Following presentation of a review of the attitudes and actions of genitourinary medicine consultants and health advisers regarding contact tracing, Keenlyside³ reported no change in such services over the last 10 years. This is in keeping with our view that contact tracing services in the UK began deteriorating in the early seventies, reached their nadir over 10 years ago and have since operated "at a dangerously low level" of prevention and control. Thus there has been comparatively little on the topic in the literature in the last 20 years.

The results of contact tracing in syphilis and gonorrhoea were reported by the country's 200 clinics for some twenty years. There was never any feedback of the data. Publication of a detailed study of these data seems essential to measure progress. How well or otherwise clinics matched the potential of contact tracing for prevention and control as shown by the "Tyneside Scheme"⁴, and a few others who audited their endeavours⁵, is unknown. Clearly if we are to "renew efforts towards prevention and control" and effect improvements, a base line of this sort would be essential.

A lead by the Disease Surveillance Centre towards the STD's featuring in a future issue of "Health of the Nation" would be a useful early objective.

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- 3 Keenlyside RA. *Partner Notification*. Paper read to Medical Society for Study of Venereal Diseases. London. 24 January, 1992.
- 4 Wigfield AS. "27 years of uninterrupted contact tracing". The Tyneside Scheme. *Br J Venereal Dis* 1972;48:37-50.
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1991 Survey of cervical cytology in English genitourinary medicine clinics

In October 1991, we carried out a postal questionnaire survey of genitourinary medicine clinics in England, to find out their cytology taking and reporting practices. We felt that some of the findings might be of interest in the light of the recently circulated recommendations from the Council of the MSSVD entitled *Guidelines on Cervical Cytology, Confidentiality and GUM Clinics*.

The response rate to the questionnaire was 131/182 (72%), with one spoiled paper, excluded from further analysis. Three questions

Table 1 Q Do you inform the patient's general practitioner of the smear result?

	Numbers of clinics (total 131)			
	Yes	No	Not answered	Other answers
i) Routinely	48	82	1	0
ii) If the smear is abnormal	41	20	54	16
iii) When replying to a referral letter	108	2	21	0

Table 2 Q Do you get the patient's permission to inform the GP?

	Yes	Not always	No	Not answered
Numbers of clinics	117*	5	7	2

*Of these, 50 always obtained written consent.

Table 3 Q Information included on request forms accompanying cervical smears

Information	Numbers of clinics	% of total respondents ()
Clinic. No. only	62	(47)
Clinic No. and other details	4	(3)
Name on form (13 volunteered they sought consent)	63	(48)
Question not answered	2	(2)

in the questionnaire have relevance to the recent recommendations: these results are summarised in tables 1, 2 and 3.

The Council of the MSSVD suggests that all patients are made aware of the option to remain anonymous, but if any abnormality is found, all efforts should be made to obtain the patient's consent to inform the general practitioner (GP) of this (tables 1 and 2). Currently 20 clinics do not inform the GP if a smear is abnormal, and two clinics do not inform the GP of the result even when replying to a referral letter.

The Council of the MSSVD recommends that the initials, year of birth and clinic number only should be used on the request form (in those wishing their visit to remain confidential). The current practices are shown in table 3. It should be noted, however, that we did not ask specifically about using the patient's date of birth.

There exists a wide variety of policies at present; it will be interesting to see how soon changes in practice result from the MSSVD recommendations. We hope to present further data from our survey at a later date.

Thanks are due to all who kindly completed the questionnaire.

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