

## A CERVICAL SMEAR CAMPAIGN IN A GENERAL PRACTICE

R. W. NEWMARK, M.B., B.S.

Cleadon

**I**T CAN no longer be doubted that the mortality from carcinoma of the cervix uteri would virtually be eliminated if it were possible to screen the whole female population at sufficiently frequent intervals. Although deaths from carcinoma of the cervix account for only about one in 20 female cancer deaths (Chief Medical Officer's Report 1964), the peak incidence is at a younger level than that of many other cancers (Registrar-General 1964) and it is unique among cancers in being detectable at a pre-invasive and therefore curable stage. Nevertheless, large numbers of women will continue to die of it in the foreseeable future unless steps are taken to eradicate it, but all plans with this end in view are fraught with difficulties on three counts: there is the problem of persuading all women to submit to examination, there is the question of who is to take the smear and where, and there is the shortage of gynaecologists, pathologists and technicians to read the smears and treat the patients. This is an account by one general practitioner of an attempt to overcome the first two difficulties as far as his practice is concerned.

A vast number of population surveys have been published, mainly abroad, but only a limited number have come from general practice in the United Kingdom. MacGregor and Baird (1963) approached women aged 25-60 in three practices in various ways. The smears were taken by a woman doctor in a special clinic in the surgery. She was not connected with the practice and the general practitioners played little part. Way *et al.* (1963) attempted to screen all women aged over 21 in two practices. The smears were taken by technicians in a clinic held in the surgery. In one of the practices the general practitioner actively encouraged all women who happened to attend the surgery to attend the clinic for examination. Letters were sent to all women not contacted personally. Ashworth (1964) approached women aged 30-39 by letter. The smears were taken by the doctors of the Darbshire House Health Centre during surgeries. Members

of the South-east Scotland Faculty of the College of General Practitioners (1958) took 1,000 smears from patients who required vaginal examination for a variety of reasons.

TABLE I

	<i>Number screened</i>	<i>Per cent</i>
Negative smears .. .. .	230	70.0
Pre-invasive carcinoma .. .. .	6	
Micro-invasive carcinoma .. .. .	1	
Invasive carcinoma .. .. .	1	
Total with positive smears .. .. .	8	2.4
Previous hysterectomies .. .. .	18	5.5
No smear taken, for various reasons ..	11	3.3
Untraced .. .. .	6	1.8
Refused or failed to attend .. .. .	55	17.0
	<hr/> 328	<hr/> 100

### *The survey*

This article describes the attempt to screen the whole of the female practice population born in the years 1914–1929, i.e. those aged about 35–50. Ideally, all women should have been screened, but it was felt that concentration on this age group would provide a reasonable balance between a profitable yield of positive smears and the demands of the routine work of the practice. Although there is a useful pick-up rate in the age group 30–34, the mortality does not rise appreciably until after the age of 35 (Registrar-General 1964).

### *The practice*

This is a National Health Service practice, with a list of about 3,500 patients, in an industrial area. No private practice is undertaken, and there is probably a preponderance of social classes 4 and 5 compared with the national average. It is a single-handed practice, all consultations are, as far as possible, by appointment and a secretary/receptionist is employed, the latter also acting as nurse during vaginal examinations.

From about June 1963 the writer was fortunate to be able to send smears to Mr Stanley Way who is in charge of the Gynae-

cological Research Unit, Queen Elizabeth Hospital, Gateshead. From then on smears were taken, when appropriate, as part of routine vaginal examinations and later during the course of this survey.

### *The approach*

All women in the age group defined, with the exception of those who had had hysterectomies or who had already had a smear taken, were sent a letter inviting them to make an appointment for this purpose. In it it was stated briefly and simply that it was possible to detect the 'seed' of cancer of the neck of the womb many years before cancer as such developed, and that thereby it had become a preventable disease.

A proportion of women responded to this, but if no reply was received they were visited in their homes, further explanations were given and they were offered an appointment at a definite time. If they failed to attend for this, a second appointment was posted to them. A definite refusal to attend was, of course, the end of the matter as was failure to attend at the second appointment. No separate clinic was held for the purpose of this survey, the smears being taken during the course of normal surgeries.

### **The method**

In every case, a gynaecological history was obtained, the cervix was inspected after insertion of a speculum, a single smear was taken by the Ayre technique (Ayre 1950) and this was followed by digital and bimanual examination. If any abnormality other than a positive smear was found and a further opinion was thought to be needed, the patient was sent to a South Shields gynaecologist; those with positive smears were referred to Mr Way, to whom also those patients found to have positive smears at hospital in South Shields were referred.

The laboratory reported smears as satisfactory/negative, suspicious or positive, or as unsatisfactory. Patients with unsatisfactory or suspicious smears were asked, usually by letter, to return for re-smearing.

### **The results**

On 31 December 1964 there were 328 women in the practice born in the years 1914–29; patients originally surveyed who left the practice before this date have been excluded.

The majority of smears were taken by the writer in the surgery, but some were done elsewhere:

TABLE II

	<i>Negative</i>	<i>Positive</i>
By general practitioner .. ..	218	5
At hospital .. .. .	8	3
At family planning clinic .. ..	2	—
VD clinic .. .. .	1	—
Elsewhere .. .. .	1	—

### *The positive smears*

Some details of the patients with positive smears may be of interest. Of the three hospital cases with positive smears, two were referred to gynaecological outpatients because of menstrual irregularities. The third was picked up at a routine postnatal examination there. Four of the women who were found to have positive smears as a result of this survey were entirely asymptomatic. All these seven were aged between 39 and 45, did not desire to have any more children and were treated by a modified radical hysterectomy (Way 1963).

The invasive carcinoma was also found as a result of this survey. The patient, aged 48, had had regular menstruation but did admit to some inter-menstrual 'spotting' when pressed. Examination by speculum revealed a typical malignant ulcer with rolled-up edges. She was later found to have a stage IIa carcinoma of cervix and she has now had the appropriate treatment.

### **Discussion**

The bulk of this work was done during the course of one year, and averaged something of the order of six smears and re-smears a week, or about one every other surgery, an effort not excessive compared with the bulk of routine work and, one feels, justified in view of the results obtained. Possibly more time-consuming and more laborious was the clerical work involved, and the task of visiting women in their homes, or talking to them about cervical smears in the surgery. These are tasks which, if only the structure of general practice would allow it, might largely have been done by secretaries and health visitors.

### **Summary**

An attempt is described of taking cervical smears from all women aged 35-50 in a general practice. Seven pre-invasive and one invasive carcinoma was found.

### **Acknowledgements**

I am more than grateful to Mr Way for accepting and interpreting the smears, and for treating my patients with positive smears. I am also greatly indebted to Mr J. S. Fraser, consultant gynaecologist, South Shields, for showing me how to take smears, and much help. Mrs A. L. Burn, my receptionist, gave her usual loyal help and but for her quiet persuasion many fewer women would have agreed to have smears taken; I am most grateful to her.

## REFERENCES

- Ashworth, H. W. (1964). *Med. Wld.*, (London). **101**, 103.
- Ayre, J. E. (1950). *Surg. Gynec. Obstet.*, **90**, 298.
- MacGregor, L. Elizabeth, and Baird, Sir Dugald (1963). *Brit. med. J.*, **1**, 1631.
- Ministry of Health: *On the state of Public Health*. The Annual report of the Chief Medical Officer of the Ministry of Health for the year 1963 (1964). Her Majesty's Stationery Office. London.
- Registrar-General's Statistical Review of England and Wales for the year 1962*, Part I, Tables Medical. Table 17 (1964).
- S.E. Scotland Faculty of the College of General Practitioners (1958). *Lancet*. **2**, 895.
- Way, S. (1963). *The diagnosis of early carcinoma of the cervix*. London. J. & A. Churchill Ltd.
- Way, S., Duran, F., Peberdy, M., and Stefan, M. A., (1963). *Lancet*, **2**, 624.

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