

⁵ Otto U. Male youths. A socio-psychiatric study of a total annual population of Swedish adolescent boys. *Acta Psychiatr Scand* 1976; **Suppl** 264.

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Screening for cancer of the cervix

SIR—In view of the Journal's international readership it might have been useful if Professor Day had made clear in his otherwise excellent review article (June 1989) that when referring (page 105) to "this country's Health Service", the country to which he refers is England, not the United Kingdom. The success of cervical screening in parts of Scotland is partly due to the integration of general practitioner services with Health Boards, and the consequent opportunity to have a Community Health Index with one patient identification number used for all hospital and community purposes, including cervical screening.¹ We routinely produce from our cervical computing system, OCCURS, the indicators recommended by Professor Day. The table shows our population statistics as of 31st March 1989.

We have identified some problems with these statistics. Firstly, an appreciable number of women—12% in the age range 50–59 years—have had hysterectomies, and do not need to be screened. At present such women appear mainly in the "over 5 years" column; a separate column for "screening not required" is necessary. Secondly, some women positively decline screening, and perhaps a "refusers" column is also necessary, especially if the Government's proposals on payment of GPs for cervical screening being related to achieving

Table *Area summary as at 31.3.89; values are percentages screened by age group and interval*

Age group (years)	Interval since last screening			
	Within 3 years	3–5 years	Over 5 years	Never screened
15–19	9	—	—	91
20–24	47	7	1	45
25–29	58	13	4	25
30–34	60	15	7	19
35–39	57	17	9	17
40–44	53	19	12	15
45–49	49	20	15	16
50–54	46	19	17	19
55–59	41	17	18	24
60 and over	10	6	21	63

percentage targets is implemented. We have not yet produced anything resembling Professor Day's proposed screening index but the concept is attractive.

In this Area, the greatest problem is the proportion of women who do not respond to several invitations to attend for screening, either by their own General Practitioner, or at a Well Woman Clinic.²

References

- ¹ The OCCURS Group. Computerisation of screening for cervical cancer. *Health Bull (Edin)* 1988; **46**: 146–62.
- ² Robertson AJ, Reid GS, Stoker CA *et al.* Evaluation of cervical cytology call screening programme in women aged 50–60 years. *Br Med J* 1989; **299**: 163–5.

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