Correspondence

We will try to publish authors' responses in the same edition with readers' comments. Time constraints may prevent this in some cases. The problem is compounded in the case of a quarterly journal where continuity of comment and redress is difficult to achieve. When the redress appears 3 months after the comment, 6 months will have passed since the original article was published. Therefore, we would suggest to our readers that their correspondence about published papers be submitted as soon as possible after the article appears.

Postpartum Pap Smear

To the Editor: The article by Weiss, et al. in the January–March 1989 issue on "The Postpartum Papanicolaou Smear" raised important questions but did not answer them. Certainly, the conclusions that the authors drew were not fully justified.

I do not question their findings that the rate of "abnormal" Pap smears in the postpartum period was higher than that at the beginning of prenatal care. What the authors did not determine, however, was whether these changes were due to the passage of time or due to the intervening pregnancy and delivery. What would the findings have been if a control group of women, with normal Pap tests and routine screening, had repeat Pap smears in 6–9 months rather than 1 year? Would that number of abnormal Pap smears have increased at an equal rate? Or, if no treatment was undertaken of those patients with abnormal postpartum Pap smears in the study group, but whose Pap smears were repeated at a time 1 year following the initial Pap, would the abnormal findings have gone back to normal again?

Without such additional information, the following possible conclusions can be drawn from this article's findings: (1) pregnancy itself causes the development of abnormalities of the Pap smear but we do not know whether these abnormalities are transient, and (2) the rate of abnormal Pap smears in all women is increasing so rapidly with time that routine Pap screening should be repeated every 6–9 months rather than every year. If the first conclusion is accepted, it indicates that further research must be done to describe the natural history of the Pap smear with respect to pregnancy. To accept and implement the second conclusions would have a tremendous economic impact with dubious justification. The study does not support the authors' conclusion that repeating Pap tests at the postpartum visit is necessary to reduce morbidity and mortality from cervical neoplasia.

We family physicians frequently bemoan the way physicians and other specialties often rush to put into practice new diagnostic and therapeutic techniques before their justification has been soundly established (e.g., balloon angioplasty, dual photon densitometry, "once a C-section always a C-section"). I hope that our specialty can continue to hold out for unequivocal proof of the value of new "standards of care" before we saddle ourselves and the public with them.

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The above letter was referred to the authors who offer the following reply.

To the Editor: Dr. Lindes states that although the rate of abnormal Pap smears among our patients was higher at the postpartum visit than it was at the prenatal visit, the cause of this apparent increase in the rate of cervical dysplasia was not clear. We agree! There are many possible explanations for the high rate of Pap smear "conversions," some of which were discussed in our article.

The uncertainty about why so many postpartum Pap smears were abnormal should not, however, dissuade physicians from continuing the long-standing practice of obtaining Pap smears at both prenatal and postpartum visits, especially in patient populations with demographics similar to ours. With dysplasia occurring in 1 out of every 20 postpartum Pap smears, we believe that the benefits of screening, at least in terms of yield, is self-evident. This is the case regardless of the reason(s) why the rate abnormal Pap smears develop.

Dr. Lindes also suggests that the abnormal postpartum Pap smears in our study might have been transient reversible abnormalities that were somehow related to pregnancy. Previous studies, cited in our report, indicate that abnormal cervical cytology does not progress during pregnancy, making it also unlikely that new cytologic abnormalities would appear de novo simply because of pregnancy. In addition, half of the postpartum Pap smear abnormalities in our study were either moderate or severe squamous dysplasia – not the types of abnormalities one would expect to resolve spontaneously. Therefore, we continue to recommend that physicians in our practice obtain routine postpartum Pap smears and that they institute appropriate evaluation and therapy when abnormalities are found.

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Editorial: Any More Cordials to the Drooping Spirit?

To the Editor: I tore the essay, "Any More Cordials to the Drooping Spirit? Professional Ethics, 1847–1989," out of the *Journal of the American Board of Family Practice*, 1989; 2:212-5, and it has been sitting on my desk for some weeks while I debated whether to write to you about it. Most of it is great stuff, vintage Gayle Stephens, addressing some of the subtle but potent interpersonal issues we deal with in "real world" patient care. One paragraph