good quality smears.[1] In a mass screening programme, however, it is precisely this skill that is the hardest to ensure. Even with extensive training programmes some practitioners are always going to have less experience than others. Also, in the United Kingdom, examination couches are not routinely fitted with stirrups, which make it more difficult to obtain a good view of the cervix.

Whether the presence of transformation zone markers indicates a good quality smear is disputed. We agree with Dr Wolfendale that, at a national level, this is the only effective way of ensuring some form of quality control. Their presence gives reassurance that the cervix has been sampled correctly, even though their absence does not necessarily imply the opposite.

In a recent study at St Thomas's Hospital we found that under ideal conditions and with experienced smear takers the instrument(s) used to obtain smears in young women did not influence the number of dyskaryotic smears.[2] But we confirmed the findings of an earlier study[3] that when only a spatula was used the quality of smears varied widely as judged by the presence of transformation zone markers. When, however, a Cytobrush was added to the spatula the variation disappeared, with all operators taking good quality smears. If the operator's skill cannot be guaranteed it is surely simpler to provide a sampling technique that is independent of the operator. We found a significantly higher number of inadequate smears obtained with the Cervex sampler, as did another recent study, which compared the Cervex sampler with the technique using a Cytobrush plus a spatula in women who had had laser treatment.[4]

A two sample technique need not increase the laboratory workload; in our study, as in others, both the spatula and brush samples were placed on the same slide.

We suggest that the technique using a Cytobrush plus a spatula is particularly useful in "difficult" patients, in whom the transformation zone is not easily accessible—for example, nulliparous women, postmenopausal women, and those who have had treatment for cervical lesions. In addition, the advantage of obtaining uniformly good quality smears regardless of the operator's skill should not be overlooked.

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SIR,—The otherwise thorough editorial by Dr Margaret Wolfendale on which cervical sampler gives the most adequate cervical smears gave only scant coverage to how an adequate smear is defined.[1] This is of concern to both general practitioners and laboratories as inadequate smears are not counted towards a general practitioner's target and repeat smears have resource implications for laboratories.

The British Society for Clinical Cytology recently addressed this problem and issued the pamphlet *Guidelines for Judging the Adequacy of a Cervical Smear*.[2] This at first sight seems to be a welcome improvement on the existing muddle whereby one laboratory may have a rate of inadequate smears that is half that of a neighbouring laboratory just because it uses different criteria for defining the adequacy of a smear. If the criteria proposed are adopted by laboratories nationally, however, they will cause severe damage to the cervical screening programme.

The guidelines state that an adequate cervical smear should contain, in addition to squamous epithelial cells, at least two of the following: endocervical cells, metaplastic cells, and endocervical mucus. In my laboratory and in others locally the introduction of these criteria would produce a rate of inadequate smears of 40%.

A cervical smear that is reported as inadequate will make the woman anxious about why she has to have another smear, will not count towards her general practitioner's target coverage for cervical cytology, and will have the resource implications of generating another smear.

A repeat smear rate of 40% will cause havoc to the cervical screening programme by clogging up already overstretched laboratories. It will alienate general practitioners, who will find it almost impossible to reach the top screening targets, and damage women's confidence in the abilities of their smear takers and in the test itself.

Some may say that this is the price to pay for a quality service. But there is no good scientific evidence to show that smears containing endocervical cells lead to more invasive carcinomas of the cervix being prevented; the evidence is indeed to the contrary.[3]

A screening service has to be nationally organised with national guidelines. But one professional group cannot act in blinkered isolation and ignore the consequences of its actions on the rest of the programme.

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Physiotherapy exercises and back pain

SIR,—Mr B W Koes and colleagues' assessment of published reports of exercise therapy for back pain will be of interest and value to physiotherapists.[1] The studies that they assessed may, however, be unrepresentative because they relied unduly on Medline as a source of references.

The selectivity of Medline's coverage has been noted previously.[2] With respect to journals on physiotherapy, Medline includes only one (*Physical Therapy*) of the 12 or so containing either the word "physiotherapy" or the expression "physical therapy" identified in a recent unpublished study of three serials databases. Bohannon and Tiberio, in a citation study of key physiotherapy journals, noted similar selectivity of coverage by several sources, including Medline.[3]

A database that was started in late 1985 attempts to cover comprehensively the journals on alternative and complementary medicine, rehabilitation, physiotherapy, and occupational therapy. The database is produced by the medical information service of the British Library and is available on line as CATS through MIC-KIBIC (Karolinska Institute, Stockholm) and as AMED through Datastar.

CATS/AMED was searched to see whether the studies considered by Mr Koes and colleagues were included and, more generally, for studies of exercise therapy for back pain. Ten of the 13 such studies assessed by Mr Koes and colleagues were retrieved from CATS/AMED. Two of those not retrieved, dated 1985, were probably too early for inclusion in CATS/AMED, and the other was found to date from 1967 not 1987 (Mr Koes and colleagues' reference 17). Of the 46 citations obtained from CATS/AMED, some were from journals included by Medline but not listed by Mr Koes and colleagues.

The proportions of citations retrieved from journals included by Medline compared with other journals were 24:22 with CATS/AMED and 10:3 in Mr Koes and colleagues' study. This seems to support the suggestion that more than one source should be used to obtain references. Bohannon and Tiberio's results reinforce this point.[3] Mr Koes and colleagues' inspection of some additional journals may have been insufficiently broad.

This is no criticism of the National Library of Medicine, the producers of Medline, who have established criteria for coverage and selection. It does suggest, however, that researchers should beware of assuming (implicitly or explicitly) that a search of Medline is a search of all the important health care journals.

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Unexpected death and postmortem examination

SIR,—Recent articles have perpetuated certain myths about the coroners' system in England and Wales. It is misleading, according to section 21 of the Coroners (Amendment) Act 1926, to say that "whenever a patient dies unexpectedly the case is referred to the coroner" and a postmortem examination is done[1] or that an inquest must be held into "any . . . unexpected sudden death."[2]

A medicolegal necropsy is performed in virtually all cases that are reported to a coroner. Cases that must be reported to a coroner are those in which the death is uncertified or the cause of death is unknown and those in which the circumstances surrounding the death are such that the coroner is required to hold an inquest. In most of the cases reported to a coroner death will be attributable to natural causes and the postmortem examination may prove an inquest to be unnecessary.[3]

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Vitamin D deficiency in elderly people

SIR,—In his reply to a question asking whether people with very low fat intakes are at risk of deficiency of fat soluble vitamins Professor J S Garrow states that vitamin D requirements in adults can normally be met by synthesis under the