vehicle licences must now disclose whether they "suffer from any form of mental disease or defect," and if so give particulars. This might be taken to include reference to drug treatment, although such information is not specifically requested. Insurance companies do not yet seem to be alive to the problems of drugs and driving, as evidenced by their proposal application forms, despite the fact that the drug alcohol is recognized as a major cause of road accidents. If we are to attempt to halt the increase in accidents then perhaps stiffer medical examinations should be instituted before an individual is permitted to drive a vehicle.

As doctors we must know the effects of the drugs we prescribe on our patients' ability to drive. Only then will we be in a position to offer sound advice.—I am, etc.,

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Shrewsbury, Shropshire.

J. C. BARNER.

Taking Blood Samples

SIR,—A programme was shown on B.B.C. Television ("Twenty-four Hours," 19 September) featuring experiments on the lines of the new breathalyser tests, in which a volunteer was shown about to have a blood sample taken from the tip of the right thumb.

Excluding possibly the eye, I can think of no area where accidental infection of a needle puncture wound could produce such grave and permanent disability as in the pulp space of a digit, especially that of the thumb of the dominant hand. In addition, the highly sensitive skin of the finger tips makes the site inappropriate.

I hope we can rest assured that no member of the public will be asked to agree to blood sampling by this technique for police tests.—I am, etc.,

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Mitcham, Surrey.

W. JOAN FERRABY.

Doctors for Industry

SIR,—Having read the leading article "Doctors for Industry" (16 September, p. 692), I cannot let this pass without comment, and hope that you will find space to publish my letter.

Firstly, I would point out that I represented the Association of Certifying Factory Surgeons on the subcommittee of the Industrial Health Advisory Committee of the Ministry of Labour, and as such find it difficult to comment on a document to which I am a party.

Secondly, I would say that in the main we support the Ministry of Labour report¹ but do not necessarily agree with all the recommendations therein. We are not happy with the format of the suggested certificate. Nor are we happy with the idea that the certificate should be handed to the employer, for this would undoubtedly lead to discrimination.