

a repeat in another year.

On the occasions on which two consecutive smears are reported as showing 'no endocervical cells' I am left wondering whether timing in the cycle makes a difference, since there are undoubtedly some times when the cervix appears dry and the quantity and quality of the sample seems poor. Our local histopathologist does not agree with this suggestion but then he is not taking the sample. It would be interesting to know what other general practitioners do in this situation.

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Reference

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Women's experiences of miscarriage

Sir,

Trevor Friedman (November *Journal*, p.456) raises some important points in his paper on women's experience of miscarriage. Unfortunately I believe his paper is inherently flawed.

His study only includes women who were admitted to hospital. As most spontaneous miscarriages are managed by general practitioners in the community, a question central to a study of this kind must be, 'Why was the woman admitted?'. Although medical indications might make up a substantial proportion there is no doubt that many women are admitted because the general practitioner feels the woman or family cannot cope in the community with primary health care. Reasons for this will be numerous but will include dissatisfaction with the treatment offered by the general practitioner.

Does the mental state of women being admitted to hospital differ from those who are not? Does the psychiatric morbidity of women after a miscarriage depend upon whether they were admitted or not?

Is not the very title of the paper misleading as it deals with women whose general practitioner did not manage their miscarriage?

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Health care in deprived areas

Sir,

Dr Bedford's excellent editorial (October *Journal*, p.398) raises once again the important issue about the link between socioeconomic deprivation and poor health. The main problem in the white paper *Promoting better health*, of increasing the proportion of income from capitation fees, has been highlighted by Douglas Black¹ and re-emphasized by Michael Drury.² The recent Consumers' Association report³ has shown once again that what patients really want is more time with their general practitioners, not less. The capitation fee change will have the opposite effect.

Both Alastair Donald⁴ and Michael Pringle⁵ have recently suggested that the capitation issue will have major adverse implications for patients in areas of deprivation. This, and the imposition of high targets for preventive procedures, are likely to widen the health and quality divide in primary care. At the recent RCGP spring general meeting the chairman of council accepted as a reference to council the following resolution from the Wessex faculty 'This meeting asks council to note with concern the findings of the recent publication *The nation's health*, in particular that the social class gap in mortality and morbidity has shown no improvement since the Black report, and in many aspects has widened. This meeting further asks council to urge the government to take these findings into account in its future health care planning and social policy'. We would endorse this and submit that this issue is a major priority for the government, the medical profession and this College.

As Dr Bedford remarks, we should not talk about the inner cities, but rather areas of deprivation. It is important that we do not overlook the 'forgotten' areas of deprivation, which are our large peripheral council estates, where unemployment, morbidity, poor housing, and numbers of pre-school children are high. A commitment to these areas does not just require the general practice deprivation supplement, but also more targetted resources for nursing, health visitor, midwifery and community psychiatric services.

It is now nine years since the Black report was published and it appears that this major issue is still largely neglected.

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References

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2. Drury M. General practice observed. *Br Med J* 1989; **299**: 518.
3. You and your GP. *Which?* 1989; October.
4. Donald A. Time and targets. *Medical Monitor* 1989; **2**: 11.
5. Pringle M. The quality divide in primary care. *Br Med J* 1989; **299**: 470.

Effect of small group education on the outcome of chronic asthma

Sir,

In their letter (November *Journal*, p.479) responding to our observations on their paper, White and colleagues imply that we are advocating the use of a more complex methodology in the search for statistically significant results. This was not our intention, indeed rather than putting forward an overly elaborate analysis we were proposing a more closely focused approach.

We take this opportunity to make some more general comments which we hope will be of use to other researchers.

The aim of any clinical trial is to uncover the real effect of the intervention being evaluated. To aid this process and the reporting of such studies in the medical journals a set of fundamental recommendations suggested by Professor Pocock have been generally accepted by medical statisticians and epidemiologists.¹ The paper by White and colleagues contravened several of these recommendations.

1. *The study should identify a small set of patient responses (primary endpoints) in advance of carrying out the study and to be used in the evaluation of the trial.* The asthma study had nine measures of morbidity but no indication of their relative importance. Thus it is hard to know what conclusions could have been reached had only some of the measures shown a consistently significant difference between the intervention and control groups.

In their letter the authors say that they 'confirmed the null hypothesis so uniformly ...'. Apart from the fact that one cannot confirm an hypothesis only attempt to refute it, their failure to demonstrate a significant difference between the groups of general practitioners (not the patients as stated) has two interpretations. Either the intervention does not have the clinical effect that the researchers were looking to detect or the study lacked the power to detect the true clinical effect at that level of significance owing to a small study size.

However, neither the reduction in morbidity the authors considered clinically