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OCT 7 1969

BRITISH MEDICAL JOURNAL



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Contraceptives and Cervical Carcinoma

SIR,—We read with great interest the article by Dr. Myron R. Melamed and others (26 July, p. 195) on prevalence rates of uterine cervical carcinoma-in-situ in women using the diaphragm and oral steroid contraceptives. The authors present various tables of analysis, all of which demonstrate higher rates in those women "choosing and using" the pill, even after taking account of various other factors such as age, ethnic origin, age at first pregnancy (? reliable for noting early intercourse), number of live births (? reliable for noting all pregnancies), and social class by income brackets. Acknowledging their comments and qualifications regarding the construction of Table I, we still feel that they might be able to separate those "choosing" from those "using" the two forms of contraceptives.

In Table I, by subtracting each item of column 2 from column 1 we are left with a prevalence rate of each group "choosing" the particular contraceptive admixed with those "using" it for up to one year. If the authors could extract the latter we would then arrive at a figure of great interest. We would have identified the group or groups "choosing" the pill or diaphragm prior to any possible effects from their use. Many workers have considered that the pill may be preferred by those indulging in greater or more promiscuous sexual activity, and these women, if they constitute a reasonable proportion of the group, would bring into play other high-risk factors. Certainly, breakdown of the prevalence rates for each contraceptive user after the first year appears to remain constant for that group for the next five years where the numbers of cases are sufficient for evaluation.

It is surprising that this exercise has not been carried out before, and we hope the authors will be able to extract this informa-

tion. As an aside, it should not be impossible for a large organization such as the Family Planning Association with its standard policy of pre-pill cytology screening to achieve such data.

We also recognize that the prevalence rate for the pill group lies near that expected for the population, whereas the prospective and active diaphragm users demonstrate a lower than expected figure. This could reflect, as suggested by the authors and others,¹ a possible protective effect of an occlusive form of contraceptive.

Of course we share with the authors their doubts of the reliability of answers regarding the use of contraceptives prior to inclusion in their survey. It is also doubtful whether they can unravel the complexities of use of more than one form of contraceptive, or even the increased sexual activity that may follow the use of the pill, but the exercise may provide some clarification of this obscure area of the problem.

There is also another point to be considered; could it be that the altered cellular pattern, sometimes severe, seen in pill cases, leads to biopsy, with the result that more histological lesions, recognized by the authors as carcinoma-in-situ, are unearthed compared with the diaphragm group? It would be of value to know the percentage of each group subjected to biopsy. There would have to be a substantial difference in these percentages to create a bias.

We certainly do not think the material as presented justifies any firm conclusion on potential carcinogenic effects of the pill. Scrupulous cytological follow-up of these women should, of course, provide this in the incidence rates of each group. There is a great need for a large long-term study designed by medical statisticians on a national or international scale to clarify problems

raised, but not answered in this article.—We are, etc.,

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REFERENCES

- ¹ McGregor, E., and Baird, D., *British Medical Journal*, 1963, 1, 1631.
- ² Anderson, A. F., *Journal of Obstetrics and Gynaecology of the British Empire*, 1959, 66, 239.

Care of Aged Doctors

SIR,—Many doctors unfortunately die young, but many reach an advanced age often coupled with some infirmity—for example, arthritis, mild stroke, or mild heart failure. This is perhaps more likely for women doctors.

Doctors so often think that the burdens of old age somehow will not affect them, or their wives, but this is not so. As a consultant physician in geriatrics I am often distressed to find that for an infirm elderly doctor or his wife or both there is no suitable home available. Lack of money is not always the great difficulty—accommodation for a few weeks may be found in a nursing-home, or for a week or two in an ordinary hospital, but when long-term care and specialist rehabilitation is needed—for example, after a stroke—one can perhaps only offer a place in an overcrowded, often understaffed, geriatric ward.

There seems to be a need for the reservation of places in suitable homes, with rehabilitation and mild nursing care, for such elderly doctors, incidentally also with