

WHO TAKES CERVICAL SMEARS?

THE National Health Service is so often accused of being a National Sickness Service that its efforts in preventive medicine tend to be underrated and under reported.

There are, of course, many difficulties about preventive medicine, especially the evaluation of success and the problem of cost effectiveness. It is by no means universally agreed that cervical cytology, for example, is worthwhile but, leaving that argument aside, the number of cervical smears does represent measurable evidence of the involvement of the National Health Service with one form of prevention.

The sources of cervical smears are therefore of interest and some trends are emerging.

For many years hospital clinics were the most frequent source of smears, and in the early days of cervical cytology hospital clinics and local health authority clinics produced more smears than all other sources put together (Department of Health and Social Security, 1976).

The total number of smears done by the different agencies, which include hospitals, general practitioners, local health authority clinics, and the Family Planning Association, has steadily risen over the years and the proportion taken by each source has been changing.

The proportion of positive cases also seems to be falling; it was 6.7 per thousand cases examined in 1967 and 4.3 per thousand examined in 1973.

Carcinoma *in situ* of the cervix is one of the diseases known to vary with the Registrar General's classification of the social classes. It would be particularly interesting, as social class is recorded on the cervical smear forms, if a report were to be published on the proportion of positive cases found by each source. Now that general practice is beginning to make care available more readily for the lower social classes (Marsh and Karm-Caudle, 1976) it may perhaps be an even more important source of positive cases.

The biggest single source

In 1971, for the first time, the number of smears from general practitioners exceeded those from local health authority clinics and in 1973, through a 13 per cent increase on the 1972 returns, general practitioners took more smears than hospital clinics as well. For the first time ever, general practice became the biggest single source of cervical smears in England and Wales.

In a year when more than two and a quarter million smears were examined altogether, general practice provided clear evidence that at least in one aspect of public policy, preventive medicine can be brought to the people through primary medical care.

REFERENCES

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Marsh, G. W. & Karm-Caudle, P. (1976). *Team Care in General Practice*. London: Croom Helm.