The Pill and Cancer

SIR,—I write in support of Professor J. Chassar Moir and his colleagues at Oxford (22 August, p. 510). Our experience in the Midlands is parallel and one is not infrequently consulted by patients who have had various combinations of hormone therapy either to control irregular bleeding or for contraceptive purposes where the menstrual rhythm has been upset or even post-oestrogen bleeding produced in the menopause without full investigation. Any senior student knows that bleeding, apart from menstruation, calls for a full pelvic examination, and included as part of the examination is the passing of a speculum and the taking of a Papanicolaou test. Professor Chassar Moir points out, however, that certain drug firms are open to criticism since the instructions they give to doctors prescribing contraceptive pills mention "break through" bleeding as though this were a normal sequela to therapy, where in a woman of, say, 37 it might spell carcinoma of either the cervix or corpus. To the practitioner with modern hormone therapy at his disposal, therefore, I would say this: if your therapy causes your patient to bleed apart from menstruation it is up to you to exclude cancer.

May I also add a note of caution on the use of cytology? With the Oxford school and most teaching centres in this country, we take the view that no patient is properly examined unless a Papanicolaou test has been taken, but this is not to say that a negative cytology test should be used as a kind of certificate that no cancer is present in the uterus. For example, the efficiency of cytology in recognizing malignant-appearing cells from carcinoma of the corpus is no more than 50%, so that a smear taken from a patient with irregular bleeding near the climacteric may give a negative smear (no abnormal cells seen), yet when curettage follows carcinoma of the corpus may be demonstrated. This is in contrast to cervical cytology taken by scraping the cervix, where it is very rare indeed for the test to be negative in the presence of clinical carcinoma of the cervix. In a word, cytology is accurate for cervix, but inaccurate for corpus pathology, so that the test must be used only as part of a careful clinical assessment and then with circumspection.

I therefore join my Oxford colleague in "shouting a warning loud and long" and not only to students and practitioners but also to drug firms. Any bleeding apart from menstruation spells cancer until proved otherwise.—I am, etc.,

H. C. McLAREN.

Department of Obstetrics and
Gynaecology,
University of Birmingham.

Follow-up of Neurotic Out-patients

SIR,—Dr. R. Giel and others (18 July, p. 160) are, on their own admission, unable to give us a true picture of the natural history of their 100 neurotics. They can tell us nothing about the ups and downs in their patients' illnesses, nor about any relief they may have had from treatment. At an arbitrary point in time five years after their first hospital visit 71% are found to be well; and we are told that, "this study therefore confirms that any new treatment for the

neuroses must show better than 70% improvement before it can claim to represent a significant therapeutic advance." I cannot see that their study has confirmed anything of the sort. I happen to suffer from hay-fever, which has a 100% remission rate and a relapse rate very near that figure, irrespective of treatment; this does not persuade me that the antihistamines were not a therapeutic advance in this condition.—I am, etc.,

Edinburgh 12.

PAUL MESTITZ.

Travellers' Troubles

SIR,—It is surprising to read that antihistamine cream is recommended for jellyfish stings in the leading article "Travellers' Troubles" (4 July, p. 2).

In a recent paper by Oliver Scott¹ he states as follows: "Antihistamine applications, with few exceptions such as halopyramine, are regarded with disfavour by dermatologists on account of the incidence of allergic contact eczema." From personal experience I can confirm this finding. It would be preferable to give the antihistaminic orally.—I am, etc.,

Gardens, Cape Town.

E. S. BENJAMIN.

REFERENCE

- ¹ Scott, O., *Practitioner*, 1964, 192, 645.

Drink and Drivers

SIR,—Addressing the Council of the Association at their meeting in Manchester on 20 July, Mr. Paul Vaughan (Press Officer) described one motion passed by the A.R.M. as "equivocal, tortuous, and ungrammatical" (*Supplement*, 1 August, p. 104). Many of us are indeed grateful to him for this Parthian shot. One which members of the Representative Body must appreciate. It is a matter for regret that a number of other resolutions, especially those which have been amended, could be similarly described.

Just now I am thinking of an amended resolution concerning drink and drivers; it reads thus, "That this Representative Body instructs Council to seek legislation to be added to the Road Traffic Act so that the presence of the appropriate level of alcohol in

the blood or the equivalent level in the urine shall lead to the automatic conviction of an intoxicated driver. It re-affirms the policy that clinical examination is still necessary in every case" (*Supplement*, 1 August, p. 94). It would be difficult to think of a resolution which is more confused and contradictory.

Here is a representative meeting of doctors purporting to advise the people of this country and to influence the legislature. What advice is given? There should be automatic conviction based on a biochemical test—no, a clinical examination is still necessary. Then there is a reference to an appropriate level of alcohol in the blood or urine; a layman might assume that these doctors are thinking that the level would differ for young men and middle-aged men, or one level might be appropriate for men, another for women, or indeed he might conclude that the doctors don't know the appropriate level themselves. Again there is a reference to an "intoxicated driver"; of course, if the driver were intoxicated we would all agree that he should be convicted inevitably or automatically. I have such respect for the Representative Body that I cannot but deplore the fact that it should have unwarily passed such a woolly resolution.

Sir, will you allow me to correct an error in your report of my short speech during this debate on "automatic conviction" (*Supplement*, 1 August, p. 93)? By a slip of the speaker's tongue or a slip of the reporter's pencil it reads "there is a grave risk in supporting a conviction on the grounds of these clinical findings only." For the word "clinical," please read "biochemical."—I am, etc.,

West Clandon,
Guildford, Surrey.

C. P. WALLACE.

Distinction Awards

SIR,—It is the custom in certain areas for the eldest consultant in any specialty, irrespective of other attributes, to be given a distinction award.

Perhaps it would be more accurate now to rename these awards in order to give a more comprehensive interpretation than that given by the word distinction?—I am, etc.,

M.D., M.R.C.P.

Charges for Patients

SIR,—Unlike other correspondents named by my old friend Dr. Bruce Cardew (15 August, p. 443) I am proud to agree that I have nothing but hatred and contempt for the N.H.S. in its present form and that I have expressed those feelings consistently since 1947 in your columns and elsewhere.

Because I do not have hatred and contempt for the British people nor for the medical profession in spite of its divisions, cowardice, and illogicality and because I believe I speak for quite 25% of those continuing in general practice in this country and 85% of those who have emigrated from N.H.S. practice I hope you will give me space equal to his to state my reasons, for those for whom I speak are largely inarticulate by reason of weariness, cynicism, or disengagement, but

the flare-up of their resentment which so recently astonished the Establishment within and without the profession has pointed a situation in which the *status quo ante* can never be restored.

First, hatred. I hate the N.H.S. for what it has done to medicine in this country. In an expanding economy it has robbed the G.P. of his share of a generally rising standard of living and reduced him by 35% *vis-à-vis* the rest of the country. It has fostered a belief that the G.P. is at the beck and call of all at any hour and is responsible for much trivia in certification and social work which is the proper concern of professionals in the welfare field, so that few practitioners are sufficiently cognizant of their terms of service to exercise a proper discipline over their patients