

I MEDICAL JOURNAL

SATURDAY 28 MAY 1988

LEADING ARTICLES

Treating claudication in five words	E HOUSLEY	1483
Health hazards from British beaches?	S J EYKYN	1484
Anogenital papillomavirus infection in children	J D ORIEL	1484
Self help groups and professionals — what is the relationship?	MARY E BLACK	1485
Three hundred and fifty years of the Peruvian fever bark	L J BRUCE-CHWATT	1486
Seizing the initiative on compensation	RICHARD SMITH	1487
New lessons from the atomic bomb survivors	J STEWART ORR	1488
Correction: Disciplining doctors	FORSYTHE	1488

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Antibody that blocks stimulation of cortisol secretion by adrenocorticotrophic hormone in Addison's disease		
PAT KENDALL-TAYLOR, ANN LAMBERT, ROBERT MITCHELL, WILLIAM R ROBERTSON	1489	
Paranormal healing and hypertension		
JAAP J BEUTLER, JOHANNES T M ATTEVELT, SYBO A SCHOUTEN, JOOP A J FABER, EVERT J DORHOUT MEES, GIJSBERT G GEIJSKES	1491	
Maternal fatness and viability of preterm infants		
A LUCAS, R MORLEY, T J COLE, M F BAMFORD, A BOON, P CROWLE, J F B DOSSETOR, R PEARSE	1495	
Low birth weight and risk of high blood pressure in adulthood	GERHARD GENNSER, PER RYMARK, PER ERIK ISBERG	1498
Alcohol consumption in Dundee primigravidae and its effects on outcome of pregnancy		
NABEEL D SULAIMAN, C DU V FLOREY, D J TAYLOR, S A OGSTON	1500	
Sarcoidosis presenting as gingivitis	J P HAYTER, J M ROBERTSON	1504
Long term follow-up of factitious anaemia	MARTIN F FEY, ANDREAS RADVILA	1504
Fatal cardiac failure due to myocardial microthrombi in systemic lupus erythematosus	J H BROWN, C C DOHERTY, D C ALLEN, P MORTON	1505
Effect of low dose heparin on blood loss at caesarean section		
NICHOLAS C W HILL, J GORDON HILL, JEAN M SARGENT, COLIN G TAYLOR, PETER V BUSH	1505	
A nursing career for people with diabetes	NICOLA ROBINSON, JOHN LISTER, SUSAN KNIBBS	1506
Activated charcoal, emesis, and gastric lavage in aspirin overdose	V DANIEL, J A HENRY, E GLUCKSMAN	1507
Certified sickness absence in industrial employees threatened with redundancy	NORMAN BEALE, SUSAN NETHERCOTT	1508

MEDICAL PRACTICE

Who undertakes the consultations in the outpatient department?	R S KIFF, P A SYKES	1511
Life expectancy and mortality data from the Soviet Union	MICHAEL RYAN	1513
A cautionary tale	STANLEY ALSTEAD	1515
Lesson of the Week: Obstructive uropathy without dilatation: a potential diagnostic pitfall		
KATHLEEN LYONS, PHILIP MATTHEWS, COLIN EVANS	1517	
Green College Lectures: The National Health Service: reflections on a changing service	SIR PATRICK NAIRNE	1518
Reliability of interviewing in medical student selection	P RICHARDS, I C McMANUS, S A MAITLIS	1520
Macrovascular disease in diabetics in Central Africa	M ROLFE	1522
Medicine and the Media: Effect of a public campaign about malignant melanoma on general practitioner workload in Southampton		
SALLY NICHOLS. Further contributions from TESSA RICHARDS; NELLIE ADJAYE	1526	
Medicine and Books		
Medicolegal: General practitioners block closure of cottage hospital	CLARE DYER	1528
Any Questions?		
Personal View	TIM JOHNSON	1525, 1532, 1533
Personal View		1533

CORRESPONDENCE — List of Contents

1534

OBITUARY

1545

NEWS AND NOTES

Views	1541	
Medical News	1542	
BMA Notices	1543	
Scientifically Speaking	BERNARD DIXON	1544

SUPPLEMENT

The Week	1546	
Patient power on the march	JOHN WARDEN	1547
GPs' concern at differential pay award	1548	
Strains in the constitutional fabric of the BMA?	J DAVID WATTS	1549

CORRESPONDENCE

Accuracy of cervical cytology screening	
J R Hughes, MRCGP	1534
Vocational training in general practice	
Dorothy M B Ward, MB; C Sayer, MB, and others; J Morris, MRCP, and others; J D Simson, FRCGP; D G Wilson, FRCGP	1534
Rheumatic fever	
H McIntyre, MB, and others; P G Weaving, MRCGP; J Pitts, MRCGP	1535
Acute appendicitis and social class	
N Anderson, MFCM, and Anne Cockcroft, MRCP	1536
Malaria prophylaxis	
L Rombo; P Fletcher, MRCP	1536
Complications of nasogastric feeding	
C L M H Gibbons, MB, and others	1537
Controlling symptoms in advanced cancer	
Jennifer Bulman, MB	1537
Prevalence of <i>Gardnerella vaginalis</i>	
K G Kerr, MB, and others; T C O'Dowd, MRCGP, and R R West, PHD	1537
Fetal intracardiac transfusions	
L Heyse-Moore, MRCP; M Westgren, MD	1538
The sickening of medical research	
A P Hemingway, FRCR, and D J Allison, FRCR	1538
Penicillamine nephropathy	
P Emery, MRCP, and Gabriel Panayi, MRCP	1538
Psychiatric illness among British Afro-Caribbeans	
G Glover, MRCPsych	1538
Delays in treating bladder cancer	
M Jones, FRCS, and others	1539
Improving outpatient clinics	
E Moonman, MSC	1539
Iron and infection	
J J Bullen, PhD, and C G Ward, MD	1539
Körner, nomenclature, and SNOMED	
W Dodd	1539
Points	
Pre-employment chest radiographs (J M Grange; Freda Festenstein); Measles mortality (A O H Tellegen); Performance indicators (W A Wallace); Alcohol and road safety (B Sheerman); New drugs (K Summers); Insulin for the non-insulin dependent? (J S Garrow); Home visiting by consultants (R N Baldwin); Cervical biopsy (M B Gillett); Letter from Fiji (T G Hawley)	1540

- All letters must be typed with double spacing and signed by all authors.
- No letter should be more than 400 words.
- For letters on scientific subjects we normally reserve our correspondence columns for those relating to issues discussed recently (within six weeks) in the *BMJ*.
- We do not routinely acknowledge letters. Please send a stamped addressed envelope if you would like an acknowledgment.
- Because we receive many more letters than we can publish we may shorten those we do print, particularly when we receive several on the same subject.

Accuracy of cervical cytology screening

SIR,—Mr John A Giles and others (16 April, p 1099) discuss the accuracy of cervical cytology screening. Screening competes with the traditional “demand led” services of a chronically under-funded health service. It is essential, therefore, that screening programmes are effective lest resources become diverted from areas of proved need to schemes with populist appeal but little scientific basis.

Since the 1960s screening for cervical cancer has been based on the assumption that the disease has a long preinvasive phase, rendering it amenable to testing at regular intervals. The work of Mr Giles's team and others suggests that the clinical course of at least some cervical cancers is changing, with an earlier age of onset and more rapidly invasive behaviour.^{1,2} The Intercollegiate Working Party on Cervical Cytology Screening has, therefore, recommended that screening should start at age 20 and continue at three yearly intervals.⁴ The behaviour of cervical dysplasia is unpredictable, and there is little evidence that this policy will reduce deaths from cervical cancer. The rapidly invasive variant may not be amenable to any practical screening interval.⁵ The only justification for screening is a proved reduction in mortality, not merely increased identification of abnormal cases.

Circumspection is required in interpreting cervical cancer statistics in Britain. Although deaths in women under 35 have increased from around 30 a year in the 1960s to about 110 a year in the 1980s, the mortality was as high as 70 a year in the 1950s (Office of Population Census and Surveys, personal communication). Comparing these small numbers with a total yearly mortality from all malignancies of about 150 000 puts the problem into perspective. The chances of screening

significantly reducing such a low mortality must be small, especially when the poor compliance of some populations is considered.⁶

National statistics relating to “positive” smears should be interpreted with equal caution. Returns of form SBH 140 from pathology laboratories to the Department of Health and Social Security show an overall increase in the proportion of positive cases. In some regions, however, notably Wessex, there has been virtually no change in incidence in the past decade whereas other regions have shown a large increase. It is important to know whether these discrepancies reflect different disease patterns or merely differing pathological or gynaecological management. It is also impossible to be sure whether there is a true increase in positive cases in younger women as positivity in any age group can be “weighted” by an increased number of smears performed in that group and by repetition of positive smears (it is positive smears that are counted, not women with positive smears).

In Britain we have the advantages of a large population base and a nationally organised health service. It seems absurd to miss the opportunity to organise properly controlled clinical trials to establish the behaviour of cervical neoplasia and assess the effectiveness of screening in younger women. The alternative is to plunge hysterically into a hotch potch of district based schemes which will be enormously expensive and can never be proved to have saved lives.

JOHN R HUGHES

Havant Health Centre,
Hampshire PO9 2AQ

1 Macgregor JE. Rapid onset cancer of the cervix. *Br Med J* 1982;284:441-2.

2 Wolfendale MR, King S, Usherwood MM. Abnormal smears: are we in for an epidemic? *Br Med J* 1983;287:526-8.

3 Campion MJ, McCance DJ, Cuzick J, Singer A. Progressive potential of mild cervical atypia: prospective cytological, colposcopic, and virological studies. *Lancet* 1986;ii:237-40.

4 Sharp F, Duncan I, Evans DMD, et al. Report of the intercollegiate working party on cervical cancer screening. London: Royal College of Obstetricians and Gynaecologists, 1987.

5 Hakama M, Rasamen-Virtanen U. Effect of a mass screening programme on the risk of cervical cancer. *Am J Epidemiol* 1976;103:512-7.

6 Nathoo V. Investigation of non-responders at a cervical screening clinic in Manchester. *Br Med J* 1988;296:1041-2.

Vocational training in general practice

SIR,—Dr Marie Campkin and colleagues (7 May, p 1331) imply that the Joint Committee on Post-graduate Training for General Practice has based its decision to withdraw recognition of vocational training in the North East Thames region solely on the report of its visitors to the Bloomsbury scheme in June 1987. This is far from so.

The committee has national responsibility for maintaining standards for vocational training. It arranges for its visitors to review the arrangements in each region every other year. These visits are undertaken in different parts of a region on each occasion. Reports of the visits to the North East Thames region have highlighted a series of problems extending back to 1983.

In 1985 the visitors reported that the standards of medical records in a large proportion of training practices in the region did not match the standards required by the committee's minimum criteria. Following receipt of that report the committee arranged for its officers to meet representatives of the North East Thames region to discuss the matter further. The region gave assurances that in future its criteria for selecting trainers would be in