

long term administration because of its lack of side effects. Clearly a formal trial of DSCG in children with chronic cough whose history suggests cough variant asthma is needed. Naturally, disabling side effects on the parents of these children should not be neglected.

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Reference

1. Hannaway PJ, Hopper DK. Cough variant asthma in children. *JAMA* 1982; 247: 206-208.

Focus on Women at 35

Sir,

Several years ago our practice compiled an age sex register, but now that it is complete, what should we do with it?

Late in 1982 we decided to offer all our women patients reaching their 35th birthday a comprehensive health check, which would include a cervical smear and thus make use of the fact that smears taken from that age attract a fee every five years. We considered that most women had completed their family by 35, had a settled lifestyle and might even think of themselves as middle aged and so welcome a check-up. Our aims were to establish a simple positive health care trial and we hoped to catch those patients who might otherwise not be seen in surgery for such checks. We also hoped that husbands might be encouraged to attend for simple health checks as a result of the screening programme offered to their wives.

We drew up a list of 29 questions designed to assess the general health and lifestyle of the patient. From the age sex register we found that 96 women would have their 35th birthday during 1983 and we sent most of these a letter wishing them a happy birthday, explaining the scheme and offering them an appointment. The nurse made the bookings, then each letter was scrutinized by the patient's own general practitioner and signed before being sent out timed to arrive on the patient's birthday.

At her appointment, which was within normal surgery hours, the patient was seen by the nurse who explained the procedure, discussed the questions and checked weight, blood pressure and urine. The doctor then went through the answers to check details before carrying out a full pelvic check and smear and any other examination that appeared to be necessary. Finally,

the patient signed the claim form, which allowed her yet more time for informal chat when additional worries often emerged.

The scheme has now completed its first full year and has been generally welcomed by the patients and considered a success by both doctors and nurses. 85 of the 96 eligible women were sent letters and 61 attended. Five of those sent letters could not be traced and nine were new patients who will be followed up at their first attendance, leaving ten who did not respond. Forty thought it was a good idea, but eleven did not appreciate the approach on their birthday and eight confessed that they were worried and suspicious of our motives or findings.

A wide variety of minor ailments was reported and 13 were taking medication at the time of questioning; but 38 felt on top of everything.

We took cervical smears from all but two of the women, of which 26 per cent were reported as showing no endocervical cells. One examination revealed a large ovarian dermoid the size of an orange, which was later removed. No abnormalities were discovered on testing urine samples or blood pressure. Only one husband is known to have taken up the nurse's offer to check his blood pressure, although others could have been spurred to attend their own doctors. Several of the questions were of a social nature which turned up some interesting answers.

It was pleasing to find that most of our 35-year-old women patients were healthy and were not suffering from unsuspected problems. However, it is those who do not turn up for such screening programmes who cause the most concern; perhaps we should mark their notes accordingly and take special interest when they do turn up for ordinary consultations. On the whole, however, it seems to have been a sensible way to use our age sex register; to look positively at the general wellbeing of one small section of our patients. The chance of finding unsuspected pathology appears to be very low, but $59 \times \text{£}5.70 = \text{£}336.30$ additional income is welcome. We shall continue to send invitations to our 35-year-old women.

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Cardiac Rehabilitation

Sir,

A symposium on cardiac rehabilitation organized by the Research Panel of the Society of Occupational Medicine¹ laid stress on the beneficial effects of

early return to work after myocardial infarction or cardiac surgery. A recent leading article in the *British Medical Journal*² drew attention to the fact that many patients can get back to normal activity and return to their previous jobs within a few weeks, and warned of the permanent damage to the well being of the patient that can ensue from inadequate or incorrect medical advice given in the recovery period in limiting physical activity.

Indeed, at the symposium the opening speaker, Dr Celia Oakley questioned whether perhaps the imposition of a rehabilitation programme may in some cases in itself give rise to iatrogenic disease. Following appropriate investigation a decision should be made on whether cardiac surgery or further medical treatment is indicated, and where this is not the case, there can be no justification for keeping a patient away from work. Physiological demands which physical exercise makes upon a patient will be less severe after training, producing according to Professor Fentem a beneficial 'sparing' of the heart. A vigorous exercise programme with running, swimming and circuit training up to 80 per cent of maximum heart rate has been in operation at the Queen Elizabeth Military Hospital, Woolwich, for the last four years, and beneficial effects were found, in particular on indices reflecting anxiety and depression.

The psychological consequences following a 'coronary' were outlined by Dr Elizabeth Cay, and the ensuing loss of confidence was dramatically brought home by a contribution from a patient who had suffered a recent infarction. He considered return to work would have taken longer, if he would have returned at all, without a course of rehabilitation. The post coronary rehabilitation programme at Northwick Park Hospital, aimed at the restoration of maximal physical function and confidence in the performance of daily activities includes both occupational therapy and physiotherapy and this was briefly described.

Two thirds of the patients undergoing cardiac surgery at the Queen Elizabeth Hospital, Birmingham, returned to gainful employment, and were thus able to contribute to the society which underwrites the considerable cost of their treatment.

Return to work after infarction or cardiac surgery was also discussed from the viewpoint of the doctor working in industry. While the value of a formal course of rehabilitation was considered controversial, all were agreed that maximal restoration of function for the patient who has suf-