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Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

Invasive cervical cancer and combined oral contraceptives

SIR,—The report of the WHO Collaborative Study on Neoplasia and Steroid Contraceptives (30 March, p 961) is the latest in what is now a fairly long series of reports providing evidence that the risk of developing cervical cancer (or its premalignant predecessors) is somewhat greater in women who have taken oral contraceptives for several years or have been regular cigarette smokers or both.

The idea that oral contraceptives and cigarette smoking might both contribute to the cause of this disease is supported by some laboratory evidence, but even so most of those who have had much experience of epidemiological research are likely to agree with the authors of the WHO report that the results could also have been due to confounding between the use of oral contraceptives, cigarette smoking, and sexual behaviour of

either the affected women or their partners. Several of the reported studies (including the WHO collaborative study) have attempted to allow for such confounding, and all, or nearly all, have found that by so doing the risk is materially diminished, and in these circumstances it is difficult to be sure that if the allowance made had been perfect a small increase in relative risk might not have been eliminated altogether. The causal nature of the observed associations must therefore remain in doubt.

What is not in doubt, however, is that some change took place in about 1960 in Britain which has led to a progressive increase in the incidence of cervical cancer in women born after about 1935. This is shown very clearly in the national vital statistics published by the Office of Population Censuses and Surveys,

which are summarised in the table. These show (a) a progressive decrease in mortality in women aged over 50 years since the early 1950s, when precise figures for cervical cancer began to be published separately from those for cancers of the body; (b) an initial increase in younger age groups reaching a maximum in women born between about 1915 and 1924 followed by a fall; and (c) a substantial increase in the past few years in women born since 1935.

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Hepatitis B virus DNA and e antigen in serum from blood donors positive for HBsAg

SIR,—We read with interest the article by Dr T J Harrison and colleagues (2 March, p 663). Four out of 161 carriers of hepatitis B surface antigen (HBsAg) who were anti-HBe positive gave such a weak hepatitis B DNA signal on autoradiography that it was not detected at three days but only after a two week exposure. The authors conclude that DNA hybridisation should be the method of choice for determining whether carriers of HBsAg are infectious. This would have a profound effect on the work patterns of clinical virology laboratories which are concerned in

Annual death rates due to cervical cancer per million women according to age group and period. Minimum values in each age group are italicised

Age (years)	Period						
	1951-5	1956-60	1961-5	1966-70	1971-5	1976-80	1982-3
20-	<i>1</i>	<i>1</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>3</i>	<i>3</i>
25-	10	9	5	7	10	15	20
30-	30	37	18	15	22	23	45
35-	58	74	67	44	38	53	52
40-	93	119	134	106	67	39	77
45-	136	154	180	176	130	92	93
50-	203	181	187	204	190	157	103
55-	254	197	178	201	199	192	133
60-	285	246	222	193	199	214	183
65-	304	284	232	217	193	203	187
70-	315	313	274	247	206	201	198
75-79	361	336	301	271	247	217	193