Post-viral syndrome

Sir,

Dr Archer (May *Journal*, p.212) argues for a balanced view of the post-viral syndrome as a mixture of organic and psychiatric dysfunction. The particular psychiatric dysfunction that he argues for is hysteria, which is a rare disorder if defined accurately. In my 19 years as a general practitioner I have met three such patients, one of whom had a post-viral syndrome. On the other hand, in the past two years, I have personally examined 200 patients with post-viral or myalgic encephalomyelitis syndrome. All of these patients live in the greater Dunedin area and details of the clinical findings have been recently published.[1] The minimum prevalence here (that is assuming I have seen all the local cases) is 127 per 100 000 or about twice the prevalence of multiple sclerosis in Otago/Southland.

From my considerable experience of New Zealand sufferers, I believe this to be an organic disorder and have evidence that it is associated here with chronic Epstein-Barr virus infection in 19% of cases, with a non-specific rise in IgM in 54% of cases, and positive autoantibody in 17% of cases. A subsequent study, as yet unpublished, has shown significantly decreased cell-mediated immunity in 33 patients as compared with age and sex matched controls. This latter study has led me to believe that the syndrome is an acquired immune deficiency syndrome and we are presently searching for evidence of retrovirus infection in our patients.

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Reference

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Cervical screening in general practice

Sir,

We read the paper by Ridsdale on a call and recall system for cervical screening with great interest (June *Journal*, p.257). As trainees in an east Glasgow practice with a population of approximately 9000, we set up a similar system for women aged 35–65 years with a three year recall interval.

However, we also aimed to increase our opportunistic screening in the younger age group. Our results for the first seven months are at variance with the opinion that opportunistic screening tends to reach those at low risk. The total number of smears carried out in the period November 1986 to May 1987 was 289 and of these 147 arose from opportunistic screening. Among 223 women invited to attend for screening 142 smears were carried out. Five out of eight colposcopic referrals were from the opportunistically screened group.

The aim of screening for cervical cancer is to identify and treat preinvasive lesions, thus preventing the progression to invasive cancer.[1] Cervical screening among younger women may be holding in check an increase in the incidence of invasive carcinoma,[2] so it is essential to continue screening younger sexually active women while increasing efforts to improve the uptake in older unscreened women.

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1. IARC Working Group. Screening for squamous cervical cancer. *Br Med J* 1986; **293:** 659-664.
2. Cook GA, Draper GJ. Trends in cervical cancer and carcinoma in situ in Great Britain. *Br J Cancer* 1984; **50:** 367-375.

Voluntary organizations: an underused asset

Sir,

It is a pity that in the editorial on voluntary organizations (August *Journal*, p.339) the authors did not consider three fairly obvious sources of information for doctors and their patients.

First, community health councils should have this information to hand. Secondly, many county and municipal libraries keep a list of voluntary organizations of all kinds in their reference rooms. Thirdly, citizens' advice bureaux have been giving out this kind of information for nearly 50 years. Some 90% of the population of the UK lives within five miles of a citizens' advice bureau; the information is locally oriented and up to date.

I should add that if you live in the area of a new town development corporation, that body is likely to duplicate enthusiastically the information held by the other three sources.

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Sir,

I enjoyed reading the editorial on voluntary organizations (August *Journal*, p.339).

The authors referred to the coordinating bodies for other voluntary organizations in the shire counties, the rural community councils. These organizations also have a significant role in raising the concerns of and representing the needs of people living and working in rural areas. Many rural community councils are actively promoting local health initiatives, helping rural groups improve access to health care, supporting local neighbourhood care groups, working with local authorities to develop care in the community in remote rural areas, and helping local people to make the case for locally available primary health care.

The community councils have recently established an independent national charity to represent their interests, and to perform a range of activities supporting them in their local work. Action with Communities in Rural England is based in the heart of rural England in the south Cotswolds at Fairford. I will be pleased to provide any further information (including names and addresses of local contacts).

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Variation in general practitioners' referral rates to consultants

Sir,

The paper by Wilkin and Smith (August *Journal*, p.350) makes exasperating reading. They report a good study of Manchester doctors but then reach unwarranted conclusions. The thesis that you cannot judge a general practitioner by the number of referrals he makes is sound and sensible, but in their concern to use it they miss two important points.

First, if a ceiling is put on our referrals it will not be because the DHSS has missed the point, but because government has exercised its political will. Secondly, the thesis does not depend in any way upon their research findings, that is, a lack of characteristics in doctors that can be associated with high or low referral rates. It would remain as sound and sensible if they had discovered that left-handed extroverts with one tin leg requested the most second opinions; we should still not be able to infer that such doctors were better or worse than their colleagues.

The authors were justifiably proud of having studied so many general practitioners, but a paper published earlier this year, surveying the work of 21 London principals and their trainees over 12