

the practice. However, our local area health authority, family practitioner committee, district management team, and public health laboratory have all refused to provide me with dip-slides for routine use in the practice, despite the overwhelming evidence that they are a method of choice in the management of bacteriuria in general practice, particularly for children.

The tardy implementation of this useful tool in general practice is not helped by the recalcitrance of the Department of Health and Social Security to make funds available for their purchase. Such reluctance has little economic basis even in these days of penny-pinching: dip-slides have been shown to be cost effective compared with traditional midstream urine specimens.

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#### Reference

Asschev, A. W., Harvard Davis, R. & Mackenzie, R. (1977). Dip-slide diagnosis of urinary tract infection. *Lancet*, 2, 202.

### COPIES OF REFERRAL LETTERS

Sir,

There are often considerable difficulties in making copies of a referral letter to hospital in an emergency. Not only is a copy of the letter a useful reference in the patient's notes, but it also provides for better communication, particularly when the referring doctor is acting for another on a rota or deputizing system.

Our practice has recently started to use carbonless copy paper for these referrals. This paper, which is available from most printers, can be cut to size and printed with the usual practice letterheading. Glued to the back of each sheet of writing paper is a sheet of thin copy paper. This system of recording is already used extensively in the NHS, particularly on some pathological request forms.

The paper is not cheap, costing several pence per unit. It is not intended to replace the routine carbon paper copies produced in the practice typewriter. The inability to write on the back of the paper encourages conciseness and may thus be viewed as an advantage. The copy sheets will mark if treated roughly and need to be kept flat in the stationery compartment of a doctor's bag.

I believe that the minimal extra cost of using this system for emergency re-

errals is more than justified by the gains in recording and communication.

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### WASTED CERVICAL SMEARS

Sir,

I write as Chairman of the Committee on Gynaecological Cytology which advises the Department of Health and Social Security on the cervical cytology screening programme. The Committee has been aware for some time that a significant proportion of smears are unsuitable for cytological examination when they reach the laboratory. In addition, a number of otherwise satisfactory smears are discarded because the patient's name has been omitted from the slide, while a further number are discarded because the laboratory request form is illegible.

These smears result in not only unproductive work for laboratory staff and doctors and nurses involved in taking the smear, but also unnecessary anxiety for those patients who have to be recalled for a second test.

Instructions on taking cervical smears have been distributed by the DHSS, but the Gynaecological Cytology Committee feels that these instructions may not be widely known in some clinics where smears are taken regularly.

The Committee would like to draw the attention of your readers to the following steps, which if routinely adopted would reduce the proportion of unsatisfactory smears to a minimum:

1. The best time for taking a smear is at mid-cycle. Try to avoid the menses. Smears should be taken before a manual vaginal examination is carried out.
2. Prepare carbowax fixative by dilution with industrial methylated spirit BP.
3. Complete laboratory request/record form by ballpoint pen pressing firmly on a hard surface, not on blotting paper. Check to see backcard is legible.
4. Before taking the smear, mark patient's name on ground glass end of slide with lead pencil. This alone resists processing fluids. If it is intended to take vaginal material as well as cervical, mark two slides V and C respectively.
5. With patient in dorsal or left lateral position and using speculum with warm saline, tap water, or minimum water soluble lubricant, expose the cervix (do not use a greasy lubricant).
6. In a normal cervix, using bilobed end of Ayre's spatula, lightly scrape the os

and squamo-columnar junction by turning spatula in full circle with one lobe in canal orifice. If the os is splayed open or scarred, a wider sweep using broad end of spatula may be needed. The squamo-columnar junction must be included.

7. Spread material on slide evenly, gently, and rapidly to avoid drying. Do not rub over already smeared areas as this destroys cells.

8. *Immediately* apply carbowax fixative onto horizontal slide and allow to dry (usually about 10 to 20 minutes).

9. Complete clinical findings on form.

10. Place slide(s) in plastic postal box and then into addressed envelope. Dispatch with request form to laboratory.

The Gynaecological Cytology Committee would be interested to hear other suggestions that would further reduce the proportion of unsatisfactory smears.

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### VASECTOMY

Sir,

Dr Robert Gill's comments on sterilization (November *Journal*, p. 684) are so outrageous that I wonder if anyone will take him seriously. However, I feel that I should point out that amongst the problems we encounter in general practice, those of risks of oral contraception in older women and fear of unwanted pregnancy after family completion are both common and important. Sterilization can be an acceptable solution to both these.

I disagree with all three of his points:

1. Sterilization is *not* mutilating. Patients would not increasingly request it and subject themselves to it, if they considered it to be so.
2. I would certainly condemn Mrs Gandhi's sterilization programme in India in 1976, but there has never been any element of coercion in the British Isles. Indeed the demand is not being met by the NHS in many areas, particularly since item-of-service payments were introduced in 1975.
3. Non-Catholic Christians do *not* have religious objections to sterilization. Nor do large numbers of Catholics practise the teachings of the Pope on this question.

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