

blems, incidence of psychological and social problems and investigation rate. This finding was also true after the changes. Two possible hypotheses might fit these facts: the more complex the problem, the longer it takes and the higher the incidence of investigation, referral and prescribing; and/or when the consultation lasts longer, more complex problems are discovered and dealt with.

Comparing the data before and after the increase in booking interval and decrease in list size, it was noticeable that: the prescribing rate was identical (45% of consultations); the examination rate was identical (74% of consultations); the rates of single and multiple problems were almost identical; the total referral rate fell slightly, but probably not significantly, from 13.0% to 11.5%). This would support the hypothesis that for a given general practitioner in the same or similar population these variables are highly dependent on the doctor.

There were some differences, however, before and after: the proportion of consultations in which there were preventive care activities rose from 14% to 22% of consultations; the proportion of consultations in which current or chronic problems were reviewed increased from 34% to 50%; the proportion of consultations involving psychological and social problems increased from 13% to 19%. These three items are all areas in which I am extremely interested and this may have affected the patients' choice of which doctor to stay with. A doctor with different motivation might see different consequences from a fall in list size. However, if we feel that prevention, continuing care for chronic diseases, and offering more help for psychological and social problems are worthwhile aims, my experience would tend to support the claims that fall in average list size and increase in available consultation time would help achieve this.

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No endocervical cells: an update

Sir,
Thanks to your publication of my letter on this subject (*January Journal*, p.40), I have now received some advice on the matter of endocervical cells which I wish to convey to other readers. A statement by the British Society for Clinical Cytology and the British Society for Colposcopy and Cervical Pathology dated June 1989 states:

'One of the factors determining the efficiency of the national programme for the prevention of cervical cancer is the quality of the smears. The best results in the detection of pre-cancerous changes in the cervix depend upon adequate sampling of the transformation zone.

'The transformation zone is the area of cervical mucosa originally lined by columnar epithelium in which metaplasia occurs, transforming the columnar cells into squamous epithelium. It lies adjacent to the squamous epithelium of the ectocervix at its external margin and adjacent to the columnar cells of the endocervix at its internal margin. Hence both metaplastic squamous cells and columnar cells will be derived from samples taken from this area.

'To the microscopist examining the smear the only indication that the transformation zone has been sampled is the presence of both of these types of cell. However, the presence of columnar cells is not sufficient evidence that the upper margin of the transformation zone has been sampled, and metaplastic cells are not always sufficiently distinctive to allow reliable identification under the microscope.' Thus states the report: 'It is unwise to rely on the presence of metaplastic cells or endocervical cells as evidence of sampling of the transformation zone.'

The assessment of the adequacy of a cervical smear thus remains subjective. Clearly there will be those smears which contain an insufficient quantity of epithelial cells and those samples in which the epithelial cells are obscured by blood or inflammatory cells, which will remain unsatisfactory and will need to be repeated. The laboratory should make it clear which smears these are. However, those smears which are otherwise quite satisfactory but do not contain endocervical cells can be recalled in the normal time interval. Although there is some suggestion that the chance of missing an epithelial abnormality is increased in smears without endocervical cells¹ there is also evidence that pre-invasive cancer can be detected just as efficiently from smears without endocervical cells.^{2,3}

The onus therefore, quite justifiably rests with the person taking the smear. It is essential to be able to clearly visualize the cervix, take a good sample through 360 degrees and to transfer the sample to a slide and fix it properly. The medical defence bodies have also voiced their support of their members who adopt this approach.

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Lyme disease

Sir,
Dr Nathwani and his colleagues have produced an excellent review of Lyme disease (*February Journal*, p.72). Their statement that the diagnosis is often missed by general practitioners is true, although it is our experience that it may also be overlooked by specialists in a variety of fields.¹ Once witnessed, the dramatic response of Lyme disease to antibiotics is never forgotten, and we now have a number of cases of clinical Lyme disease in our relatively small rural practice.

It is worth pointing out that endemic areas of Lyme disease in the UK may be much more widespread than was once thought, and that in such areas, the rate of seropositivity far exceeds the incidence of clinical disease. This complicates the interpretation of serology in symptomatic patients, especially when groups such as dairy farmers show a level of seropositivity of up to 15%.² We would entirely agree with Dr Nathwani and his colleagues that there should be increased awareness of this diagnosis by the public, general practitioners and specialists.

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Age-band prevalence rates of long-term benzodiazepine users

Sir,
In a recent paper Simpson and colleagues (*January Journal*, p.22) identified a total