

Thirdly, the use of the appliance exercises the stump, and this is the best rehabilitation. Some patients are able to go home on the walking aid, but those who do not are no longer confined to their bed in the ward. It is quite common for patients with arterial disease necessitating an amputation to become confused or in other ways unable to face up to the challenge of their independence outside hospital. This tendency is probably lessened by a short decubitus.

I do not claim that the patients walk well on the early

walking aid, but they do achieve a variable degree of independence, and it is this that is so important in the elderly. Finally, the cost of this system is small; it requires no more than a simple workshop (such as any day-hospital might have), and is run as an exercise in physiotherapy or occupational therapy as the case may be.

I wish to thank Mrs. Mary Morrison, lately superintendent physiotherapist, St. Helen's Hospital, Hastings, who was the pioneer in this exercise in physiotherapy.

General Practice Observed

Well-woman Clinic in General Practice

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Summary

During a four-year period 1,169 women attended a well-woman clinic in a group practice. Eight positive smears were detected, together with one case of breast carcinoma, 94 cases of anaemia, and a number of other abnormalities. The clinic is part of a practice cervical-screening programme aimed at regular tests for women in the practice aged between 25 and 64. Patients appear to prefer attending screening clinics run by their own family doctor, and if more practices would adopt such a programme a higher proportion of the female population might be screened, and at a lower cost.

Introduction

Presymptomatic screening for cervical carcinoma and other diseases has attracted increasing attention in recent years. Despite the fact that the family doctor is the obvious person to do this for his patients, conflicting demands on his time and a lack of facilities for organizing screening campaigns have resulted in much of this work being done by local authority, voluntary, or hospital services (Donaldson and Howell, 1965; Davey, Greening, and McKinna, 1970; Seacome and Paine, 1970).

This paper describes the first four years of operation of a "well-woman clinic" as part of the regular services provided by a group practice of three doctors in a Lincolnshire market town.

Organization

The practice population is relatively stable, though the list size is slowly increasing (8,924 in June 1970). There is one central surgery, and most patients live within a five-mile (8-

km) radius. The clinic was set up in July 1966 soon after routine cytology became available in the area when demand was growing from our patients for cervical smears. We decided to provide these facilities ourselves as part of an active screening campaign in the practice for cervical carcinoma, and also to take the opportunity of performing a few other simple tests when the patients attended. During the four-year period July 1966 to June 1970 the clinic was held weekly (except during partners' holidays, etc.), and the following procedures were carried out: (1) breast examination, (2) abdominal palpation, (3) cervical smear, (4) general pelvic examination, (5) haemoglobin estimation, and (6) urine analysis for sugar and albumin.

The clinic is open to women of any age, but an active campaign has been pursued only towards those aged 25 to 64, who are encouraged to attend every five years (we hope to reduce this to three years eventually), though anyone may attend more often, and some have done so. Either our attached district nurse or our health visitor helps at the clinic, and one member of the ancillary staff is responsible for arranging appointments, sending for patients (see below), and filing results. All cervical smears taken from our patients, from whatever source, are entered on their records, on an age/sex card, and in a card index by year of the most recent smear (for recall purposes in the future).

Patients' Response

Since before its inception the clinic has been advertised by a poster in the waiting room, by word of mouth, and by the practice time table card, which most patients have. Within a year, however, numbers began to fall off and it became necessary to send notice of appointments by post, and this procedure has continued. Each clinic comprises up to six women who have made an appointment themselves and a variable number attending as a result of a letter (about 12 letters are sent each week). Each letter states the object of the clinic and offers two appointments on successive weeks, of which the patient may choose whichever is the more convenient. An initial system in which one appointment was sent produced a very poor response.

With the help of the age/sex register the letters have so far (30 June 1970) been sent to all women in the practice born

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between 1905 and 1939 (aged 30 to 64) who had not already had a cervical smear, the 1915-34 group (35 to 54) having been covered first. A few women have been omitted for medical reasons—for example, total hysterectomy, psychiatric illness.

About half of those receiving letters kept one of their appointments or attended some time later. Bearing in mind that these women represent the "hard core," this response was better than expected, the older age groups being more resistant. Many said they would probably never have come on their own initiative, and in some instances husbands saw the letter and persuaded their wives to come. Others volunteered that they would not have attended a clinic elsewhere. The main reason for non-attendance seems to be fear of the examination or of the finding of active cancer.

Attendance Figures.—The total attendance at the clinic over the four-year period is given in Table I. The actual

TABLE I—Total Attendance over Four Years

Year of attendance ..	1966-7	1967-8	1968-9	1969-70	Total
No. attending ..	315	253	287	314	1,169

number of women who attended is slightly less, since a few attended more than once during this period.

Cervical Smears.—As already stated, all cervical smears from our patients are recorded in a card index as part of an overall cervical screening policy. The total number of smears (including repeats) over the four-year period was 1,838. Thus about 64% (1,169) were taken at the well-woman clinic, the remainder at routine surgeries, postnatal examinations, gynaecological outpatient clinics, family planning clinics, etc. When repeat smears are deducted the total number of women who had smears during this period was 1,701, of whom 1,507 were in the age group being actively screened (Table II). In this group (born during 1905-44) about 66% had smears taken; in the greater-risk group (born during 1915-39) about 74% had smears taken. The figures must be regarded as approximate because of the slight changes in practice population over the four-year period, but they are unlikely to have been affected much as a result.

Clinical Results

CERVICAL SMEARS AND PELVIC EXAMINATIONS

The abnormalities found at the well-woman clinic are shown in Table III. There were eight positive smears (a rate of 6.8 per thousand smears), all of them from women who had attended only because an appointment had been sent to them. Their ages varied from 36 to 59, and none had any gynaecological symptoms. Six were shown to have carcinoma-in-situ, though in three it was not cleared by cone biopsy, one had severe dysplasia, and one had micro-invasive carcinoma of the cervix. All have been followed up regularly after treatment, either by the hospital or by ourselves, and none has yet developed any signs of recurrence.

During the same four-year period smears from three other patients were positive. These women were all attending rou-

TABLE III—Pelvic Abnormalities at Well-woman Clinic

	1966-7	1967-8	1968-9	1969-70	Total
Positive ..	1	2	3	2	8
Suspicious ..	1	1	0	1	3
Cervical smears (subsequently N.A.D.)	3	9	4	3	19
<i>Trichomonas vaginalis</i> ..	0	0	0	1	1
<i>Candida</i> ..					
Cervical erosion (requiring treatment) ..	5	6	1	0	12
Cervical polyp ..	4	5	5	4	18
Prolapse (requiring treatment) ..	1	1	0	0	2
Other genital tract infection ..	1	0	0	0	1
Fibroids { Treatment ..	0	2	1	0	3 } 6
No treatment ..	0	2	1	0	
Cystic ovary ..	0	1	0	0	1
Mass in pouch of Douglas (awaits laparotomy) ..	0	0	1	0	1
Total ..	16	29	16	11	72

tine surgeries because of gynaecological symptoms. Two of them had stage I carcinoma of the cervix, and the other stage II disease. All are at present well after treatment. The overall practice figures for this period, therefore, are 11 positive smears in 1,701 women tested, an incidence of 6.5 positive smears per thousand women. This compares with figures for the Sheffield region for 1967 of 6.9 positive smears per thousand women (K. Trout, personal communication, 1970).

The three suspicious smears recorded in Table III proved to be normal on follow-up, and cases of trichomonas vaginitis and candida infection were treated appropriately. Smears reported as "senile vaginitis" were not recorded because the frequency of such reports varies between cytologists, but a number of women were treated for the condition when their symptoms were troublesome. Only cervical erosions which were thought to require treatment have been recorded. Many other women had erosions, but were not told this. Three patients had pelvic masses palpable in the abdomen which on operation proved to be fibroids. The three other cases of fibroids were obvious ones, but in the absence of symptoms the patients did not wish for treatment. Retroversions in the absence of symptoms were ignored, but an explanation was given to the patients.

ABDOMINAL PALPATION

Apart from the fibroids mentioned, the only abnormality found on abdominal palpation was a very large liver in a woman who subsequently died in the influenza outbreak of 1969-70.

BREAST EXAMINATION

Over the four-year period eight women with lumps in the breast were referred for surgical opinion. In six patients the lumps were shown on biopsy to be due to fibroadenomas, and they had no further trouble. The other two patients were thought to have malignant tumours, but one proved to have a simple cyst. The other had a simple mastectomy for stage I carcinoma in April 1968. She subsequently developed local lymph-node recurrence, which was effectively treated with radiotherapy. We have been concerned to find that two other women, whose breasts were normal when examined at the clinic, have developed carcinoma, one at one and the other two years later. Several other small lumps were detected,

TABLE II—All Smears According to Age and Practice Population

	Date of Birth											Total		
	Before 1904	1905-9	1910-4	1915-9	1920-4	1925-9	1930-4	1935-9	1940-4	1945-9	1950 and After	1915-39	1905-44	(All Ages)
No. of women smeared ..	34	116	121	166	174	210	236	259	225	148	12	1,045	1,507	1,701
Total No. of women in practice ..		262	263	248	279	293	283	312	354			1,415	2,294	
Approximate percentage smeared ..		44	46	67	62	72	83	83	63.5			74	65.6	

usually in women with nodular breasts, but have not been recorded because they had disappeared on re-examination—usually after the next menstrual period. Though simple and worth while to perform when a patient is attending for a smear, breast palpation does not seem to be an adequate screening technique for carcinoma unless performed very frequently.

URINE EXAMINATION

Surprisingly few abnormalities were detected by testing for sugar and albumin. Two cases of persistent glycosuria were found, one being due to a low renal threshold and the other to mild diabetes mellitus, which has been well controlled by diet alone (incidence 0.09%—a very low figure, perhaps because of a high rate of routine urine testing in the practice). Only one asymptomatic urinary infection was found, though several women developed symptoms quite soon after attending the clinic, and testing for albumin has not proved of much value in this respect. So far the laboratory staff have not been able to cope with midstream specimens from everyone attending the clinic.

HAEMOGLOBIN ESTIMATION

Altogether 94 out of 1,169 haemoglobin estimations (8.0%) were below 11.6g/100 ml (Table IV). This is a lower percentage than in some other surveys, probably because of the

TABLE IV—Cases of Anaemia (Haemoglobin below 11.6 g/100ml.) at Well-woman Clinic

Haemoglobin (g/100 ml)	1966-7	1967-8	1968-9	1969-70	Total
10.3-11.5 (70-79%)	13	25	13	18	69
8.7-10.2 (60-69%)	7	5	6	0	18
7.2-8.6 (50-59%)	2	3	1	0	6
Below 7.2 (below 50%)	0	1	0	0	1
Total	22	34	20	18	94

relatively high standard of living in the area. All were shown to be due to iron deficiency, and all responded to iron therapy. One patient had a haemoglobin level of 5.7 g/100 ml (39%), probably due to bleeding haemorrhoids. Full alimentary investigations were negative and she remains well. Though no serious conditions were discovered this test has proved rewarding, because treated patients nearly all expressed appreciation of their increased well-being. One suspects that many of them had been anaemic for a long time.

Discussion

One of the problems in any screening campaign is to persuade the lower income groups to co-operate, and in the case of cervical cancer these women are usually those most at risk and the ones who do not respond to letters, etc. An advantage of screening by the family doctor, however, is that either these patients are well known to him or they attend

the surgery more often than average; we think that by verbal persuasion we have induced most of these women to come to the clinic.

From this point of view the overall smear rates shown in Table II are reasonably satisfactory, and we should have achieved a rate of over 70% in the campaign age group (and nearly 80% in the age groups at greatest risk) after the first five years. Most of the smears have been taken at the well-woman clinic, and with the inclusion of the other tests we feel that the time spent has been worth while. This is about one and a half hours a week for one partner and a nurse, and about two to three hours for one member of the ancillary staff. Expenses, mainly postage and printing costs, have been negligible, and even allowing for the theoretical cost of our time the clinic is cheaper to operate than a comparable clinic run by a local health authority would be.

Undoubtedly most women prefer to go to a screening clinic run by their own doctor, and by offering this service we have improved our relationship with our patients. In addition to the morbidity detected we have also been able to pick up and record a great deal of clinical information which may subsequently be useful—for example, presence of erosions, retroversion, nodular breasts, etc.

If sufficient incentives were introduced for general practitioners to operate cervical screening clinics many more practices might find it worth while to adopt a more active policy, and a much higher proportion of the female population could be screened than at present, and at lower cost.

Future Plans

It will probably be some years before the value of regular cervical smears in reducing the death rate from carcinoma of the cervix can be assessed, and in the meantime we intend to continue the clinic and our overall programme along the same lines. From July 1970 blood pressure estimation was added to the tests performed. By the end of 1970 every woman born between 1905 and 1944 should have either had a smear or received two appointments to attend the clinic. Thereafter routine recalls of those whose last smear was in 1966 will be started, together with further attempts to persuade those in the highest-risk age groups who have never had smears to attend the clinic.

I should like to thank my partners, Dr. M. J. Sheehan and Dr. R. K. Allday, and our long-suffering practice staff for their help, and Mr. R. F. Lawrence, consultant gynaecologist to Boston Hospitals, for his advice in the preparation of this paper. I should also like to thank Dr. R. M. Cross, Dr. N. Rankin, and the staff of the hospital laboratory; and Dr. J. Fielding, Medical Officer of Health for Lincs (Holland), for his co-operation. Messrs. G. D. Searle & Co. kindly helped in obtaining copies of references. Finally, I should like to thank Mrs. J. Watts, Mrs. M. Gosling, and the other nurses involved, for their enthusiasm and help at the clinic.

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