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Note to authors of letters: Please note that all letters submitted for publication should be typed with *double spacing*. Failure to comply with this may lead to delay in publication.

Cancer screening

Sir,

During a recent nationwide cancer screening campaign sponsored by a national Sunday newspaper I spent one week in a caravan in our local shopping centre, performing breast examinations, and cervical smears on those women who had not had them in the past five years. The service had been advertised locally and in the sponsoring paper.

In an area recognized for having a high standard of general practice I was surprised at the overwhelming response. I saw nearly 300 women in the week and many more were turned away, all of whom were advised to see their general practitioner or to attend a family planning clinic. Many women waited several hours and some had travelled over 40 miles.

I took the opportunity to ask 100 consecutive women why they had attended and if they had thought of going to their general practitioner. Thirty-three women said they had come for a breast examination as this had not been done when they had had a smear elsewhere, while 23 had come for a second opinion about breast or gynaecological problems. Seventeen women said they had come because their doctor was a man (in total over 50 women mentioned their preference for a female doctor). Twelve women felt their doctor was too busy or not interested — one woman had been told to come back when she was ill when she asked for a check-up, meaning a smear. Five were due for cervical smears and were attracted by the advertising. The remaining 10 women gave miscellaneous reasons including their preference for an anonymous setting and the hope of obtaining another smear within five years.

While I question the direct benefit of this type of screening the indirect effect through media attention and interest generated by discussion among friends is undoubtedly beneficial. Although I recognize that offering a new service in an unusual setting will always have novelty value my experience with the campaign has left me with several ideas for attracting this group of women into the surgery or health centre:

1. Women should have easy access to another woman, be she a doctor or a nurse, for examinations which they may find embarrassing.
2. Breast self-examination should be taught when a cervical smear is taken or during contraceptive consultations, if we believe in the value of breast palpation as a screening method. The nurse could help if male doctors feel threatened by the thought of offering to do this routinely.
3. Our interest in preventive medicine should be advertised in an appealing and effective way.

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Preconception clinics

Sir,

It has been suggested that preconception clinics should form part of a general practitioner's work in much the same way as the more familiar antenatal clinics.[1] As a test of demand my practice recently set up such a clinic. The practice covers a mixed urban and rural area and has a typical age and social class structure. There are more than 10 births a month in the practice.

The areas to be covered by the clinic included general health education directed at the importance of good health at the time of conception, advice on smoking and alcohol, a review of past medical and obstetric history and a check of rubella immunity and cervical smear status. The clinic was run on a walk in and appointment basis in the evening. Both a doctor and midwife were available for consultation. The service was advertised by posters in the surgery two months before the first session and all the members of the primary care team were informed. The clinic was held monthly for four months during which time only two patients attended.

Although any conclusions drawn from such a study can only be tentative, the failure of this clinic to attract more patients suggests that demand for such a service, in this practice at least, is low.

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Reference

1. Marsh GN. *Modern obstetrics in general practice.* Oxford University Press, 1985.

AIDS: not deficient but immune

Sir,

The government has sought to increase public awareness about the acquired immune deficiency syndrome using television, press coverage and leaflet distribution. Recent studies[1] have indicated that the public are reasonably well informed, but there is little published information on the knowledge of a sexually active group.

Patients attending a genitourinary clinic over a two week period in November and December 1986 were questioned about their knowledge of AIDS and whether they had altered their sexual activity as a result.

Of 115 patients approached, one refused to answer and seven replies were excluded because they omitted major details. The final study group consisted of 101 heterosexuals, two bisexual men, two