evolution of medical education, and no one should look at this curriculum with a view to copying it as a set piece because, on the one hand, it may not fit a need elsewhere, and on the other, the philosophy and format reflect in a large measure the views of the individuals who first formed the faculty and their attempts to solve problems present at that time. A process of reappraisal and clarification of aims is essential to any new curriculum and the end result will, in each specific setting, have a character of its own. Most schools, however, do not expect to recreate an entire curriculum, but rather wish to revise or realign. Given a standard departmental structure and funding, they may feel that McMaster presents a total package that they cannot use. This is a mistake. The various parts and methods of the programme do interlock, but they may be developed individually. As an example, problem-based learning may be a method in a single department without integrating the entire curriculum; so may small group tutorials. Both methods and several other innovations are striking in their success in several schools in Britain. A pastiche of lecture courses, a juggling of time allotments, and the creation of a faculty slot in a previously unserviced discipline will not make for better education.

We are known as a school with “new” methods. But the reader will have already recognised that many of our methods have been the strength of universities that have been established for many generations—small group tutorials, learning by interaction with teachers, student responsibility for learning. Similarly there is no method of teaching or learning that can be successful without devotion to the task, and skill in education.

What McMaster has done that may be more useful than any of the specifics of its programme is to re-emphasize the needs for education in medicine, and to put into practice some approaches that are radically different from those that most of us have experienced. We hope to be equally open in our appraisal of achievement.

I would like to thank the Trustees of the Horder Memorial Fund for a travelling fellowship in medical education. I would also like to thank students and colleagues from whom I have learnt much about education in medicine.

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Contemporary Themes

Cervical smears: Are the right women being examined?

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Women having their first cervical smear fall into two categories: those for whom it is not really a matter of choice (it is usually an adjunct to another examination by their family doctor or at a family planning clinic); and those who have made some sort of choice, either to have a smear as a preventive measure or to see a doctor because they have found some discomforting symptom.

Purpose of screening

The purpose of population screening is to examine symptomless women in the hope of finding women with treatable conditions that are precursors of cancer. As Sackett and Holland1 have recently pointed out, this aim is not always clearly distinguished from that of simple diagnosis or case-finding. We have examined a large cytological programme in the Northwestern region, where the number of smears submitted annually to the Regional Cytology Laboratory by doctors, clinics, and hospitals has now reached almost 200 000 a year. Some 900 000 smears examined between 1965 and 1974 are recorded on computer file and provide evidence of the extent to which smears are being used, both by women and by their doctors, as an aid to diagnosis.

Computer findings

Of these smears, 54% (473 000) were from women having their first cytological examination; the rest were repeat smears. Of those having their first smear, 11-4% were recorded on the cytology request form as having declared a gynaecological condition, and another 17-2% mentioned or were found to have a discharge or postcoital or postmenopausal bleeding.

That almost 29% of the women coming for cytological examination for the first time presented with some gynaecological disorder, however slight, makes it clear that many women and doctors are using the facilities originally designed for a population screening programme as a diagnostic service. The earliest report of this programme2 suggested that some family doctors were already using the smear largely as a diagnostic tool. The latest figures confirm that it is now a major feature, since the proportion of women presenting with symptoms was as
As high as 34.6% among those whose smears were submitted by general practitioners.

Although the number of women having a smear for the first time has increased rapidly each year to 72,000 in 1974 (fig 1), the number who presented with a symptom reached a peak in 1969, and has since levelled off to a remarkably consistent figure of around 18,000 a year. The implication is that the screening services have for the last six years been attracting a steady annual crop of women who have noticed some disorder, however minor. They are using the opportunity to have anxieties allayed, while simultaneously fulfilling the injunctions of publicists about the cytostest that “all sensible women go regularly for a smear.” That the cytological screening services are being used in considerable measure for a diagnostic purpose rather than for true population screening is not necessarily to be deplored, since they are providing easy access to medical care for women who might otherwise hesitate to seek a doctor’s advice for what they may regard as a condition not yet serious enough to warrant a special consultation.

The continually rising number of women who come for a smear for the first time (fig 1) masks important but less encouraging information. The Department of Health and Social Security defines the women at most risk roughly as those of 35 and over and pays for the service accordingly in general practice. If we separate the women into two categories—those first examined at 35 or older and those first examined below the age of 35—we see (fig 2) that the number of older women also reached a peak around 1969 and then ran more or less parallel to the plateau of women presenting with a gynaecological symptom (fig 1). This shows that virtually all the annual increase in new entrants to the cervical screening programme from 1969 on were younger women without symptoms.

In fact, almost all of what appears to be a satisfactorily steady increase in activity in screening is accounted for by younger women who were having a smear not as a result of a conscious decision to safeguard their future health but as an incidental part—decided by their family doctor or by a doctor working in a clinic—of an examination during a family planning or pregnancy consultation.

The figures presented so far refer only to women having their first smear. When the total number of smears is taken into account, the extent to which the emphasis has switched to younger women becomes even more marked. In this region, over 65% of all the smears (including repeats) submitted to the regional laboratory were from women under 35. Since younger women tend to have smears more frequently than the nationally approved five-year interval during their reproductive years, whether in connection with pregnancy or on family planning advice, the proportion of smears from young women at very low risk of developing cervical cancer is accelerating very much faster than our analysis shows. As an example, the 1974 total of smears from younger women was 19% higher than that of the year before, but for the older women only 12%.

Conclusion

The number of findings that require further investigation among younger symptomless women (4-9 per 1000) over the 10 years of this analysis indicates the low return from the very large number of smears taken. (This compares with 19-0 per 1000 for women of all ages who, at first or subsequent examination, presented with a symptom to their general practitioner). Obviously, any examinations that yield some abnormality may be justified. But, bearing in mind the present strains on medical manpower and financial resources, we suggest that doctors examining women under 35 both in general practice and in health authority clinics might, without any loss of efficiency, be less zealous in taking repeat smears if there are no symptoms to suggest special vigilance.

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