A well woman clinic in Ashton-under-Lyne

I. F. W. KERR, M.B., Ch.B., D.Obst.R.C.O.G.
Ashton-under-Lyne

WHILE it is not clear whether carcinoma of the cervix always passes through a latent *in situ* stage (Fidler, Boyes and Worth, 1968), it is certainly true that frequent screening should make diagnosis possible in its infancy or pre-invasive state.

Method

We have been taking cervical smears since 1963, but it was only when two practices were amalgamated in 1969 that a more comprehensive screening programme was pursued.

The practice consists of six male doctors looking after an increasing list of 15,000 National Health Service patients. Surgery sessions are held throughout the day in central premises which have four consulting and five examination rooms. The practice is mainly urban.

Screening clinics are held twice weekly, at times when all the examination rooms are available; one in the morning, the other in the afternoon. Two doctors consult at these clinics, which allows greater freedom of times, and some choice of doctor. Our own nurse attends the clinic, and the forms, partly prepared in advance, are completed by a receptionist on the patient's arrival. This helps to put the patient at ease.

The procedure is that each patient has: (1) breasts examined, (2) blood pressure taken, (3) urinalysis, (4) is observed for pallor, (5) pelvic examination and smear taken. When the patient has had a smear taken she is advised to have one repeated yearly, and many do so. Unfortunately, the exact figures are not yet known.

Patients on the 'pill' have six-monthly examinations, when a smear is also taken; this is organised through a special index. When the patient obtains her supply, this is noted in the index and an appointment is made for her when necessary.

The clinic is available to all the women in the practice and is advertised by posters and pamphlets. The original poster was large, highly coloured and centrally placed on the notice board; facing the patients in the waiting room. It was found that 72 per cent of the patients screened had noticed its presence. For comparison, a standard poster from the Manchester Regional Committee on Cancer is now placed on the board.

The other doctors actively encourage patients to have smears during routine surgery examinations. Especially is this so when gynaecological symptoms exist—a practice which is popular with the patients and doctors. Despite this there appears a lack of willingness on the part of the older patients which has made us consider possible causes and remedies.

Results

One thousand women attended the clinics and no duplication was allowed. While some had gynaecological symptoms, many were free of symptoms. Many of the asymptomatic patients attended for postnatal or contraceptive examinations, while others attended for their own safety or common sense (*see* table I), which also shows the age variation).

TABLE I

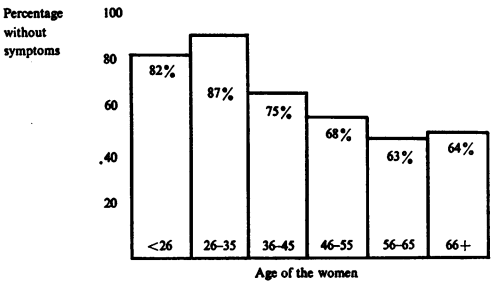
REASONS FOR ATTENDING THE CLINIC

Reason	*Age of the women*							
	Under 26	*26–35*	*36–45*	*46–55*	*56–65*	*Over 65*	*No.*	*Per-cent*
Routine	22	99	114	107	37	16	395	*39*
Postnatal	100	96	15	—	—	—	211	*21*
Contraceptive advice ..	57	103	28	—	—	—	188	*19*
Women without symptoms ..	179	298	157	107	37	16	794	*79*
Women with symptoms ..	27	46	53	49	22	9	206	*21*
TOTAL	206	344	210	156	59	25	1,000	*100*

It can be seen that the incidence of symptom-free presentation is dependent on age as shown in table II.

TABLE II

THE PROPORTION OF ASYMPTOMATIC WOMEN RELATED TO AGE



Symptom presentation included menstrual disturbances; discharge and pruritis; postcoital, postmenstrual and intermenstrual bleeding; as well as dysuria, backache and dysmenorrhoea.

The abnormalities are summarized in table III.

Six positive smears were found, four were shown to be carcinoma *in situ* histologically on cone biopsy, while another showed severe dysplasia. Dyskariosis only, was shown on the last smear when repeated at the hospital. Two cases of dysplasia were found, one of which progressed to a positive smear three months later, being one of the four carcinoma *in situ* described above.

The two frank cervical carcinomata were classified as stage I. One presented with a positive smear, while the other was in the cervical canal, bleeding preventing satisfactory smear material being obtained. This gives a positive cervical cancer rate of 8 per 1,000 which is comparable to figures recorded by others (Wookey, 1971).

Incidental findings of use, were the presence of *Trichomonas vaginalis* and *Monilia.* The only other positive smear was from a woman without symptoms whose smear suggested carcinoma of the body of the uterus, proved at currettage.

While the majority of fibroids presented with symptoms, two were thought to be ovarian cysts, until pedunculation of a fibroid was revealed at laparotomy. Another

TABLE III
ABNORMALITIES FOUND

Diagnoses	*Age of the women*						*Total*
	Under 26	*26–35*	*36–45*	*46–55*	*56–65*	*Over 65*	
Trichomonas vaginalis	10	16	4	5	—	1	36
Monilia	5	13	8	6	2	1	35
Erosion (treated)	—	16	12	—	—	—	28
Senile vaginitis	—	—	—	3	9	9	21
Cervical polyp	—	1	8	6	5	1	21
Prolapse (treated)	—	2	2	3	3	2	12
Fibroids (operation)	—	—	5	4	1	—	10
Fibroids (untreated)	1	1	1	4	—	—	7
Ovarian cyst	1	1	4	—	1	—	7
Leukoplakia/kraurosis	—	—	—	2	4	—	6
Positive smear	—	3	2	1	—	—	6
Carcinoma of body of uterus	—	—	—	—	3	1	4
Extravaginal infection	1	1	1	—	—	—	3
Carcinoma of cervix	—	—	2	—	—	—	2
Dysplasia	—	2	—	—	—	—	2
Suspicious smear (negative biopsy)	—	—	—	—	—	—	0
TOTAL PATIENTS SCREENED	206	344	210	156	59	25	1,000

patient with fibroids presented with urgency, the fibroid showing changes on cysturethrography.

Most of the cysts were follicular in nature, although two on laparotomy showed endometriosis with a frozen pelvis. One proved to be a small adenocarcinoma of the ovary.

The tendency for asymptomatic presentation is shown in table IV.

TABLE IV
SIGNIFICANT PATHOLOGY RELATED TO SYMPTOMS

	Total	*Asymptomatic*
Positive smears and carcinoma of cervix	8	6
Fibroids treated	10	3
Ovarian cysts	7	4
Carcinoma of body of uterus	4	1
Carcinoma of breast	2	2

Breast examination

Three patients were referred for surgical opinion, two proved to have carcinoma without gland involvement, one being treated by radical mastectomy the other by simple mastectomy. The time between discovery and operation was about ten days. Both remain well one year after operation. One cyst in the breast was discovered.

It is obviously worth while performing this examination and possibly more general practitioners should include it routinely in gynaecological examinations. Self examination is also being encouraged and taught.

Blood pressure examination

This was performed in the sitting position and the results were classified depending on the diastolic pressures (table V). Only previously undiagnosed hypertensives were included.

A rate of 118 per 1,000 women with diastolic pressures over 95 mm Hg. was found. We repeat the reading of the lower groups a fortnight later and if it remains raised start treatment. All the higher group are on treatment.

TABLE V
NEWLY DISCOVERED HYPERTENSIVES RELATED TO AGE

Age of the women	*Diastolic blood pressure*	
	>95	*>110*
Under 26	2	1
26–35	16	1
36–45	22	11
46–55	23	7
56–65	19	5
Over 65	5	6
TOTAL	87	31

None of the patients were found to have abnormal constituents on urinalysis, this being labelled essential hypertension. Four of the patients on the 'pill' had hypertension and these were in the lower group.

Anaemia

This was by diagnosed observation only but is obviously totally inadequate (Wookey, 1971).

One folic acid and eight iron deficiency anaemias were identified with haemoglobins of 9·5g or less. Three iron deficiency anaemias occurred in women with kraurosis who were found to have a low serum iron. They became asymptomatic following treatment with parenteral iron.

The advantages of routine haemoglobin estimations have to be weighed against the time factor for obtaining blood samples in the clinic *en masse*, although diagnosing and treating anaemia would increase the patients' well being.

Since the completion of this series, an offer has been made of 'Ferro Test 80' (Abbott). This simple screening test for detecting haemoglobin levels below 11·6g will overcome this difficulty in future.

Urinalysis

Each patient attending the clinic was asked to bring a sample of urine when attending. The standard practice was to refer all patients with albuminuria for bacteriological examination at the hospital laboratory.

Only three patients with asymptomatic *Escherichia coli* infection were found and no diabetics, although one woman with glycosuria had a low renal threshold on a glucose tolerance test.

Discussion

The high incidence of disease diagnosis by a number of simple screening techniques, all carrying high mortality or morbidity if unrecognised, appears to justify the clinic's existence and future.

It is interesting to note the large number of patients who attended on their own volition. The six-monthly examination of patients on the 'pill' was advantageous and may partly outweigh possible side-effects, particularly in the lower social classes who

are at greatest risk. Regrettably no social class breakdown was available. The offer of free contraception to the lower social classes might increase the cytological cover in these groups.

The finding of 8 per 1,000 women having positive smears only made us realise the true size of the problem. In our practice of 15,000 patients there are probably about 2,000 women who have excluded themselves from the clinic. In these women it is reasonable to assume there are about 20 pre-invasive or frank cancers awaiting detection. This can be reduced however by two grade IV cancers found in the unscreened practice population over the past two years.

We attempt to screen yearly because a longer time lag could allow a woman with a previously negative smear to develop a cervical cancer progressing beyond stage I, although evidence from the Christie Hospital suggests this is a remote possibility.

Summary

The identification of several early forms of disease, often curable, in 1,000 women attending a screening clinic would appear to justify its activity. Each illness, identified in an early stage and often without symptoms, was characterized by a high mortality or morbidity if unrecognized.

Acknowledgements

This study was made possible through the co-operation of partners, patients, and ancillary staff; and because of our good examination room facilities.

I wish to thank my partners and the patients for the co-operation and especially Dr W. J. Jackson for helping in the clinics. My thanks are also due to Dr W. O. Goldthorpe and Dr R. Yule for help with the preparation of this paper.

REFERENCES

Fidler, H. K., Boyes, D. A. & Worth, A. J. (1968). *Journal of Obstetrics and Gynaecology of the British Commonwealth*, **75**, 392.

Wookey, B. E. P. (1971). *British Medical Journal*, **1**, 396.