College of Physicians is developing a common format for the everyday use of the recommended scales. A scientific network has been formed in Europe that may have a future opportunity to develop an EC-wide consensus on standard assessment scales (further details from the author).

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Predicting mortality from cervical cancer

Sir,—A few months ago 1990 mortality data for England and Wales were interpreted as providing some reassurance that the cervical cancer screening programme was working, though given the dearth of information about sexual behaviour, "safer sex" might also be playing a part in the reversal of trends under age 50 years.1,2

A preliminary assessment of 1991 mortality data is encouraging. Population estimates revised in the light of the 1991 census are not yet available, only projections and estimates based on the 1981 census, so we have concentrated our attention on the number of deaths observed.

We recently predicted deaths over the decade 1991–2001, by modelling the death rates from 1959–88. The lowest estimate for deaths expected in 1991 was 674 for women aged 20–49 and 1329 for those aged 20–69 years.3 In fact, 461 and 1030 deaths at these ages respectively were observed (compared to 488 and 1119 in 1990), considerably lower than predicted. Although we acknowledged that our predictions might be too high (as other forecasts have been) we are gratified they have turned out to be so much greater than the observed numbers.

It seems likely that the screening programme is finally having really noticeable effects, though without monitoring trends in sexual behaviour, we are still guessing.

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